

AFRICAN-AMERICAN HOSPITALS AND HEALTH CARE IN EARLY
TWENTIETH CENTURY INDIANAPOLIS, INDIANA, 1894-1917.

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Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts
in the Department History,
Indiana University

May 2016

Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirements for the degree of Master of Arts.

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Dedication

To those who lifted and those who climbed

ACKNOWLEDGEMENTS

I have so many people to thank for the help and support I received for this project. First, my gratitude to my committee for their patience in waiting for a product that was always “almost there.” Professor William Schneider and Professor Robert Barrows complained not at all for having to deal with the Sasquatch of the History Department. I am especially grateful for my chair, Professor Dr. Modupe Labode, who endured a stream of ever-changing drafts, but still managed to steer me to a final product that accounts for a little-accounted-for era.

This project has taken a long time, and people who helped me in the early stages probably don't even remember they did so. Wilma Moore, Senior Archivist, African American History at the Indiana Historical Society, Eugene and Marilyn Glick Indiana History Center certainly helped me along. I cannot fail to thank those who helped place me in the program, Dr. Phil Scarpino, whose Historic Preservation class in 1987 first introduced me to the Indiana Medical History Museum, which has become such a large part of my life. Also, my thanks to Professor Elizabeth Brand Monroe, who kept asking. In the Religious Studies department, I thank Professor David Craig who kindly wrote a letter of recommendation for me probably expecting a thesis on a topic in the history of religion. Sorry. Maybe next time.

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LIST OF ABBREVIATIONS

AMA	American Medical Association
FARLH	First Annual Report of the Lincoln Hospital
ICH	Indianapolis City Hospital
IMC	Indiana Medical College
IMS	Indianapolis Medical Society
ISMA	Indiana State Medical Association
IUPUI	Indiana University-Purdue University at Indianapolis
IUSM	Indiana University School of Medicine
NNBL	National Negro Business League
NMS	National Medical Association
JISMA	Journal of the Indiana State Medical Association
JNMA	Journal of the National Medical Association
LHA	Lincoln Hospital Association
M.D.	Medical Doctor
MCI	Medical College of Indiana
MCMA	Marion County Medical Society
SoC	Sisters of Charity
SoCH	Sisters of Charity Hospital
YMCA	Young Men' Christian Association
YWCA	Young Women' Christian Association.

INTRODUCTION

On December 15, 1909, the Lincoln Hospital of Indianapolis opened at 1101 North Senate Avenue in a repurposed two-story frame house. For the first time in the city's history, the black physicians of Indianapolis inched closer to full participation in their patients' care after decades of being denied the opportunity to treat at the hospital bedside, to perform operations in a surgically safe environment, and to communicate with nurses who tended the sick. In 1909, only the Indianapolis City Hospital routinely admitted black patients, but hospital policy did not extend treating privileges to African-American doctors.¹ At least nineteen black physicians served the community of about 21,816 blacks in a total population of 233,650, but if a black doctor's patient needed hospital care, a white doctor had to assume the case.² Responding to both the recent rapid growth of the black population and the crippling effects of increasing racial segregation, a group of black doctors in Indianapolis incorporated the Lincoln Hospital Association in June of 1909. Because the Lincoln Hospital closed in the summer of 1915, the institution typically only receives a sentence or two of recognition in histories of Indianapolis. The most frequent reason given for closing was financial failure.

¹ *Indianapolis City Directory, 1909*, Indianapolis City Directory Collection, IUPUI Center for Digital Scholarship, <http://www.ulib.iupui.edu/digitalscholarship/collections/icd> (Accessed June 30, 2015). The city directory lists six hospitals and seven sanitariums, including one private sanitarium for African Americans, Ward's Sanitarium. See Chapter 2 and Chapter 3 for more discussion of Ward's Sanitarium. The 1910 Directory named ten hospitals, including Lincoln Hospital, and fourteen sanitariums. See page 8 of this work for the distinction between a hospital and a sanitarium.

² *First Annual Report of the Lincoln Hospital*, M0634, Box1, Folder 11, Dora Atkins Blackburn Collection, Indiana Historical Society, Indianapolis Indiana. This report will hereafter be referred to as the *FARLH*. Emma Lou Thornbrough, *Indiana Blacks in the Twentieth Century* (Bloomington: Indiana University Press, 2000), 4; Ruth Hutchison Crocker, *Social Work and Social Order: The Settlement Movement in Two Industrial Cities, 1889-1930* (Urbana: University of Illinois Press, 1992), 75.

The Lincoln Hospital was only one effort to provide medical care to African Americans in Indianapolis during this time, and its history opens a window on developing race relations in the city.³ A study of health care for African Americans at the turn of the twentieth century adds to our knowledge of African-American life at that time. It recalls a community determined to attain racial uplift. Delving into the activities of doctors and nurses, patients, and supporters (and competitors) of the Lincoln Hospital, a clearer vista of interracial and intraracial relations materializes. The hospital's story also adds another element to the history of institution building in the city. These points support the central argument of this thesis: that black institutions for health care were an attempt by the black community—especially its physicians—to achieve racial uplift through improved health care.

This period—perhaps the lowest point in U.S. black history—saw the reification of the doctrine of white supremacy evidenced by imperial expansion abroad and in the United States, where blacks were increasingly criminalized and segregation policies were solidified that curtailed economic opportunities and access to suitable housing. These attitudes and the policies they drove contributed to health problems.⁴ The black community's response to the issue of health care during this period of a downward spiral

³ There is no definitional difference between the terms “health care” and healthcare. Outside of the U.S., the term healthcare is most common. See <http://grammarist.com/spelling/healthcare/> (Accessed September 7, 2015). When the term is used as an attributive noun, common convention would call for hyphenation, as in health-care system. However, in the U.S., hyphenation of these two words is uncommon. In this work, I choose to use the combined term healthcare as the attributive noun. When used as a subject, I use the words *health care*. I choose this spelling because in some cases I will speak about *medical care* which specifically pertains to physician's treatment, and for the sake of consistency, I do not wish to combine or hyphenate those words.

In this work, I refer to *the Lincoln Hospital* rather than *Lincoln Hospital*. In most printed media from the hospital's era, the institution is typically written as “the Lincoln Hospital.”

⁴ Khalil Gibran Muhammad, *The Condemnation of Blackness: Race, Crime, and the Making of Modern Urban America* (Cambridge: Harvard University Press, 2010), 1-14.

of opportunities, foretells the tone of Indianapolis' race relations for decades to come as described by Richard Pierce.⁵ Furthermore, the history of medical care for blacks forms a basis for understanding the elusive wellbeing of African Americans in the twenty-first century healthcare environment.⁶

The story of the Lincoln Hospital provides insight into three major topics related to the history of health care for African Americans. First, a study of the Lincoln Hospital relates little-known experiences of black doctors, nurses, and patients, therefore expanding our knowledge of African-American life in Indianapolis during that time. Second, the Lincoln Hospital was not the only site of health care for blacks. Exploring similar institutions will increase our understanding of institution building for African Americans in that period. Third, knowing the activities of white doctors, civic leaders, and businessmen who supported the Lincoln Hospital increases our understanding of race relations during this time period.

The Progressive Era

Contextually, the operating years of Lincoln Hospital—from 1909 to 1915—coincided with multiple dynamic movements. Of the many issues driving the creation of

⁵ Richard B. Pierce, *Polite Protest: The Political Economy of Race in Indianapolis, 1920-1970* (Bloomington: Indiana University Press, 2005), 4. Pierce claims that Indianapolis' black citizens held on to certain advantages they gained over time by choosing to improve their conditions while refraining from militant protests over unacceptable circumstances.

⁶ *Addressing Indiana's Health Disparities: The Framework, Foundation, and Integral Role of the Indiana Minority Health Coalition*, Indiana Minority Health Coalition, Inc. (March 2011), 17. http://www.imhc.org/downloads/2011health_disparities_executive_summary.pdf (Accessed October 8, 2015). The Coalition's report cites several factors that contribute to health disparities between white and non-white populations in Indiana one hundred years after Lincoln Hospital, as my study demonstrates. The report lists many identical factors faced by the early twentieth-century African-American population of Indianapolis including "...cultural, beliefs and practices...healthcare workforce diversity;...[access to a] regular healthcare provider;...discrimination; prejudice; racism and stereotyping."

the Lincoln Hospital, the broadest historical theme was the Progressive Era.⁷ Science gained primacy at this time, offering explanations and solutions for many social problems. Applying the avalanche of scientific theories and discoveries to the human condition resulted in the aggregation of “experts” and the professionalization of their activities.⁸ Some historians might take issue with the role of Progressive ideas in the genesis of a black hospital, given that many programs at that time that benefitted blacks were based on racially biased ideas. Khalil Gibran Muhammad points out that many reformers thought that blacks were simply not of sufficient intellectual makeup to expect refinement and would always have the criminal aspect to their personality. Thus, many progressive reformers were far more interested in the welfare of white immigrants because their whiteness made them reasonable candidates for support and improvement. As a result, the Progressive Era’s improvements, like better housing, child labor laws, and settlement house assistance, more often benefitted poor whites, especially the foreign-born.⁹

⁷ Historians date the Progressive Era in very plastic numbers. As the *OAH Magazine of History* guest editor Elisabeth Perry noted in 1999, historians usually date it to suit their studies. She used the dates 1890-1929 for some of her work. Other historians consider that a very long stretch and only use 1890-1910. For the purpose of gathering up the years most important to this study, I use the range 1879-1918. See Elisabeth Israel Perry, “From the Editor: The Changing Meanings of the Progressive Era,” *OAH Magazine of History* 13, no. 3 (Spring, 1999): 3-4.

⁸ Ruth H. Crocker, “Making Charity Modern: Business and the Reform of Charities in Indianapolis, 1897-1931,” *Business and Economic History*, 2d ser., 12 (1983): 158-70; Stephen J. Kunitz, “Professionalism and Social Control in the Progressive Era: The Case of the Flexner Report,” *Social Problems* 22, no. 1 (October, 1974): 16-27.

⁹ Khalil Gibran Muhammad, *The Condemnation of Blackness*, 13-14, 26-32; Robert A. Woods and Albert J. Kennedy, *Handbook of Settlements* (New York, 1911), 313. Historians frequently use settlements as examples of progressive ideas in action. Settlement houses were established in Indianapolis in the late 1890’s. As Crocker points out in *Social Work and Social Order: The Settlement Movement in Two Industrial Cities, 1889-1930*, page 73, workers thought it “inexpedient to have colored and white children attending the same institution.” This led to the founding of Flanner House, which served the African-American community.

Furthermore, many social scientists predicted the race would be extinct before long, given the high death rate among African Americans.¹⁰

Nevertheless, in Indianapolis, where many voluntary groups dispensed aid, some blacks did benefit from Progressive-era programs to a limited degree.¹¹ Writing in 1999 about blacks and the Progressive Era, Jimmie Franklin noted that when historians looked more closely at activities labeled as exercises in “self-reliance,” they realized the similarity of these programs to the white Progressive Era agendas. Because the African-American community executed the programs themselves, their efforts were merely labeled self-help initiatives by historians, following C. Vann Woodward’s analysis in his influential 1951 essay which contended that Progressivism failed to address black problems.¹² A closer look at self-help and its goal, racial uplift, describe the second contextual area.

Self-help and Racial Uplift

The National Association of Colored Women’s motto “Lifting as We Climb” captures the essence of efforts undertaken by blacks during the years leading up to the founding of the Lincoln Hospital.¹³ Even though this slogan belonged to black clubwomen whose agendas and approaches differed from male black leaders, there was no doubt among African Americans that *somebody* had to climb and *somebody* needed to

¹⁰ W. M. Byrd and L. A. Clayton, *An American Health Dilemma, Volume 1: The Medical History of African Americans and the Problem of Race* (New York and London: Routledge, 2000), 411-412.

¹¹ Ruth H. Crocker, “Making Charity Modern: Business and the Reform of Charities in Indianapolis, 1897-1931,” *Business and Economic History*, 2d ser., 12 (1983): 158-70.

¹² Jimmie Franklin, “Blacks and the Progressive Movement: Emergence of a New Synthesis,” *OAH Magazine of History* 13, no. 3 (Spring, 1999), 20-23. Franklin explains that C. Van Woodward’s essay “Progressivism” in *Origins of the New South, 1877-1913* (Baton Rouge: University of Louisiana Press, 1951) led many historians to ignore programs in the North and the South because Woodward did not think the programs greatly benefitted blacks.

¹³ Deborah Gray White, *Too Heavy a Load: Black Women in Defense of Themselves, 1894-1994* (New York: Norton & Company, 1991), 54.

be lifted. For African Americans, this period notoriously earned the title of “the nadir” of black-white relations culminating in the cementing of Jim Crow laws in the South and *de facto* discriminatory behaviors in the North. During that era, the leading edge of the First Great Migration touched Indiana; Evansville and Indianapolis saw a welling up of many blacks from the South hoping to escape the social and economic terrorism manifested by lynching, fraudulent arrests resulting in peonage, and the perpetual indebtedness of sharecropping.¹⁴ Newcomers to Indianapolis also included transplants from rural Indiana looking for more opportunity than working the land could provide.¹⁵ In the city, they found established black institutions like churches, schools, and benevolent associations, which were products of the slow growth of the black population from previous decades.¹⁶ The new emigrants were sometimes uneducated and unhealthy.¹⁷ As white society tried to transform itself with progressive programs meant to help poor whites, black women’s clubs like the Women’s Improvement Club and the Grand Body of the Sisters of Charity (SoC) also created self-help strategies that hoped to uplift blacks.¹⁸ These women’s

¹⁴ Rayford Logan, *The Betrayal of the Negro from Rutherford B. Hayes to Woodrow Wilson* (New York: Collier Books; 1951), 52; Douglas A. Blackmon, *Slavery By Another Name: The Re-enslavement of Black Americans from the Civil War to World War II* (New York: Anchor Books, 2008); Emma Lou Thornbrough, *The Negro in Indiana Before 1900: A Study of a Minority* (Indianapolis: Indiana Historical Bureau, 1957), 223-224. Another writer, W.D. Wright called the age “the Oppressive Era.” See, W.D. Wright, *Critical Reflections on Black History* (Westport, CN: Preager, 2002), 64.

¹⁵ Thornbrough, *The Negro in Indiana Before 1900*, 228-229.

¹⁶ Richard Pierce, “‘We’ve Been Trying To Tell You’: African American Protest In Indianapolis,” *Traces* 25, no. 3 (Summer 2013): 35. The earlier decades mentioned fall within the period termed The Northern Migration, referring to the time between 1840-1890 when free blacks and runaway slaves left the South prior to the better known movement known as the Great Migration from 1916-1930. See The Schomburg Center for Research in Black Culture, <http://www.inmotionaame.org/migrations> (Accessed September 7, 2015).

¹⁷ Thornbrough, *The Negro in Indiana Before 1900*, 222; Ray Stannard Baker, *Following the Color Line: An Account of Negro Citizenship in American Democracy* (New York: Doubleday, Page and Company, 1908), 112.

¹⁸ Earline Rae Ferguson, “The Women’s Improvement Club of Indianapolis: Black Women Pioneers in Tuberculosis Work, 1903-1938,” *Indiana Magazine of History* 84, no.3 (September 1988), 237-261;

groups recognized that health and uplift went hand in hand. There could be no serious changes without a healthy population, a goal unachievable without access to adequate health care or improving living and working conditions that weakened the body.

Whites sometimes expressed the expectation that the African-American community was on its own in this matter of health. After a report that the black death rate in Indiana was almost twice as high as the white rate in 1906 (14.2 percent for whites against 24.2 percent for blacks), the state government's health department bulletin commented that "These figures make it evident that among other things the negro, in order to compete with the white man, must learn how to so live as to lower his death rate...."¹⁹ Nationally, black leaders knew that help from whites would be limited. The take-home message of the National Negro Business League meeting in 1903 was "The result will depend on us. Others cannot do for us what we should do for ourselves."²⁰

When George C. Hall, a successful black surgeon from Chicago, addressed the Indiana Association of Negro Physicians, Dentists, and Pharmacists in 1912, he encouraged establishing "medical infirmaries." In his speech titled "Self Help," he listed the benefits of such institutions as important to improving the entire community.²¹ By this time, the Lincoln Hospital Association stepped into the delivery of health care. Both the

Earline Rae Ferguson, "Sisterhood and Community: The Sisters of Charity and African American Health Care in Indianapolis, 1896-1920," in *Midwestern Women: Work, Community, and Leadership at the Crossroads*, ed. Lucy Eldersveld Murphy and Wendy Hamand Venet (Bloomington and Indianapolis: Indiana University Press, 1997), 161. The Sisters of Charity (SoC) should not to be confused with a Roman Catholic order of women religious. The SoC functioned as a lodge rather than a club. It held secret rituals, wore distinguishing regalia in meetings, and was an interdenominational group.

¹⁹ Indiana State Board of Health, "Deaths," *Indiana State Board of Health Monthly Bulletin* 8, no. 8 (1906), 118.

²⁰ "Future of the Negro," *New York Times*, August 22, 1903.

²¹ *The Freeman* (Indianapolis, IN), September 7, 1912. The list of benefits included "wholesome influences...in the cure and prevention of diseases, in teaching patients the business of getting well, [and] . . . training nurses . . . [and] physicians."

services it provided and those who provided them underwent enormous changes in the evolution of hospitals.

The Growth of Hospitals

Hospitals in most northern cities denied black physicians the privilege of treating their own patients. If their patients required hospital admission for complex surgery or advanced nursing care, a white doctor took over. Shut out of the hospital, this practice forced doctors to continue to treat patients in the settings most common in the nineteenth century, namely the patients' homes or the physicians' offices.²² Some African-American physicians started their own sanitariums and employed trained nurses to administer care, but they frequently catered only to financially well-off black patients. For the purpose of this study, a sanitarium is defined as a private hospital that was run on a for-profit basis, as opposed to public municipal hospitals, that used public funds to care for both poor people and paying patients. By 1911, black hospitals were established in some larger northern cities like Chicago, Philadelphia, and Boston by private or community groups. These hospitals welcomed both indigent and paying patients. Access to hospitals at that time became critical because hospitals and their amenities gained importance in the successful treatment of disease and trauma, the education of physicians, and professional nurse training.²³

Beginning in the late nineteenth century, hospitals transformed from almshouses, caring chiefly for the dying poor, into places where physicians successfully applied new technologies to treat medical conditions. Scientific medicine took root as the "humors"

²² Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987), 149.

²³ *Ibid.*, *The Care of Strangers*, 144-153.

approach to medicine gave way to the scientific investigation of disease that supported verifiable causes of illness.²⁴ The widespread use of intervening surgical procedures and improved anesthesia lifted hospitals from places of hopelessness to symbols of humanity's power over an apparent helpless struggle with nature.²⁵ Hospitals improved their physical plants, formed alliances with successful private physicians or universities, and began to admit patients of all economic and social classes.²⁶

Hospitals in Indianapolis in the nineteenth century followed the same growth pattern seen nationally, with city government supporting a municipal hospital, begun in 1859, some institutions supported by religious organizations, and several for-profit private sanitariums owned by individual physicians.²⁷ Generally, hospitals founded for religious or ethnic groups had a clear mission to provide care for patients who were more comfortable with caregivers that shared their language and values.²⁸

As the numbers of black physicians and patients increased, the need for an acceptable place to perform surgery and other advanced procedures became clear.²⁹ The

²⁴ Ibid., 4, 154-165.

²⁵ William Osler, *Man's Redemption of Man* (New York: Paul B. Hoeber Inc., Medical Book Department of Harper & Brothers, 1937).

²⁶ Rosenberg, *The Care of Strangers*, 297-309.

²⁷ *Encyclopedia of Indianapolis*, ed. David J. Bodenhamer and Robert G. Barrows (Bloomington: Indiana University Press, 1994. s.v. Hospitals, 711-714; Kathi Badertscher, A New Wishard Is On the Way *Indiana Magazine of History* 108, no. 4 (December 2012): 347-359. Also see Kenneth E. Reed and Ed Leary, *A Mission of Compassionate Health Care: The history of Methodist Hospital of Indiana, Inc.* (Indianapolis, IN: Methodist Health Foundation, 1984); Bill Beck, *St. Vincent: the Spirit of Caring: 1881-2006 : Celebrating 125 years* (Indianapolis, IN: St. Vincent Health, 2006).

²⁸ Rosenberg, *The Care of Strangers*, 112-113, Vanessa N. Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (Cary, NC: Oxford University Press, 1995), 3-34.

²⁹ "Indianapolis City Hospital Report," *Indiana Medical and Surgical Monitor* (1901), 65. In 1901, the City Hospital admitted 362 African-American and 1,245 white patients. There were 437 total surgical cases. Also see *The Annual Message of Charles A. Bookwalter, Mayor of Indianapolis with Annual Reports of Heads of Departments of the City of Indianapolis* (City of Indianapolis: 1909), 379. In 1909, 2,876 total patients were treated at the hospital, including 575 African Americans. This number increased to 7,208 total patients including 1788 African Americans. See *The Annual Message of Joseph Bell, Mayor of*

question was: Where? Should the black patient go to the white municipal hospital or a separate black institution?

The Washington-Du Bois Conflict

“The professional men of the colored race have yielded to the inevitable and...have determined to build a hospital for their own people.”

Indianapolis News, September 30, 1909

In 1911, a publication issued from the Tuskegee Institute listed only a handful of northern cities with black-owned and operated hospitals.³⁰ Because of differing political ideas, these hospitals did not always have the support of the black community. When Dr. Daniel H. Williams and others organized Provident Hospital of Chicago in 1891, several black leaders called the founders “traitors to the race” and “a menace to our free institutions.” This opposing group stood for equality and they thought the all-black hospital would only further segregation and “perpetuate race prejudices.” The objectors organized the Equal Rights League and passed a resolution that advocated running the proponents of the black hospital out of the state.³¹

This incident preceded the split in ideology between the two giants of black leadership, Booker T. Washington, the accommodationist, and W.E.B. Du Bois, the agitator for equality. One of the historians of the so-called Age of Uplift, Jacqueline Moore expressed that black history could not be conveyed without discussing the conflict between Washington and Du Bois. The differences they expressed surfaced far earlier

Indianapolis with Annual Reports of Heads of Departments of the City of Indianapolis (City of Indianapolis: 1915), 435.

³⁰ *Negro Yearbook and Annual Encyclopedia of the Negro* (Tuskegee, AL: Tuskegee Institute, 1912), 155-156. The cities were Boston, Philadelphia, Pittsburgh, Chicago, Jacksonville (IL), Indianapolis, Evansville, and Cincinnati.

³¹ *The Freeman*, March 25, 1891.

than Washington's segregation-espousing Atlanta Compromise speech in 1895. He promoted industrial education that many whites welcomed because it ensured an underclass of workers. Du Bois' *The Souls of Black Folk*, published in 1906, criticized Washington's approach and called for higher education of a "talented tenth" of blacks who would lead African Americans to equality.³²

It is difficult to categorize the actions of the doctors who formed the Lincoln Hospital Association as either accommodationist or Du Boisian. Washington's plan called for blacks to voluntarily segregate and work toward uplift and economic success within their communities, resulting in acceptance by whites over time. Historian Emma Lou Thornbrough consistently maintains the view that most African Americans in Indiana were accommodationist in nature.³³ However, Richard Pierce, writing more than a decade later, claimed there had been an organizational structure recognizably DuBoisian in black Indianapolis.³⁴ Given the doctors' unique need for hospital space to improve their skills and treat their patients, however, they had little choice but to accept separation and "yield to the inevitable." Unlike a merchant or craftsman who could work hard within the black community and gain success, the black physicians found themselves cut out of the networks and facilities that white physicians utilized to increase their skill and status. On the other hand, the members of the black medical profession fit the description of Du Bois' "talented tenth" of African Americans that should insist on their rights, reach for higher education, and lead the race into equality. Institutions like

³² Jacqueline Moore, *Booker T. Washington, W.E.B. Du Bois, and the Struggle for Racial Uplift* (Wilmington: SR Books, 2003), xv; Thomas Aiello, "The First Fissure: The Du Bois-Washington Relationship from 1898-1899," *Phylon* 51 no. 1 (Fall 2014): 76-87. Numerous histories and commentaries on the conflict between Washington and Du Bois exist.

³³ Thornbrough, *Indiana Blacks in the Twentieth Century*, 14.

³⁴ Pierce, "We've Been Trying To Tell You," 37.

the Lincoln Hospital that were created exclusively for blacks appear to follow the accommodating strategies of Booker T. Washington, but the situational complexities that surrounded hospitals and the medical profession call for deeper scrutiny. Historian Vanessa Gamble identifies these early hospitals as the “roots” era that preceded the black hospital movement that gained momentum in the 1920s.³⁵

These four contextual areas furnish the overall framework of health care for African Americans in Indianapolis at the turn of the twentieth century. During this significant time—the Progressive Era—the black community responded to the need for better health conditions and medical care as a means of achieving racial uplift by establishing hospitals that allowed black physicians and patients to treat and be treated as the larger U.S. society increasingly distanced itself from them.

Historiography of Black Health Care

Authors Michael Byrd and Linda Clayton characterize racism in medicine as an historical continuum, responsible, in part, for the persistence of poorer health outcomes for African Americans than any other ethnic group in the U.S. Their historical approach to the current health problems of black Americans brings to the surface many examples of medical racism.³⁶

Documenting the nature of health care in Indianapolis in the decades surrounding the beginning of the twentieth century involves pinpointing particular groups and individuals. In 1988, Earline Rae Ferguson studied black clubwomen and their efforts to improve the health of tubercular patients. In 1994, anthropologist Eric J. Bailey reported

³⁵ Vanessa N. Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, 3-34.

³⁶ W. M. Byrd and L. A. Clayton, “An American Health Dilemma: A History of Blacks in the Health System,” *Journal of the National Medical Association (JNMA)* 84, no. 2 (1992): 189–200.

on the current status of the healthcare system and African Americans in Indianapolis. Bailey emphasized the importance of reviewing the historical context of healthcare delivery in the city as a step to analyzing the system. He offered a list of significant events in black health care from 1860 to the 1950s, including Indianapolis' early black physicians, the establishing of Lincoln Hospital, and a second incarnation of Ward's Sanitarium in 1928. The next work that looked at the history of African-American health care in Indianapolis was Earline Rae Ferguson's 1997 book chapter that presented a history of the Sisters of Charity Hospital (SoCH), established in 1911 by the black women's club. With the exception of a few brief references in Emma Lou Thornbrough's works on the history of blacks in Indiana, a few brief entries in the *Encyclopedia of Indianapolis*, and a biographical sketch book of early African-American doctors of Indianapolis by Dr. George Rawls, little else about black medical care and healthcare at the turn of the twentieth century exists. Other works that outline the history of African-American medicine are woven into this work where appropriate.³⁷

This study's closer look at the black community's medical professionals and their patients reveals more of the texture of African-American life in Indianapolis. The doctors' problem was the immovable door closed by the white physicians of the city. In order to gain an advantage over disease and disability in this Age of Uplift, healthcare

³⁷ Earline Rae Ferguson, "The Women's Improvement Club of Indianapolis: Black Women Pioneers in Tuberculosis Work, 1903-1938," *Indiana Magazine of History* 64, no.3 (September, 1989): 237-26; Eric J. Bailey, "The Health Care System and African Americans in Indianapolis," *Journal of the National Medical Association* 86, no. 11 (November 1994), 854; Earline Rae Ferguson, "Sisterhood and Community: The Sisters of Charity and African American Health Care in Indianapolis, 1896-1920," in *Midwestern Women: Work, Community, and Leadership at the Crossroads*, ed. Lucy Eldersveld Murphy and Wendy Hamand Venet (Bloomington and Indianapolis: Indiana University Press, 1997), 158-177; *The Encyclopedia of Indianapolis*, ed. David J. Bodenhamer and Robert G. Barrows, s.vv. "Overview: African-Americans" and "Hospitals.,"; George Rawls, *History of the Black Physician in Indianapolis 1870 to 1980*, 1984. <http://www.aesculapianmedicalsociety.org/attachments/File/HistoryoftheBlackPhysicianinIndianapolis.pdf> (Accessed December 9, 2015).

workers needed to unshackle themselves from professional discrimination and form institutions like the Lincoln Hospital to assist a black community. Nationally, this impulse resulted in a Black Hospital Movement which gained momentum in the 1920s. Although the Lincoln Hospital was long gone by then, its story establishes a foundation to explain why Indianapolis did not have a place in the Movement in its golden years.³⁸

Sources

Newspapers are a principal primary source for this thesis. Fortunately, the two major black Indianapolis newspapers, *The Freeman* and *The Recorder*, have been digitized. The press was often the organ for political parties and the editorial spirit of a newspaper may dress an event as the politics demanded. Therefore, proper analysis must be employed to evaluate the usefulness of the information.³⁹

Because the subject of this thesis is the black medical profession's attempt to improve health care, medical journals provided an important source of material and commentary. The *Journal of the National Medical Association* (JNMA) provided information about many black hospitals, physicians, and even nurses. The National Medical Association (NMA) formed in 1895 when many blacks were denied entrance into the American Medical Association (AMA). Its *Journal* debuted in 1909 to provide a means of communicating information to its members, documenting significant

³⁸ Gamble, *Making a Place for Ourselves*, 3-34.

³⁹ Thomas A. Mason and J. Kent Calder, *Writing Local History Today: A Guide to Researching, Publishing, and Marketing Your Book* (Lanham: Altamira Press, 2013), 14-16; Helen Tibbo, "Primarily History in America: How U.S. Historians Search for Primary Materials at the Dawn of the Digital Age," *The American Archivist* 66, no. 1 (Spring/Summer 2003), 9-50. In support of the historical usefulness of newspapers, a 2003 study of academic historians ranked the use of newspapers contemporaneous to a study's event to be the most important primary source they use. In this work, *The Indianapolis Freeman* newspaper is referred to as *The Freeman*.

achievements and, very importantly, to address racism in medicine by informing the white medical community of the NMA's progress.⁴⁰

The Indiana Archives and Records Administration (IARA) holds valuable documentation of incorporation, real estate transfers, and highly informative hospital inspection reports.⁴¹ Similarly, the Indiana University-Purdue University Archives furnished records of the Medical College of Indiana and the early years of the Indiana University School of Medicine. The *Indiana State Board of Health Monthly Bulletin* gave some health statistics although certain information, like registering births, only began statewide in 1907.⁴² The records of the State Board of Charities held by the Indiana Archives and Records Administration were useful because they contain the best physical description inside of the hospitals. General inspection of hospitals was not routine until the 1920s. Fortunately for historians, the legislature passed a law in 1909 decreeing that all maternity hospitals (defined as a place that assisted at least two births a year) undergo an inspection. The local county health department conducted the inspections, but the results went to the Board of Charities.⁴³ The work of an author considered highly

⁴⁰ Robert B. Baker, Harriet A. Washington, Ololade Olakanmi, Todd L. Savitt, Elizabeth A. Jacobs, Eddie Hoover and Matthew K. Wynia, "Creating a Segregated Medical Profession: African American Physicians and Organized Medicine, 1846-1910," *JNMA* 101, no.6 (June 2009), 507. Todd Savitt, "The Journal of the National Medical Association 100 years ago: A New Voice Of and For African American Physicians," *JNMA* 102 no.8 (August, 2010), 734-44.

⁴¹ Formerly known as the Commission on Public Records, the name for the agency commonly known as the Indiana State Archives was changed to the Indiana Archives and Records Administration (IARA) through legislative action SEA528 in the Spring of 2015. Throughout this paper, the term IARA will be used in references. <http://iga.in.gov/static-documents/b/6/2/8/b628a6c7/SB0528.06.ENRS.pdf> (Accessed December 11, 2015).

⁴² *Indiana State Board of Health Vital Records*. Prior to 1907, births were registered by county. See "Vital Records," <http://www.in.gov/isdh/20444.htm>.

⁴³ *Indianapolis News*, February 3, 1909, 3, November 19, 1909, 9. The law addressed the problem of "baby farms." These private enterprises not only provided a livelihood for operators of homes for illegitimate children or ones who could not be cared for by their parents, but it was allegedly a vehicle for human trafficking. See also *Indianapolis News*, February 11, 1909. *The Indiana Bulletin of Charities and*

representative of the Progressive Era, journalist Ray Stannard Baker, provides a glimpse of African-American life in Indianapolis in the years preceding the Lincoln Hospital's creation. Baker visited Indianapolis in 1907 while researching his book *Following the Color Line*. Previously a writer for *McClure's* magazine, Baker wrote about economic problems along with other authors categorized as muckrakers like Ida Tarbell and Lincoln Steffens. In the first years of the twentieth century, Baker shifted his attention to social issues. For his 1908 book, he clearly wanted to contrast cities that offered few social and civic opportunities for blacks against cities ones that appeared more progressive. Among the people in the city he chose to interview was the African-American physician Sumner A. Furniss.⁴⁴

The most important document of all, the *First Annual Report of Lincoln Hospital*, a fourteen- page document at the Indiana Historical Society, contains detailed information about the hospital staff, patients, and the nurse training school.

This study reflects the perspective of the black physicians of Indianapolis, especially those who formed the Lincoln Hospital Association. Countrywide, during the last decade of the nineteenth century and the early years of the twentieth century, African-American physicians, fraternal organizations, medical schools, and religious groups established hospitals. In Indianapolis, doctors led this effort. Indianapolis was not unique in this aspect, nor in the fact that a city of its size had a black hospital. Even tiny

Correction, Three Months Ending December 31, 1908 (Indianapolis: Wm. B. Burford Publishing, March, 1909), 2-6.

⁴⁴ Ray Stannard Baker, *Following the Color Line: An Account of Negro Citizenship in American Democracy* (New York: Doubleday, Page and Company, 1908), 111-118. Baker explained that Indianapolis ran one of most progressive, non-political school systems in the nation at the time and that African Americans possessed more political power in its city hall. Baker also clearly states that Indianapolis was not a city without race problems. Gangs of white youths called "bungaloo" boys terrorized blacks on streetcars and in parks.

Cairo, Illinois with a population of 12,566 attempted to raise a similar institution. If anything is unique, it is the fact that a second African-American organization also established a hospital in the city that appeared no less successful than the Lincoln Hospital.⁴⁵

Charles Rosenberg, a historian of medicine, observed how the evolution of hospitals “reproduced in microcosm the history of the larger society.”⁴⁶ A study of the Lincoln Hospital holds up a mirror to that history because it tells the story of a marginalized group of people greatly affected by the attitudes and actions of the “larger society.” It includes medical history, but also the social history of the inequity shown to blacks by the white community of Indianapolis. Richard Pierce claims that race relations in Indianapolis have been unique among Midwestern cities. He characterizes the relationship as a tradition of “polite protest” where blacks insisted on their civil rights, but mostly through negotiation and committee action—not strong protests. He attributed this to an African-American population that had existed in the city since its beginning, a population that built personal relationships with whites over time.⁴⁷ Pierce’s study covers the time after 1920. This study covers from 1894 to 1917. I suggest this period gave Indianapolis the character that Pierce found. In the story of Lincoln Hospital segregation certainly looms large, but sometimes white individuals who were not willing to see people sink into a hole not of their own making came forward to assist African Americans. These moments of intervention by whites and the measured approach to problems by black leaders led to the condition Pierce described as “polite protest.” My

⁴⁵ John Murray Lansden, *A History of Cairo, Illinois* (Cairo, IL: R.R. Donnelley & Sons, 1910), 209.

⁴⁶ Rosenberg, *The Care of Strangers*, 4.

⁴⁷ Pierce, *Polite Protest*, 3.

thesis, that black institutions for health care were an attempt by the black community—especially its physicians—to achieve racial uplift through improved health care, will be presented in three chapters and a conclusion. Chapter 1 will roughly sketch African-American life in Indianapolis and the health needs of the black community. Chapter 2 focuses on the doctors and nurses who mutually benefited from access to a hospital environment to practice their skills. Chapter 3 will discuss the major healthcare institutions, black-white relations, and intra-racial relationships as they related to these institutions in the city from 1897 to 1917. In the conclusion I identify a stopping point for the study and look briefly at the future of the Lincoln Hospital doctors and their continued struggle for improved medical care.

Although substantial, Ferguson’s works on the Sisters of Charity Hospital and the tuberculosis camp only partially expose the Indianapolis healthcare environment during a critical time in our nation’s history. Rayford Logan called the last decade of the nineteenth century and the first of the twentieth the “nadir of the Negro’s status in American society.” Denied their civil rights by means of social segregation—and in the case of black doctors by professional exclusion—blacks were decisively relegated by whites blacks to second-class citizenship.⁴⁸ Through this study we find examples of how inadequate healthcare delivery and restrictions on medical practice drove African Americans into a disadvantaged space and further defines the nadir.

⁴⁸ Ferguson, “The Women’s Improvement Club of Indianapolis,” 237-261; Logan, *The Betrayal of the Negro from Rutherford B. Hayes to Woodrow Wilson*, 62.

CHAPTER ONE: AFRICAN AMERICANS IN INDIANAPOLIS

“. . .a[t] the city hospital the fact that charity patients are exposed to clinics serves to deter many colored people from going there.”

The Recorder, October 2, 1909

“Peculiar conditions surround the colored physician and his patient in this locality because of the restrictions that prohibit . . . administering to his own patient in the city hospital.”

The Recorder, July 17, 1909

It is beyond the scope of this thesis to explain why Indiana’s white citizens held racist views or how Indianapolis became a *de facto* Jim Crow city.⁴⁹ It begins with the assumption that, generally, the same attitudes that justified and fostered chattel slavery caused whites to think of blacks as lower beings.⁵⁰

Indiana held a tiny population of African Americans at the time Indianapolis became the state’s capital in 1821. There were slaves still held from territorial concessions that allowed French slaveholders to retain their property, although Article VI of the Ordinance of 1787 that applied to the area northwest of the Ohio River prohibited slavery and involuntary servitude. Some blacks in Indiana were freed slaves, some fugitives, and some won their freedom through the courts.⁵¹ When Ohio became a state, the Indiana Territory formed, encompassing everything left of the Northwest Territory west of present-day Ohio and east of the Mississippi. As the Indiana Territory’s

⁴⁹ Recent scholarship challenges previously offered explanations for racial attitudes. For histories, see Emma Lou Thornbrough’s *The Negro in Indiana before 1900*, *Indiana Blacks in the Twentieth Century*, and her contribution to the *Encyclopedia of Indianapolis*. See W. M. Byrd, and L. A. Clayton’s *An American Health Dilemma: Volume 1: The Medical History of African Americans and the Problem of Race*. New York and London: Routledge, 2000. It contains a sweeping history of racism beginning thousands of years ago.

⁵⁰ J. C. Carroll, “The Beginnings of Public Education of Negroes in Indiana,” *The Journal of Negro Education* 8, no.4 (October 1939), 649.

⁵¹ Paul Finkelman, “Evading the Ordinance: The Persistence of Bondage in Indiana and Illinois,” *Journal of the Early Republic* 9 (Spring 1989), 21-51.

population grew, many new settlers came from slave-holding states. At the same time Quakers living in southern states who found the practice inconsistent with their beliefs established themselves in the eastern part of the territory. The tension from the mix of slavery advocates and slavery opponents led to the formation of the Illinois Territory in 1809 by men who hoped to advance the acceptance of slavery by divorcing themselves from the anti-slavery Quakers who concentrated in the far eastern part of the area. When Indiana became a state in 1816 slavery was prohibited, but the attitudes about African Americans stayed the course. In 1851, a second Indiana Constitutional Convention added an article that banned the emigration of blacks into the state. While the concern about competition for jobs between blacks and whites was often given as a reason for the ban, the question of slave health also became an issue in the debate. With slave states Kentucky and Virginia just across and along the Ohio River, some delegates to the Convention feared that Indiana would become a dumping ground for old manumitted slaves. Delegate William C. Foster, Sr. declared that without a law restricting emigration of blacks, Indiana “will be the great refuge of the worthless, the halt, the maimed, and the blind,” since Illinois already enacted an exclusion law and Ohio was close to doing the same. From these debates it is clear that before the Civil War, blacks were not welcome in Indiana and Article XIII, which banned blacks from entering the state, was then included in the Constitution.⁵² In spite of this, Quakers and a splinter group called Abolition Baptists facilitated the movement of blacks into the state for education.⁵³

⁵² H. Fowler, *Report of the debates and proceedings of the convention for the revision of the constitution of the state of Indiana*. (Indianapolis: A. H. Brown, printer, 1850), 450; West Virginia, with the Ohio River on its border, separated from Virginia in 1861. See <https://www.archives.gov/legislative/features/west-virginia/>. (Accessed December 10, 2015). For the Indiana law regulating emigration, see the Indiana Historical Bureau Website <http://www.in.gov/history/2858.htm> (Accessed June 18, 2015). Also see

Around the time of the Civil War, the black population of Indianapolis mostly resided in an area called Ward's Bottoms just northwest of the city's center. Segregated areas grew up north of the Bottoms, along what is now Dr. Martin Luther King, Jr. Street and on the city's east side in the Brightwood area. Lincoln Hospital would later be located near these racially segregated areas. After the Civil War, the city's black population, although small in number, was always higher (by percentage) than any other comparable city in the lower Midwest.⁵⁴ Among the Civil War era emigrants was highly schooled Samuel Elbert. Trained at Oberlin College in Ohio, he moved to Indianapolis to teach school. He ultimately became the city's first black physician.⁵⁵

During the time of the Lincoln Hospital, physician Sumner Furniss stated that the increased numbers of black southerners migrating north was the reason for racial prejudice.⁵⁶ Between 1890 and 1910, Indianapolis saw its black population grow from 9,133 to 21,816, or 9.3 percent of its population, more than any comparable city in Ohio

Thornbrough, *The Negro in Indiana Before 1900*, 233-234. Article XIII was nullified in 1866. The law as written for the 1851 constitution read:

ARTICLE XIII - NEGROES AND MULATTOES

Section 1. No negro or mulatto shall come into or settle in the State, after the adoption of this Constitution.

Section 2. All contracts made with any Negro or Mulatto coming into the State, contrary to the provisions of the foregoing section, shall be void; and any person who shall employ such Negro or Mulatto, or otherwise encourage him to remain in the State, shall be fined in any sum not less than ten dollars, nor more than five hundred dollars.

Section 3. All fines which may be collected for a violation of the provisions of this article, or of any law which ay hereafter be passed for the purpose of carrying the same into execution, shall be set apart and appropriated for the colonization of such Negroes and Mulattoes, and their descendants, as may be in the State at the adoption of this Constitution, and may be willing to emigrate.

Section 4. The General Assembly shall pass laws to carry out the provisions of this article.

See Thornbrough, *The Negro in Indiana before 1900*, 233-234. Article XIII was nullified in 1866.

⁵³ J. C. Carroll, "The Beginnings of Public Education of Negroes in Indiana," 649-658.

⁵⁴ Pierce, *Polite Protest*, 58; *FARLH*, 6.

⁵⁵ *Indianapolis Journal*, January 6, 1880. Also, see Chapter 2 for more details about Samuel Elbert.

⁵⁶ *Indianapolis News*, October 15, 1917.

or Illinois.⁵⁷ At the turn of the twentieth century, Indianapolis was known to southerners as a destination for blacks wishing to exercise freedoms away from the overtly Jim Crow South.⁵⁸ The city developed a reputation as a successful manufacturing and railroad center in addition to a popular convention destination.⁵⁹ These three areas of enterprise offered employment opportunities for African Americans as train porters, restaurant service staff, and caterers, in addition to general laborers needed for a production economy.

Long before the period of planning for the Lincoln Hospital, the city's blacks tackled the problem of health. One particular episode of migration triggered a health crisis when 1,135 black North Carolinians arrived in the winter of 1879, transported there by the Emigrant Aid Society in Washington. Poorly clothed and sick, three-fourths of the group consisted of women and children with no place to stay. The local black population, estimated at around 5,000, formed an aid society, an early example of a self-help organization in the city. Indianapolis' first black physician, Samuel A. Elbert, described the health problems of early migrants in 1880. He visited a shelter that had been set up for families while the men looked for work. He noted many people in the February cold were dressed in rags and had no bedding or furniture. Several children suffered and died from pneumonia, diphtheria, and scarlet fever.⁶⁰

⁵⁷ *U.S. Census*. Table 29. Indiana-Race and Hispanic Origin: 1800-1990. Also, Ohio, Illinois, Michigan, Pennsylvania, New York. <http://www.census.gov/population/www/documentation/twps0076/INtab.pdf> (Accessed June 15, 2015).

⁵⁸ *The Recorder*, January 24, 1903; Baker, *Following the Color Line*, 110-112.

⁵⁹ *Polk's Indianapolis City Directory for 1907* (Indianapolis: R.L. Polk & Company), 7. https://archive.org/stream/polksindianapoli1907unse/polksindianapoli1907unse_djvu.txt (Accessed June 16, 2015).

⁶⁰ Robert G. Athearn, *In Search of Canaan: Black Migration to Kansas, 1879-80* (Lawrence: The Regents Press of Kansas, 1978), 218; Emma Lou Thornbrough, *The Negro in Indiana Before 1900*, 220-222.

Another health and welfare situation led to the founding of the Alpha Home for Aged Colored Women in 1886 by Elizabeth Goff, a maid and former slave. Goff worried about the fate of old black women in the community who could no longer work and had no means of support. The Alpha Home Association resulted in an organized effort to establish an institution for these women in the city.⁶¹

By 1911, several of the city's African-American organizations or individuals established places in their community that served the ill or injured. One estimate was that the city had a least 23 black doctors for a population of approximately 21,000 African Americans. Black physicians and societies operated or supported two hospitals, a free dispensary, two private sanitariums, a home for aged women, and a day camp for tuberculosis patients.⁶²

Fear, Skepticism, and the Demand for Dignity

According to the black newspapers of the time, the lack of access by blacks to care by a trained doctor was only partly due to the lack of facilities. The fear of mistreatment by white healthcare workers and a certain amount of skepticism about the quality of care by black doctors and hospitals also contributed to the problem. Thus, as much as the black doctors desired an opportunity to practice medicine in a modern hospital setting, the need to convince the sick to see a doctor or to enter a hospital also occupied physicians' efforts. Newspaper items mentioned the reluctance of many blacks to enter the white hospital out of fear of negligent care.⁶³

⁶¹ Darlene Clark Hine, *When the Truth Is Told: A History of Black Women's Culture and Community in Indiana, 1875-1950* (Indianapolis, IN: National Council of Negro Women, 1981), 40-42.

⁶² "Colored Physicians, Pharmacists and Dentists Progress," *The Recorder*, December 2, 1911; "Care for Colored Sick Folk," *Indianapolis Star*, September 17, 1911.

⁶³ *The Recorder*, October 2, 1909.

The free dispensaries functioned as walk-in or urgent care facilities and played a large role in the care of the poor sick or injured. The medical schools operated them for training for their students. The City of Indianapolis also supported a dispensary for the poor of the city. In 1909, 2,876 patients received treatment there. Of that number, 2,301 were white and 575 black. The dispensary, at times, may have inspired some confidence from black patients since on occasion, black interns staffed the facility. Even the presence of black interns at the City Dispensary did not especially inspire confidence in the patients.⁶⁴

Editorials in the black newspapers mentioned the “terror that has so long been entertained of such institutions.” This was the result of the fact that three of the city’s medical schools held free clinics produced a general unwillingness to be turned into “clinical material” for student doctors.⁶⁵ Some researchers consider stories of horrific experiences of experimentation handed down from slave life as a reason for this behavior, but one did not have to travel that far back in time to hear of equally appalling incidents that could make patients wary of institutional care. Mistakes sometimes happened. It is reasonable to think that stories of the most egregious cases circulated around the black community. One incident at City Hospital in 1904 exposed problems with both the

⁶⁴ “Among the Colored People,” *Indianapolis News*, April 13, 1900. This reluctance to enter hospitals was not limited to African-American patients. A discussion at a white women’s club in Evansville mentioned “More people go to hospitals now because they are learning they are not places where patients are mistreated.” See *Evansville Courier* (Evansville, IN), January 9, 1906. The Deaconess Hospital and St. Mary’s are mentioned, with comment that St. Mary’s had a “colored medical and surgical ward” that gave the patients as good as care as the white ward. The article also stated that Evansville did not have a municipal hospital at the time.

⁶⁵ Ray Stannard Baker, *Following the Color Line*, 11; Gretchen Long, *Doctoring Freedom: The Politics of American Medical Care in Slavery and Emancipation* (Chapel Hill: The University of North Carolina Press, 2012), 15. Plantation owners summoned physicians when slaves were ill and some owners even provided a small “hospital” on the grounds for workers that needed special care. Also see “In Favor of One Hospital,” *The Recorder*, January 24, 1914. Also, see *Indianapolis News*, November 24, 1909. Bobbs Dispensary was associated with the Medical College of Indiana.

physical condition of the institution and the quality of care patients received. The *Indianapolis Medical Journal* described the tragedy as a problem of overworked City Hospital nurses trying to function in overcrowded wards.⁶⁶ In November of 1904, an experienced nurse left an unlabeled pitcher on a counter containing a stock 20 percent carbolic acid solution intended to be diluted for use as a disinfectant. A less experienced nurse assumed the pitcher was filled with warm water for enemas and added turpentine to the water, a common procedure for typhoid patients. Since the aromatic pine derivative masked the smell of carbolic acid, the less experienced nurse proceeded to administer the enemas to two female patients, one white and one black. Within four hours, the black woman died and the white patient lapsed into unconsciousness only to pass away the next day. The details of the incident, the ensuing coroner's inquest, and updates on the psychologically traumatized nurses responsible for the deaths appeared in the pages of the Indianapolis newspapers for two weeks. Stories like this added to the fear of hospitalization for patients⁶⁷

⁶⁶ Christopher Crenner, "Race and Medical Practice in Kansas City's Free Dispensary," *Bulletin of the History of Medicine* 82 no 4 (Winter 2008), 820-846. Although this information is from another city, the incident provides evidence of general mistreatment Crenner describes incidents where black patients received less than usual amounts of anesthesia during minor surgeries and the use of placebos. Also, see Harriet Washington's *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans* (New York: Doubleday, 2006): (Accessed Kindle edition); *Indianapolis Medical Journal*, Indiana Medical Journal Publishing Co. (1905), 192-193.

⁶⁷ *Marion County Coroner Reports*, 1904, IARA; "Coroner Investigates City Hospital Tragedy," *Indianapolis News*, November 3, 1904." The nurses involved, Maud Mendenhall and Georgia Funk, were reported "ill" and "prostrate with grief" over the error in the *Indianapolis News*, November 18, 1904, article "Coroner Scores Lax Methods Among Nurses." The coroner, Henry D. Tutwiler, ruled that Susan Cox (white) and Sarah Shaw (black) "came to their deaths from accidental poisoning due to carelessness." The Thomas Jones incident in 1905 also caused concern in the black community. The very ill Jones arrived by ambulance at City Hospital, was examined by an intern and sent to the county asylum because the doctor believed he had tuberculosis. The black community thought the tuberculosis diagnosis was falsified to justify turning away a black patient. An autopsy was performed in the presence of several doctors. A pathologist, W.C. White was present, along with black physicians S. A. Furniss and J.W. Norell. The coroner ruled that the patient outwardly appeared to have tuberculosis. "Hospital Rejects Patient," *Indianapolis News*, March 9, 1904.

Also, patients wished to escape the indignity of segregated facilities in public hospitals, both private and public. Institutions such as Lincoln, Ward's, and Charity Hospital did not accept contagious diseases such as tuberculosis, so patients essentially had no choice but to enter whatever type of facility was available, regardless of their reception there. The Flower Mission Hospital for tubercular patients, associated with the City Hospital, admitted blacks on a limited basis. In at least one case unsatisfactory treatment resulted. For example, in 1915, Mabel Smith checked herself out of the Flower Mission Hospital, charging its staff with rude personal treatment. Her experience gained wide attention by the readership of *The Freeman*. Miss Smith was employed at the newspaper and she was related to the editor.⁶⁸

In certain instances, hospitals responded to the demand for dignity by allowing concessions. In 1914, Fayburn DeFrantz underwent an appendectomy at City Hospital. DeFrantz, the physical culture director of the Senate Avenue Y. M. C. A., recovered in a private room, attended by a black nurse. Miss C.E. Clark, a graduate of Freedman's Hospital in Washington, D.C., was the first black nurse to work within the walls of the municipal hospital. This particular instance shows how the black elite who were able to pay for special treatment skirted the dismal "colored wards" and insured their dignity. This story of how class influenced African-American health care in Indianapolis introduces the next discussion.⁶⁹

⁶⁸ *The Annual Message of Charles A. Bookwalter, Mayor of Indianapolis with Annual Reports of Heads of Departments of the City of Indianapolis* (City of Indianapolis: 1909), 381. "Pickups," *The Freeman*, January 9, 1915; *The Freeman*, December 26, 1914 identifies Mabel Smith as the niece of Mr. and Mrs. Elwood Knox and a stenographer at the Freeman.; "Fresh Air Camp," *The Recorder*, March 20, 1915. This article states that there were no provisions for black patients at the Flower Mission, but the reports of the Flower Mission in the *Annual Message* of the mayor through 1915 show a few black patients were treated there between 1909 and 1915.

⁶⁹ *The Recorder*, November 14, 1914. The victory for the black nurse comes with reservations. The white-only nursing staff of the hospital routinely cared for black patients in an open ward with multiple beds. If

Class and Health Care

“The physicians and others who are interested in this movement [Lincoln Hospital] intend to make it a charitable enterprise, as far as they are able to do so, open to all classes.”

The Recorder, October 2, 1909

In nineteenth-century United States, arrangement for the care sick or injured patients depended on social and economic status. Most care took place in the home except when conditions were unsuitable or no friends or family could provide care. People who could afford to employ a physician either visited the doctor’s office or the doctor visited the home. In urban areas, the poor relied upon free dispensaries that held office hours for staff physicians or dispatched doctors, usually interns, to their homes. These agencies received financial support from city governments or medical schools. The schools used the cases as “clinical material” for training student doctors. The numbers of dispensaries in Indianapolis confirms Rosenberg’s observation of the “fundamental...relationship between the dispensary and the world of medical education and status.”⁷⁰ The City Dispensary in Indianapolis treated thousands of patients during the years of this study. It, and the medical school dispensaries of the city, is beyond the scope of this paper, but should be studied more closely.⁷¹

Mr. DeFrantz paid for a private room, one of the white nurses would be required to attend to him in closed quarters alone. The idea of a white woman alone with a black man would be an unacceptable situation. If the remedy for this arrangement required the presence of two nurses, that would strain the staff. Allowing a black nurse to care for the private patient seems a reasonable resolution to a socially prohibited arrangement.

⁷⁰ Charles Rosenberg, “Social Class and Medical Care in Nineteenth-Century America: The Rise and Fall of the Dispensary,” *Journal of the History of Medicine and the Allied Sciences* 29 (1974): 39. “New Free Dispensary...Physio-Medical College,” *Indianapolis News*, January 20, 1894; *Indianapolis News*, February 3, 1885, Classified ad for Beach Medical Institute. The Medical College of Indiana held Bobb’s Dispensary. See *Indianapolis Star*, November 24, 1909. The Central College of Physicians and Surgeons maintained a dispensary that provided clinical material. See *JAMA* 45 (AMA, 1905), 565.

⁷¹ The City Dispensary treated 34,723 patients in 1909. By 1915 the load increased to 46,072. No figures for race were published for the dispensary. See *The Annual Message of Charles A. Bookwalter, Mayor of*

Like all cities with a black population sequestered from the larger community, class striations developed. Willard B. Gatewood's *Aristocrats of Color* examines a small segment of African-American society called the black elite. He notes that each major U.S. city had a group of "black aristocrats" who held influential positions in the community at the time of the Lincoln Hospital. Gatewood notes that class distinctions among free blacks developed before the Civil War and probably grew from slave hierarchy on plantations. At the upper tiers of black society sat people who had been free for many years or were born free. Many of these "elite" blacks were related to whites, were fair-skinned, and some might even be mistaken for whites. Many of the elite "aristocrats of color" of the South were educated in the North in good schools. Often, the members of this class only mingled socially with those of comparable station and looked down on other blacks.⁷²

Such a class existed in Indianapolis. In 1898, U.S. Senator Blanche K. Bruce's widow Josephine moved to Indianapolis to live with her sisters. Bruce previously lived in the highly stratified black society of Washington, D.C. while serving as the elected senator from Mississippi. In Indianapolis, Mrs. Bruce did not socialize with blacks and attended the white Episcopal Church. The sisters were criticized for not socializing with others of their race.⁷³

The elite of the city came by their fortunes on different paths. Some, like *The Freeman* publisher George Knox were former slaves. He learned barbering and

Indianapolis with Annual Reports of Heads of Departments of the City of Indianapolis (City of Indianapolis: 1909), 373; *The Annual Message of Joseph Bell, Mayor of Indianapolis with Annual Reports of Heads of Departments of the City of Indianapolis* (City of Indianapolis: 1915), 417.

⁷² Willard B. Gatewood, *Aristocrats of Color: The Black Elite, 1880-1920* (Bloomington: Indiana University Press, 1990), 10-29.

⁷³ *Ibid.*, 37. Bruce only stayed for one year. She was offered and accepted a position at Tuskegee.

established an influential white clientele before entering the newspaper business.⁷⁴ Others were born to the aristocracy like physician Sumner Furniss, the son of New England-educated parents.⁷⁵ Overall, it appears that the middle and the top tiers of Indianapolis black society were far more congenial with each other than the Bruce sisters.

Working-class people made up much of Indianapolis' black community. These people strived for the same respectability as the elites. Many people arrived in Indianapolis at the invitation of relatives or acquaintances already in the city. The number of home owners in Indianapolis, even in the black community, was remarkably high, earning Indianapolis the moniker "city of homes."⁷⁶ There were also blacks who arrived fresh out the fields of the South and who were "homeless, friendless, and penniless."⁷⁷ The poor, often tempted by crime and gambling were the constant concern of the respectable black community.⁷⁸ Often referred to as "the poorer sort" of blacks, many people lived in an area nicknamed Bucktown, west of the canal and in its neighborhoods of Yellow Bridge, Cottontown, Wildcat Chute, Hankchef Head, and Shiny-eye. These places were known as the destination of numerous ambulance runs by hospital staff.⁷⁹

⁷⁴ George Knox, *Slave and Freedman: The Autobiography of George Knox*, ed. Willard B. Gatewood, (Lexington: University Press of Kentucky, 1979), 5.

⁷⁵ Furniss was born in Jackson, Mississippi, in 1874, where his parents had moved from New York after the Civil War to take teaching jobs. Furniss's father, William Henry Furniss, was born in Brooklyn, New York, and was educated at Dartmouth. After teaching at Alcorn University in Jackson, Mississippi, he moved to the Lincoln Institute in Jefferson City, Missouri, where he taught math and science. See *The Recorder*, October 9, 1899.

⁷⁶ *Polk's Indianapolis City Directory for 1907* (Indianapolis: R.L. Polk & Company), 7.
https://archive.org/stream/polksindianapoli1907unse/polksindianapoli1907unse_djvu.txt (Accessed June 16, 2015).

⁷⁷ Ronald L. Baker, *Homeless, Friendless and Penniless: The WPA Interviews with Former Slaves Living in Indiana* (Bloomington: Indiana University Press, 2000), 178.

⁷⁸ Ray Stannard Baker, *Following the Color Line*, 112.

⁷⁹ "Would you know where to go if you were called to Hell's Half Acre, Wildcat Chute, Hankchef Head, Sleigho or Cantown, Indianapolis?" *Indianapolis News*, March 10, 1906, 15. The bridge over the canal at Indiana Avenue, traditionally considered the entrance to the segregated residential area of the city, was

Anthropologist Paul Mullins and others discuss the African Americans' practice of displaying affluence through consumerism, using material goods as a reflection of respectability. To blacks climbing to social success, acquisition of wealth and material goods were an important ways of "demonstrating readiness for citizenship."⁸⁰ From that observation, it is consistent to characterize healthcare consumerism as another method of conveying affluence and respectability. Access to services and consumption of health care was also a means of social differentiation. If a person could afford a private room, private nursing, and a popular physician, it reflected a social level above the poor. The fact that some individuals could pay for private health care set them apart from the struggling portion of the city and demonstrated uplift.⁸¹

Hospital care as an indicator of class in black Indianapolis became apparent when Joseph H. Ward opened his sanitarium in 1907.⁸² This first viable effort to start a hospital

yellow and gave the area close by its name. It was site of the Yellow Bridge Riot of 1891 between black Democrats and black Republicans when three Democrats tried to make political speeches (*Indianapolis News*, October 6, 1891). Other neighborhoods were Cottontown, near Twentieth Street and the canal, Wildcat Chute or the first alley west of West Street between Thirteenth and Fourteenth Street, Hankchef Head near North and Patterson Street, and Shiny-eye at Martindale on the east side. See *Indianapolis News*, December 10, 1910 for more information on areas known as Frog Island, Petersburg, Columbia Alley, and Canada.

⁸⁰ Paul R. Mullins, Modupe Labode, Lewis C. Jones, Michael E. Essex, Alex M. Kruse and G. Brandon Muncy, "Consuming Lines of Difference: The Politics of Wealth and Poverty along the Color Line," *Historical Archeology* 45, no.3 (2011),140-150.

⁸¹ The idea of health care as a commodity is thought of as a late-twentieth and early twenty-first century development. In the time of Lincoln Hospital, the economics of medicine expanded to include providers of other services. Paying for extra services, for example x-ray examinations, would become more difficult for the middle class and almost impossible for the poor. In the white community, paying patients supported hospital costs beyond those of benefactors. The poor relied on tax supported public hospitals. As the twentieth century progressed, services became more complex and non-profit hospitals could not count on complete cost coverage; healthcare was thrown into the marketplace and economic theories to hold down costs. See Rosenberg, *The Care of Strangers*, 237-261; Ezekiel J. Emanuel, "Is health care a commodity?" *Lancet* 350, (December 6, 1997), 1713-1714; M. Cathleen Kaveny, "Commodifying the Polyvalent Good of Health Care," *Journal of Medicine and Philosophy* 24, no. 3 (1999), 207-223.

⁸² *The Freeman*, December 28, 1907; *The Recorder*, March 14, 1908; *Indianapolis News*, March 9, 1912. The earliest published date for Ward's Sanitarium is 1905, given in a retrospective article written about Ward in 1912, but that date lacks confirmation in other sources.

served the portion of the population able to pay for private care.⁸³ For the first two years, Ward did not advertise his sanitarium in the newspapers, but the society pages occasionally announced hospitalizations there, naming patients known as elite members of the black community. For example, Ward operated on Mrs. George Knox.⁸⁴ The Lincoln Hospital doctors also devised a plan to attract middle class paying-patients to their wards by offering specials to the numerous fraternal societies in the community. The hospital offered them the opportunity to purchase beds for a year for their members. A bed could also be bought in perpetuity for \$1,000.⁸⁵ Accident and health insurance was also an option.⁸⁶ By offering a wide array of payment options, the doctors tried to create a “public” hospital that would serve working-class patients with modest to moderate means. This group also sought respectability and wanted to have access to dignified treatment, indicating their movement up the social ladder. When the Lincoln founders said they would admit all classes they might have risked loss of patronage by prestigious

⁸³ Prior to the founding of black owned and operated medical institutions, elites and more affluent African Americans were sometimes treated in the white hospitals or private sanitariums. Henry Clay, father of dentist G.H. Clay, died at Runnel’s Sanitarium (*The Recorder*, April 11 1908). Dr. A.H. Hendricks, who became the first medical director of the SoCH, underwent an appendectomy at Methodist Hospital (*The Recorder*, May 20, 1911).

⁸⁴ *The Freeman*, May 4, 1912. This information was published just two months after the merger of Ward’s and Charity. See Chapter 3.

⁸⁵ *FARLH; The Recorder*, January 15, 1910. Little information was found describing this practice in other black hospitals that were not specifically established for a benevolent society. Gamble does not mention it, nor does Mossell in his 1909 *JNMA* article about the modern hospital. See Nathan F Mossell, “The Modern Hospital: Its Construction, Organization, and Management,” *JNMA* 1, no.2 (April-June, 1909), 94-102.

The Fairhaven Infirmary in Georgia, an institution similar in size to the Lincoln Hospital, also started in 1909. It survived because it became the company hospital for Southern Railway, the Central of Georgia, and the Atlanta Street Railway System. Fairhaven also all allowed other black doctors to admit patients there. “Fair Haven Infirmary,” *JNMA* (April, 1913), 107.

⁸⁶ *The Recorder*, May 24, 1913; *The Recorder*, November 29, 1902. In 1902, the Indianapolis Mutual Benefit Association incorporated to provide insurance for accident, sickness, or death. The medical director was Sumner Furniss and the president was his father, W. H. Furniss.

black citizens of the city. In reality, only three beds of the seventeen were set aside for charity. The patients who used them would be vetted to ensure they were the “worthy poor.”⁸⁷

Preference for Alternative Care

“...we find too much trust put in patent medicines; the belief, latent it is true in many cases, but still existing among the ignorant, in the hoodoo militates against the close following of the doctor’s orders.”

Sumner Furniss to Ray Stannard Baker⁸⁸

The importance of hospitals in healthcare delivery, such as patients undergoing surgery and treatment, did not mean that all patients warmly accepted hospitals, or even physicians for that matter. In 1908, Sumner Furniss commented to journalist Ray Stannard Baker that some of the city’s black citizens placed excessive faith in patent medicines and superstitious healing. He considered both detrimental to the overall health of the community.⁸⁹

At the level of basic care in the home, remedies handed down within families over generations served as diagnostic and treatment guides. Self-help books like *Mother’s Remedies*, published in 1910, collected many of these. Attractive advertisements for patent medicines in the pages of newspapers promised hope and relief for many ailments without regular physician intervention. Sometimes, the search for remedies led vulnerable patients to herb merchants who fraudulently claimed healing knowledge. The exotic Chinese “physician” Gun Wa (actually a laundry worker recruited by a Colorado gambler) and his Indianapolis successor, “Doctor” William Hale, led many to believe

⁸⁷ *Lincoln Hospital Indianapolis*, Box 9, File 210, Folder 10: Indiana Department of Public Works: Maternity Hospital Inspections, IARA.

⁸⁸ Baker, *Following the Color Line*, 116.

⁸⁹ *Ibid.*, 112.

they could achieve cures with their herbal concoctions.⁹⁰ Furniss's disapproval of patent medicine did not end with the questionable efficacy of snake oil. He also complained that blacks turned to customs of magic and talismans for relief. In traditional African medicine, spirits can play havoc with any aspect of one's life. These spirits can be directed or dispersed by individuals with special training. There is evidence that this type of alternative medicine, medico-religious in nature, brought relief to patients with diseases or conditions that physicians could not heal. The practice of "rootwork" or "hoodoo," a persisting form of holistic African folk tradition, attributes physical diseases and maladies to spells or bad luck. Because superstitious athletes and sports journalists adopted the term "hoodooed" to explain losing streaks, the health effects attributed to hoodoo have been largely forgotten. Patients with symptoms like snakes crawling under their skin or frogs in their throats blamed their conditions on a hex. Using a combination of herbal medicine and psychological remedy, hoodoo practitioners "fixed" sufferers' problems. These practices were by no means limited to African American. European groups also held folk remedies, but Furniss was speaking of a form specifically found in the black community.⁹¹

⁹⁰ Thomas Jefferson Ritter, *Mother's Remedies; over one thousand tried and tested remedies from mothers of the United States and Canada* (Detroit: G. H. Foote Publishing Co, 1910). This book contained information about home care and treatments, provided they aligned with accepted medical knowledge of the day. The book also listed signs and symptoms that indicated when a physician should be called.

Gun Wa advertised consulting sessions and herbal sales at 25 West Washington Street. See *Indianapolis News*, September 26, 1889; *Indianapolis News*, June 13, 1891. The Gun Wa scam operated in other cities, but after legal action in Milwaukee, the Indianapolis operation changed its name to Gun Wa Remedy Company under the direction of Hale. See *The Freeman*, June 21, 1890; July 5, 1890. The work of these medical entrepreneurs should not be confused with homeopathic and eclectic physicians who received formal training in medical schools.

⁹¹ Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in Nursing Practice, 1890-1950* (Indianapolis and Bloomington: Indiana University Press, 1989), 22.

In early Indiana, German immigrants brought tales of witches, their spells and cures. See Samuel P. Kaler and Richard H. Maring, *A History of Whitley County, Indiana* (Whitley Co., IN: B.F. Bowen & Company, 1907), 179 at <https://archive.org/stream/historyofwhitley00kale#page/178/mode/2up> (Accessed December 10, 2015) and the *Evansville Courier* (Evansville, IN), August 19, 1909. A Pennsylvania coroner

Both white and black newspapers also told of clairvoyants who dispensed instructions to help women corral straying husbands or to remove bad luck. Without going so far as to claim medical practice, the locally well-known Madame McNairdee's 1911 advertisements included her abilities with physical problems. They read "...if you are painful or ailing, think you have been witchcrafted, go see her."⁹² If seemingly successful, these seers made it difficult for physicians to sell scientific medicine to the community.

The Lincoln physicians entered the profession during the unfolding Progressive Era that also coincided with the black Age of Accommodation, characterized by Booker T. Washington's promise that African Americans would self-segregate in order to mature as a productive, responsible race. By the time the Lincoln Hospital's closed in 1915, W.E.B. Dubois' push for immediate equality clashed with Washington's strategy. To follow either one of these approaches exclusively would put the doctors' progress at risk. The evidence will show in the next two chapters that over time, these physicians exhibited characteristics of both.

condemned the practice of bringing children to witch doctors, when six children died of "summer complaint" (cholera infantum). Because there was no mention of the race, and by the use of the title "Pow-wow" doctor, it is inferred that these patients were white, probably Pennsylvania Dutch who were part of a group that followed these practices. See David Kriebel, *Powwowing Among the Pennsylvania Dutch: A Traditional Medical Practice in the Modern World* (University Park, PA: Penn State Press, 2007).

⁹² *The Freeman*, January 28, 1911. Ironically, Madam McNairdee's house and office were next door to the Lincoln Hospital at 1103 N. Senate. The October 24, 1909 edition of the *Indianapolis Star* contained advertisements for twelve individuals offering clairvoyant services.

CHAPTER TWO: DOCTORS AND NURSES

“The colored members of the medical profession in this city have taken the initiative...to create and support...the Lincoln Hospital for colored patients.”

Indianapolis News, September 30, 1909

The ten physicians who signed the Articles of Incorporation of the Lincoln Hospital Association faced obstacles on several fronts. Some of these difficulties were medical licensing standards, new methods of treatment, and points-of-care that changed during the decades of the turn of the twentieth century. For example, the development of professional standards, one hallmark of the Progressive Era, presented special hurdles for black doctors because it ultimately closed the doors to the hospitals, operating rooms, and the medical societies that black doctors needed to advance their careers. Racial bias exacerbated difficulties that all physicians of their time faced when making adjustments to the practice of medicine. This chapter explores those changes in the medical professional and how they affected African-American physicians.

Close to the turn of the twentieth century, new licensing and registration requirements confronted doctors in almost every state of the Union, professionalizing the physicians. In early nineteenth-century America, laws governing medical practice existed until 1830, when all such laws were repealed under the influence of Jacksonian anti-elitism.⁹³ After decades of virtually unregulated education, medical societies and physicians' associations nationwide stepped up their efforts to bolster their image by improving and controlling medical education to remove the public's mistrust in their

⁹³ H.G. Hamer, “Notes on the History of the Indianapolis Medical Society and its Influence upon Medical Education” *Journal of the Indiana State Medical Association* 21 (June 15, 1928): 246-250. Early in the nineteenth century, only about a quarter of all doctors in Indiana attended medical colleges and only about ten percent graduated from them.

abilities. Differences in medical doctrine played a role in physician professional status. Throughout the nineteenth century, distinctly different approaches to medical treatment sprang up around the country. Theories of medicine and physiology determined the course of treatments dispensed by physicians. By the end of the century, three main sects of doctors dominated the profession: allopaths, homeopaths, eclectics. The allopaths, also called regulars, were products of schools of medicine that, until the rise of scientific medicine, treated conditions with metals like mercury and arsenic, supplemented by bleeding the patient. They were also the type of doctors most likely to resort to surgery.⁹⁴ Homeopaths used botanicals more or less exclusively to treat their patients. The eclectics were a group who tended to use approaches of both of the previous two sects. By the end of the century, advances in scientific medicine were adopted by most physicians and there was little difference among them except in name. However, over the years the groups bickered and maligned each other, and as the push for standardized education and licensing came to head, the regulars, represented by the American Medical Association (AMA), flexed its muscles and essentially rooted out the other groups.⁹⁵ When Indiana law instituted licensing by examination in 1897, the state duly licensed (with limited scope) both homeopaths and osteopaths, a newly emerging discipline.⁹⁶ The extent to which sectarian differences contributed to professional barriers for black physicians is not studied here, but it can be said that most African-American doctors in Indianapolis during

⁹⁴ This phenomenon is the subject of William Rothstein's *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University, 1992).

⁹⁵ Starr, *The Social Transformation of Medicine*, 94-112.

⁹⁶ *Annual Report of the Indiana State Board of Medical Registration and Examination. 1913-1914*, 69; *The Thirteenth Annual Report of the Indiana State Board of Medical Registration and Examination, 1910-1911* (Indianapolis: Wm B. Burford, 1911), 51.

the era were graduates of allopathic medical schools. Access to these schools was the first and most serious problem for the training of black physicians. Ultimately, education and professional standing through associations possessed gatekeeping functions that made racial discriminatory actions easy to execute, thus drawing a color line that would exist for decades.⁹⁷

Physician Education

“This race numbers among its Indianapolis professional men several carefully trained physicians of wide experience. They have taken the same college courses side by side with their white professional brothers.”

Indianapolis News, September 30, 1909

A growing body of literature describes the experiences of black physicians in the late nineteenth century and early twentieth centuries. The matter of how and where black doctors received training was the result of changes in the medical profession nationwide. Most of these regionally oriented studies focus on southern black doctors because most blacks lived in the South and medical schools were established for them there as early as 1868.⁹⁸ Savitt’s *Race and Medicine* and Thomas Ward’s *Black Physicians in the Jim Crow South* studied black doctors’ training and experience. Medical historian Todd Savitt points out that only a few northern schools admitted blacks.⁹⁹

It is unknown how many African-American physicians came to be doctors during the early nineteenth century when apprenticeship was a path to the profession. In 1850, the then-young Indiana State Medical Association advanced a resolution that defined the

⁹⁷ See Physician Education Table in Appendix.

⁹⁸ Todd Savitt, “Four African-American Proprietary Medical Colleges: 1888-1923,” *Journal of the History of Medicine* 55 (July 2000), 203-255.

⁹⁹ Todd Savitt, *Race and Medicine in Nineteenth- and Early-Twentieth-Century America* (Kent, Ohio: Kent State University Press, 2007); Thomas Ward, *Black Physicians in the Jim Crow South* (Fayetteville: The University of Arkansas Press, 2003); Whittier C. Atkinson, “Henry Fitzbutler,” *JNMA* 44, no. 5 (1952), 405. The medical history section featured Louisville National Medical College. The University of Louisville did not admit black students into the medical school until 1951.

time spent by a student doctor with a practicing physician. The physician was to accept the student for a three-year term and could charge one hundred dollars for the use of his medical texts. However, schools of medicine were being established in the state so more formal education was added.¹⁰⁰ By the time the Indianapolis physicians established Lincoln Hospital in 1909, the medical profession itself had called into question the quality of physician education and the preparation of students accepted into medical schools. As early as 1906, the AMA convened the Council on Medical Education, an arm that inspected and rated medical schools. Soon after, Abraham Flexner began his evaluation of all medical schools under a cooperative effort of the AMA and the Carnegie Foundation for the Advancement of Teaching. The result, *The Flexner Report: Medical Education in the United States and Canada* moved medical education fully into the arena of scientific medicine. Medical schools with adequate facilities for laboratory instruction and hospital access to patients for clinical material received passing marks. That alone would have a devastating effect on black medical schools that suffered from underfunding, but Flexner's openly racist assignment of black doctors to a role of a public health officer gave extra thrust to motives that segregated the medical profession specifically and society in general. Eventually, all but two of the black medical colleges that operated from 1865 to 1920 remained open.¹⁰¹

The effect, if any, of the Flexner Report on Indianapolis black physicians requires further study. In 1908, the year before his study commenced, nine of the ten most

¹⁰⁰ William H. Kemper, *A Medical History of the State of Indiana* (Chicago: American Medical Association Press, 1911), 149; "Medical Education in Indiana," IARA, <http://www.in.gov/iara/2978.htm> . (Accessed December 15, 2015).

¹⁰¹ *Beyond Flexner: Medical Education in the Twentieth Century*, ed. Barbara Barbansky and Norman Gevitz (New York: Greenwood Press, 1992), 1. Todd Savitt, "Abraham Flexner and the Black Medical Schools," 65-81.

prominent black Indianapolis physicians were graduates of northern medical schools.¹⁰² By 1911 there were at least 23 black doctors in Indianapolis. About half of the 23 doctors practicing in the city in 1911 earned their degrees in Indiana, overwhelmingly in the Indianapolis medical colleges. The city's earliest educated black physician, Samuel A. Elbert (died in 1902), was born in Maryland in 1832 and arrived in Indianapolis via Ohio in 1866 to teach school. He later entered the first class of the Indiana Medical College in 1869 and graduated in 1871.¹⁰³ Like Elbert, the majority of the doctors associated with the Lincoln Hospital received their medical education in northern schools. Only five attended the all-black schools of Howard and Meharry.¹⁰⁴ None of the city's black doctors in the first two decades of the twentieth century attended the questionable schools that Flexner criticized. Given that the quality of their schooling and their student performance was known to their fellow physicians, when white doctors denied privileges to these locally educated doctors, the motive was purely racial.

Typically, nineteenth-century American medical students were paired with a preceptor, a practicing physician in the community, who served as mentor. Primarily an educational relationship that provided opportunities for practical experiences not offered by the medical colleges, in some cases it is clear that the relationship also was a way for

¹⁰² These doctors were identified as "prominent" by analyzing the names of doctors who were active in the state African-American medical association. See "Negro Physician," *The Recorder*, September 12, 1908. See Physician Table, Appendix A, for details on Ward, Furniss, W.E. Brown, Cotty, Hummons, Atkins, Puryear, King, and (John) Norrel.

¹⁰³ *The Recorder*, July 12, 1902; Emma Thornbrough, *The Negro in Indiana Before 1900*, 346.

¹⁰⁴ Most of the northern schools were allopathic (regular), but some doctors trained at eclectic schools. In the case of Joseph Ward, a graduate of the Physio-Medical College in Indianapolis, he extended his education by also graduating from the Medical College of Indiana, a regular school. See Physician Medical School Table in appendix.

the students to earn money.¹⁰⁵ For the early black students like Elbert, obtaining a medical education meant finding white doctors willing to open up personal libraries so black students could study medical texts for three years, in addition to attending two full courses of lectures.¹⁰⁶

Upon completion of his courses, the college decided not to grant Elbert his degree, although they finally awarded it to him in 1871.¹⁰⁷ In 1891 Sumner Furniss entered the Medical College of Indiana (MCI), an institution created in 1878 from the College of Physicians and Surgeons of Indiana and Elbert's alma mater, the Indiana Medical College. In time, more black students matriculated into MCI. Furniss graduated in 1894, and by 1897 institutional records show him listed as preceptor for Joseph E. Smith of King's County, New York and in 1898 for Edward S. Gilliard of Charleston, South Carolina. Another African-American physician, J. H. Ward, sponsored two students from Alabama in 1902.¹⁰⁸

¹⁰⁵ Thomas Neville Bonner, *On Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750-1945* (Baltimore: Johns Hopkins University Press, 1995), 46,178, and 224. Sumner Furniss entered the Medical College of Indiana in 1891, working his way through school by clerking for Dr. Samuel Elder, his white preceptor. See *The Freeman*, February 10, 1900.

¹⁰⁶ William Robeson Holloway, *Indianapolis, a Historical and Statistical Sketch of the Railroad City, a Chronicle of Its Society, Municipal, Commercial and Manufacturing Progress, with Full Statistical Tables* (Indianapolis: Indianapolis Journal Print, 1870), 252-253. A course was usually six months long.

¹⁰⁷ Emma Thornbrough, *The Negro in Indiana Before 1900*, 346. Details about the refusal were not found. According to Thornbrough, Elbert was warned that he could take classes but he would not receive a degree. Program notes from the dedication of Elbert's Crown Hill Cemetery headstone in 2013 state that Elbert took the case to court and was admitted as a regular student. The dedication event was co-sponsored by the Indianapolis Medical Society and the Aesculapian Society. It is known that in 1871, the Indiana Medical College briefly came under the administration of Indiana University. See *Journal of the Indiana State Medical Association*, 21 (June 15, 1928). This change in administration possibly influenced the degree-granting process. On the other hand, a perplexing episode happened in 1890 when Thomas Burton, a black student, was named head of the Sydenham Society for students. See *Indianapolis News*, December 15, 1890. William Chavis served as his preceptor during his medical studies. Burton did not practice in Indiana. Moved to Ohio in 1892. He authored *What Experience Has Taught Me: An Autobiography of Thomas William Burton* (Cincinnati: Jennings and Graham, 1910).

¹⁰⁸ *Medical College of Indiana Records*, UA073, Box 20, *Indiana University School of Medicine Collection*, Indiana University-Purdue University Archives, Indianapolis.

The fact that the medical schools of Indianapolis opened their doors to black students so early did not guarantee a discrimination-free postgraduate education. Internships were decided competitively and the positions were few.¹⁰⁹ This created another barrier for blacks wishing to become physicians. After his graduation from MCI in 1906, Henry L. Hummons, another of the founders of Lincoln Hospital, moved to Shelbyville to serve an internship there.¹¹⁰ Later, both he and Joseph Ward separately traveled to New York to study surgery at the Polhemus Memorial Clinic at Long Island College Hospital.¹¹¹

The internship experience of Sumner Furniss demonstrates the many levels of discrimination that a black medical school graduate encountered in an attempt to gain further training. Several problems occurred during his highly publicized postgraduate year. Upon his graduation, Furniss finished third in the class of fifty-four. Customarily, interns at City Hospital were chosen by competitive examination. Furniss submitted an essay on childhood diseases and won an internship slot. Unknown persons protested his

¹⁰⁹ Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, and the United States, 1750-1945* (Baltimore: Johns Hopkins University Press, 1995), 343. Bonner notes that in the 1920s, no AMA-approved residency programs accepted blacks and in the 1930s only 31 slots existed in African-American hospitals.

¹¹⁰ H. L. Hummons Collection, Indiana Historical Society, Indianapolis, one box, Folder #1. Hummons funeral program. Shelbyville did not have a municipal hospital at the time. but it did have a stable African-American community, as noted in *The Recorder*, September 10, 1904 and January 30, 1909. Thomas Kennedy, a white physician, had a small sanitarium in Shelbyville where he provided Hummons' internship. See *The Recorder*, March 13, 1901. Also see "Dr. Ward, Indianapolis," *Indiana Medical Journal*, 21(1902): 134.

¹¹¹ *The Freeman*, September 20, 1902. Ward spent the summer at the Long Island College Hospital and also King's County Hospital. See *The Freeman*, August 5, 1911; *The Freeman*, September 20, 1902; Frank Lincoln Mather, *Who's Who of the Colored Race: A General Biographical Dictionary of Men and Women of African Descent*. Vol.1 (Chicago: Copyright Frank L. Mather, 1915), 147 and 195. In 1911, Hummons also took a three-week graduate internal medicine medical course at Harvard, noted in *The Recorder*, June 24, 1911.

placement with the claim that the essay was incorrectly judged. Entries were resubmitted and again, Furniss won.¹¹²

When the young doctor, only twenty years old at the time, arrived at City Hospital to serve his term, the hospital administration and patients immediately voiced opposition to his presence with his first assignment to the surgical ward.¹¹³ Looking ahead to his next clinical station, detractors protested his rotation to the obstetrical ward. That part of his service would place him in the delicate position of treating white female patients. The controversy captured national attention within the medical community, as reported in the *Boston Medical and Surgical Journal*, which became *The New England Journal of Medicine* in 1928.¹¹⁴ One short article clearly showed racial attitudes of the time and were mixed with conclusions that Furniss's presence affected the economic interests of the hospital because community racism drove away patients:

This appointment of a negro, though fairly won, has caused a most bitter outpouring of abuse upon the young man and all concerned in his appointment. His services began in the surgical wards, whereupon pay patients left and the charity patients made bitter complaint at what they considered an indignity.¹¹⁵

The article also quoted the text of a letter from a physician to a local medical society. The letter refers to white attitudes about black males in general and religious tenets specifically as justification for segregation:

¹¹² *The Freeman*, December 22, 1894.

¹¹³ *The Freeman*, May 12, 1894. Furniss received board, washing, lodging and \$500 for his internship year.

¹¹⁴ Joseph Garland, M.D., "The Boston Medical and Surgical Journal, 1828–1928," *New England Journal of Medicine* 198, (February 23, 1928), 1-13.

¹¹⁵ "The Negro as Interne," *Boston Medical and Surgical Journal* 131 (July 16, 1894): 70. How news of this event in an Indiana city traveled to the east coast is not clear. During this same year, Furniss's brother was serving his Harvard internship. Because their parents originally lived in that area, friends and family possibly made those connections and the editor of the Boston journal deemed the controversy noteworthy.

The worst feature of this unfortunate situation is that in four months, by rotation, this young man will be placed in charge of the obstetrical department, and white women, whose only crime is poverty, must submit to the unspeakable outrage of bringing innocent children into the world under the touch and manipulation of this son of Ham..." He then asks "the Board of Health, who made this appointment, the cringing politicians who prevent the righting of the wrong, and, lastly, all persons who favor this phase of negro equality: How would you like to look back to the day of your birth and know that a negro doctor helped to usher you into the world?"¹¹⁶

This protest clearly lays out the grounds for the objection. The uncomfortably intimate contact of a black doctor with white patients signaled the crossing of a line of decency. To those fearful of the consequences of racial equality, the writer paints a horrific picture, going so far as to deploy the word "outrage," which carried the suggestion of rape.¹¹⁷

The editor of the *Indianapolis Medical Journal* defended Furniss's presence in the hospital and refuted the concern of intimacy, claiming that the real problem was that a black man overstepped boundaries reserved only for white professionals. In publishing the letter from which the above quotations are made, the editor appended this note as a much-needed rebuke to the writer:

Prejudice, custom and habit are all stubborn things. The writer of the above article is shaved by a colored barber, attended by a colored waiter, is often bathed by a colored attendant, eats food from a colored cook, and we have seen him driving with a colored coachman by his side. All the most intimate personal services are performed for most of us at times by colored barbers, waiters, attendants, nurses, etc., and we take it as a matter of course; but prejudice cries out against a colored doctor, who undoubtedly possesses more intellect and learning than the average white man of similar training and who very likely possesses a more sympathetic

¹¹⁶Ibid., 70.

¹¹⁷ *Collins English Dictionary* (London: HarperCollins Publishers, 2003).

heart and more gentle touch and manner by reason of his race and nature than the average white man.¹¹⁸

Elder died unexpectedly in May of 1894, but Furniss retained the support of other physicians and the city's board of health, which ultimately determined internships at City Hospital.

This story conveys the dilemma facing black physicians in the North, but not in the South where the color line was indisputable and Furniss would not have set foot on a hospital ward. In the North, where Jim Crow was not *de jure*, the lines could be tested. On one level, the outcome of this incident was a victory for the equality of African-American physicians in Indianapolis, but evidence suggests the discourse reveals two areas where inequality existed, namely access to medical education and social equality. The white objector feared a move toward social equality even though Furniss's actions communicated he sought only an equal opportunity to advance his skill as a physician. For example, because he insisted that he would take his meals separate from the white hospital staff that shows he had no desire to force social equality.¹¹⁹

Fourteen years passed before another black medical school graduate entered City Hospital as an intern.¹²⁰ By 1908, when Clarence A. Lucas came in sixth place in the

¹¹⁸ "The Negro as Interne," *Boston Medical and Surgical Journal* 131 (July 16, 1894):70. Furniss's preceptor E.S. Elder was business manager of the *Indianapolis Medical Journal* at this time, as noted in *The Medical Fortnightly* 6, no. 4 (1894): 463, and was likely the author of the article.

¹¹⁹ *The Freeman*, June 9, 1894; *The Freeman*, June 6, 1908.

¹²⁰ This long gap cannot be easily explained because the exact number of black students during that interval is unknown. Most of the medical school records do not indicate race and the individuals identified as black in this paper are drawn from additional information from other available sources. Extensive genealogical research would reveal which students were African American. Furthermore, as shown on page 40, some students came from other states and may have returned home after graduation and did not seek an internship. Internships were not abundant during this period for all medical school graduates. For example, there were fifty-four graduates in Furniss's 1894 class, but only ten intern slots available. Some of those men accepted their position without pay in order to gain the valuable experience. See *Indianapolis Journal*, April 8, 1894.

qualifying essays to score a position, medical education had institutionally changed in Indiana. An act of the Indiana Assembly forced a merger of the state's proprietary schools, most of which had loose associations with other colleges, into one school, the Indiana University School of Medicine. Between 1908 and 1917, four more black students qualified for internships. Then, after a gap of twenty-three years, Clarence A. Lucas, Jr. began an internship in 1939.¹²¹

The Furniss internship incident demonstrated that in the early years of the nadir of racism, some white individuals in the medical community supported an exceptional black student. Without that support, the affair would have ended Furniss's term at City Hospital immediately. Also, the local medical association welcomed both Sumner and his physician-brother, Henry Watson Furniss, into the ranks of the Marion County Medical Society.¹²² This step in their career— association with other professionals —was the next barrier to black physicians.

Professional Associations

Membership in a medical association was crucial for professional survival. Most medical societies in the states that surrounded Indiana began in the late 1840s, but each

¹²¹ *The Recorder*, November 11, 1939. The gap of years is based on the black press and has not been verified by a deeper search of records. The interns who qualified for internships were C.A. Lucas, 1908; Albert Cleage, 1910; L. Aldridge Lewis, 1911; Howard R. Thompson; 1913 and William Gibbs, 1917. Lucas is often identified as the first black graduate of the merged Indiana University School of Medicine, but Alfred Hudson Hendricks graduated the same year as noted in the *Indiana Medical Journal: A Monthly Journal of Medicine* 26, no. 12 (1908), 501. In 1939, the hospital suspended C.A. Lucas, Jr.'s internship soon after he arrived because he tried to eat at the same dining table as white staff; Gibbs did not finish his term because the white City Hospital interns staged a strike to protest his presence. Black leaders in the community successfully agitated for his reinstatement, but when restored to his position, he resigned. He subsequently completed an internship at Provident Hospital in Chicago. See *Who's Who in Colored America*, 6th edition (New York: Thomas Yenser, 1941-1944), 203. *Indianapolis News*, June 16, 1917, June 17, 1917, and June 20, 1917.

The City Dispensary and the City Hospital were distinct entities. Doctors served internships at either of the institutions. The black press emphasized hospital internships, crediting Clarence Lucas in 1908 as the next black intern following Furniss, ignoring D.H. Brown's internship at the City Dispensary in 1900. In 1900, an incident involving Brown at the dispensary placed him in a bad light. He was accused of overprescribing morphine. The accusation came to naught. See *Indianapolis News*, July 20, 1900; *The Recorder*, August 25, 1900; *The Freeman*, July 1, 1901.

¹²² *Indiana Medical Journal: A Monthly Journal of Medicine and Surgery*, Volume 18 (Indiana Medical Journal Publishing Co., 19): 225. In 1898, H.W. Furniss was even elected an honorary member, holding his place as he took a leave of absence from his practice after his appointment as U.S. Minister to Bahia, South America.

formed their societies for similar purposes: to address issues in the physicians' interest; to spread new medical information; and to identify substandard practitioners.¹²³ As mentioned earlier, states began implementing medical licensing and requirements for professional study in the early nineteenth century.¹²⁴ At the time, professionally educated physicians—the “regulars”—embraced the classical view of medicine that disease required balancing the body's fluids and constitution. Bleeding, purging, and treatment with metals like mercury were *de rigueur*. In the early 1800s Samuel Thompson, a farmer from Vermont, began using botanicals for treatment. He had no worse a record for healing than the regulars, and the therapies proved far less painful. This system, Thomsonianism, caught the public's attention. But between the patients' disdain for some of the heroic medical procedures of the time and the Jacksonian era's rejection of any sort of regulations that favored elites, states began dropping licensing efforts in the 1830s.¹²⁵ Without the gatekeeping of formal licensing, the state and county associations became the only effective means of controlling the profession and ensuring the quality of the physicians. Consequently, state and local groups of regulars banded together, culminating in a national entity, the eventually powerful American Medical Association in 1847.¹²⁶

As discrimination and ill-treatment of black doctors by white medical societies increased nationwide, segregation within the medical profession in Indianapolis

¹²³ The Illinois State Medical Society formed in 1840. See https://www.isms.org/About_ISMS/ (Accessed August 31, 2015); Michigan State Medical Society formed in 1866, replacing two previous societies that failed. See https://www.isms.org/About_ISMS/About_ISMS/ (Accessed August 31, 2015); Ohio State Medical Society formed in 1846. See <https://www.osma.org/About/History-of-the-OSMA> (Accessed August 31, 2015); Kentucky Medical Association formed in 1851. See https://www.kyma.org/content.asp?q_areaprimariyid=5&q_areasecondaryid=104#Who (Accessed August 31, 2015).

¹²⁴ Paul Starr, *The Social Transformation of Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 57-59.

¹²⁵ Lewis A. Grossman, “The Origins of American Health Libertarianism,” *Yale Journal of Health Policy, Law, and Ethics* 13 (Winter, 2013), 76-136.

intensified. Historians of black Indianapolis point out (somewhat erroneously) such discrimination lasted well into the middle of the twentieth century, giving the example of the Marion County Medical Association (MCMA) that barred blacks from joining.¹²⁷ Sumner Furniss, was admitted into the association in 1895, and in 1896 his older brother, Henry Watson Furniss, also gained acceptance when he returned from medical school and residency on the east coast. In 1898, H.W. Furniss was even elected an honorary member, holding his place as he took a leave of absence from his practice after his appointment as U.S. Minister to Bahia, South America.¹²⁸

But for other black doctors, local medical society bylaws blocked access to the exclusive group. New members were required to secure the recommendation of four other members of the society. Until 1913, there were never more than three black doctors in the organization at any one time.¹²⁹ Only black doctors with the best relationships with the white doctors could ever hope to be admitted. In spite of this small level of acceptance, the Furnisses could not treat their own patients in the City Hospital.¹³⁰

¹²⁷ Program notes from the dedication of Elbert's Crown Hill Cemetery headstone in 2013 provided by the Indianapolis Medical Society, 2014. The MCMA became the Indianapolis Medical Society in 1902. H.G. Hamer, "Notes on the History of the Indianapolis Medical Society and Its Influence upon Medical Education, *JISMA* 23 (June 15, 1928), 7.

¹²⁸ *Indiana Medical Journal: A Monthly Journal of Medicine and Surgery* 18 (1900): 225.

¹²⁹ *Journal of the Indiana State Medical Association*, 6 (1913): 241. In 1913, the IMS membership included the Furnisses and Clarence Lucas.

¹³⁰ At some unknown point, their names no longer appeared in the rolls. One possible reason for a change of heart on the part of the local medical society was the influx of doctors trained in the southern schools that were considered inadequate at best, or diploma mills at worst. Since the state extended licensing to certificate holders from other states, some questionable doctors could have entered the state. However, research identifies only two of the black doctors associated with the black health care institutions of Indianapolis who came from the inadequate schools. It is noteworthy that in their promotional material the black physicians of the Lincoln Hospital shared a cautious view, stating that any "reputable" physician could admit patients, suggesting a concern for the quality of some doctors. More research could find that the tide had turned against all black doctors and even the few favored ones were ejected. In 1913, an employee matter came before the Indiana University Medical School finance committee that shows new racial bias at the school. Discussion about substituting a long-time black janitor with a white scrubwoman ended with the matter referred to the Dean. Replacing Otto, who was nearing retirement, with another black janitor was considered, but "did not meet with much approval." See *Finance Committee Minutes*, March 20,

In the first decade of the twentieth century, the African-American physicians of Indianapolis formed the Aesculapian Society in order to carry on the same collegial functions as the county medical association. In 1908, the Aesculapian Society invited black physicians from other areas of Indiana and allied medical professionals to form a statewide organization called the Indiana Association of Negro Physicians, Dentists, and Pharmacists.¹³¹

Surgeons

“For the fibroid tumors [operations]...going daily to the hands of the white surgeon to make him wiser and richer while black men must crush out of their hearts their fondest hopes—because they have no place sufficiently well-equipped...”

L. Aldridge Lewis, M. D.
The Freeman, January 31, 1914

Due to scarce availability of postgraduate experience in surgery and the small number of hospitals that allowed African-American doctors access to surgical facilities, the role of surgeon eluded black doctors. The words of Indiana University School of Medicine graduate L.A. Lewis quoted above confirmed that the black doctors of Indianapolis wished to perform surgery, but were denied the privilege.

1913. *Indiana University School of Medicine Papers*, Committee Meeting Books, Indiana Medical History Museum, Indianapolis IN.

¹³¹ *The Recorder*, September 12, 1908. The attendees at the meeting held September 9 included A. L. Cabell of Terre Haute, Charles Martin, Princeton, W. T. Thomas and Jimmie Jackson of Marion, S. A. Furniss, W. E. Brown, J. H. Ward, John Norrel, C. A. Atkins, H.L. Hummons, H. R. Armistead, W. R. Cotty, A. J. King, J. O. Puryear, George Shaffner, A. H. Wilson. Druggists Anthony Courtney and Charles Chavis and dentists W. E. White and Howard Huffman also attended. The March 16, 1907 issue of *The Freeman* reported that during the previous week, the black physicians of Louisville formed the Falls City Medical Association. With an immediate concern about tuberculosis, they resolved to push the health department to inspect housing offered to blacks in the city. Todd Savitt, “100 Years Ago: The 1908 Annual Meeting,” *JNMA* 102, no.2 (2010): 141.

There were other black doctors in Indianapolis who were not initially associated with Lincoln Hospital, that is, they were not included on the Articles of Incorporation and were not listed in the first annual report. Their exclusion from those sources does not indicate they did not use Lincoln Hospital for their patients but merely that there is no information trail connecting them with the hospital’s founding. This list includes L. A. Lewis, another student who graduated at the head of his Indiana University School of Medicine class, and Theodore Kakaza, a South African who graduated from medical school in Toronto, Canada as listed in *A Thousand Men of Mark Today* (Chicago: American Men of Mark, 1917), 192.

The struggle for the prestige and rewards of a career in surgery is evident in the history of Indianapolis' black surgeons. For centuries, physicians and surgeons in Europe were separated in practice, name, and especially in social class. The great anatomist, Andreas Vesalius, writing in 1543, appealed to King Charles V of Spain to recognize surgery as an important part of medicine, complaining that over the centuries (pointing to the fall of Rome) physicians became disdainful of apothecaries and surgeons. In essence, he accused physicians of transforming surgery into manual work to be performed by lesser individuals.¹³²

Historian of medicine Thomas Neville Bonner described a hierarchy in eighteenth-century Germany where physicians reigned at the top of the ladder of healers. Surgeons came next, followed by general surgeons, then a mixed class consisting of druggists, midwives, and bathkeepers. Often, these distinctions differed in rural or urban settings. Where farther away from centers of learning, medical and surgical practice were combined, often by necessity and administered by unschooled workers in the British Isles and on the Continent as well as in colonial North America.¹³³

The specialty of surgery came a long way during the nineteenth century when attitudes like Philadelphia physician John Morgan wanted to have nothing to do with “manual operation.”¹³⁴ The ability to deal with the problems of pain and infection

¹³² Andreas Vesalius, *The Fabric of the Human Body from The Source of Medical History*, comp. Logan Clendening (New York: Dover, 1942), excerpted in David J. Rothman, Steven Marcus and Stephanie A. Kiceluk, *Medicine and Western Civilization* (New Brunswick, NJ: Rutgers University Press, 1995), 55-60.

¹³³ Thomas Neville Bonner, *Becoming a Physician*, 20-21.

¹³⁴ Paul Starr, *The Social Transformation of Medicine*, 41. Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton and Company, 1991), 367. Can there be a more chilling account of unanaesthetized surgery than Frances Burney's letter to her kinswoman describing her mastectomy? See Rothman, Marcus, and Kiceluk, *Medicine and Western Civilization*, 384-389. *ibid.*, 370-374.

eventually came under the control of ether and carbolic acid, respectfully, and the discipline grew in stature.

Another indication of the pervasive racism against black physicians, and surgeons in particular, can be found in the widely read and respected report of Abraham Flexner on medical education in North America. When Flexner made his tour of these institutions of U.S. and Canada at the request of Andrew Carnegie, he opined that black doctors would make excellent sanitarians. He considered that a necessity because the contagious diseases like tuberculosis thrived in the unhealthy living conditions of some black residential areas. Because blacks interacted with whites daily in their service occupations, a fear of the spread of disease made blacks a perceived public health problem for whites. Consequently, he saw no need for black physicians to learn the “higher arts” like surgery because in the rural South, public health was the greatest concern.¹³⁵

The ability to perform surgery was important to the Lincoln Hospital physicians, both symbolically and practically. On the interracial level, it provided dramatic evidence against racists attitudes like Flexner’s by demonstrating that black doctors could achieve competency in high-skill disciplines. Interracially, uplift through self-help was denied black doctors who could not help their suffering patients. Economically, the doctors could not participate in a very lucrative aspect of medicine.

An example of a surgeon’s potential for success was Chicago’s Daniel Hale Williams, one of the most prominent African-American doctors in the United States. Williams’ fame grew from an emergency surgery he performed on a stabbing victim’s heart in 1893. The surgery actually repaired the pericardium or the sac around the heart of

¹³⁵ Ward, *Black Physicians in the Jim Crow South*, 26.

the stabbing victim, not a direct operation on the heart itself. Williams was held up as an example of competence to counter racial bias against the abilities of black surgeons. He also founded Provident Hospital of Chicago in 1891 to serve black patients and give black physicians a place to practice.¹³⁶ The black doctors of Indianapolis thought highly of Williams and publicized his visit to the city in 1910 for the annual meeting of the state African-American medical society, the Indiana Association of Physicians, Pharmacists, and Dentists.¹³⁷ On that occasion, local organizers made an arrangement to allow Williams to perform a surgery clinic at City Hospital, touting in the newspapers that this was the first time that an African-American physician operated there.¹³⁸ On the next day he performed another operation at Ward's Sanitarium and visited Lincoln Hospital in the afternoon.¹³⁹

Publicizing successful operations provided an aura of competency for the black doctors. The newspapers carried announcements of operations especially if white surgeons assisted or oversaw the procedure. This communicated trust and collaboration between the doctors of the two races that would increase the public's confidence in the

¹³⁶ Harris B. Shumacker, *The Evolution of Cardiac Surgery* (Bloomington: Indiana University Press, 1992), 12. For many years, Williams received credit for executing the first successful heart surgery during a time when doctors did not typically attempt any sort of operation on the heart. Later, available information showed that St. Louis surgeon Henry Dalton successfully performed the same operation in 1891. In 1944, the prominent historian of black medicine W. Montague Cobb acknowledged that although Williams' surgery ranked second chronologically, the emphasis should be on the meaning of the attempt, calling it an example of "courage, confidence and competence." See W. Montague Cobb, "Daniel Hale Williams—Pioneer and Innovator." *JNMA* 36 (September, 1944): 158-159.

¹³⁷ *The Recorder*, September 24, 1910. See note 139 on page 53.

¹³⁸ Helen Buckler, *Daniel Hale Williams: Negro Surgeon* (New York: Pittman Publishing Corporation, 1954), 205. (Originally published as *Doctor Dan: Pioneer in American Surgery*). From Archive.org. http://archive.org/stream/danielhalfwillia013550mbp/danielhalfwillia013550mbp_djvu.txt (Accessed March 24, 2015). The surgery might not have actually occurred. L. A. Lewis told Buckler a story that the patient was brought into the operating room, and Williams requested to review the patient's history. After reading it, he refused to operate. He explained to the assembly that the patient suffered from diabetes, rendering the case inoperable. Lewis said no surgery took place that day, "but we went away with reinforced faith in ourselves."

¹³⁹ *The Recorder*, October 1, 1910; *The Freeman*, October 1, 1910.

doctors and the hospital. A postoperative patient death at the Lincoln Hospital in 1911 prompted a comment in her obituary that the operation “at the time gave every indication of being successful.”¹⁴⁰

Access to proper surgical facilities was an important part of the fate of black hospitals in Indianapolis’ and therefore its role in the roots era of the black hospital movement. In early 1914, discussions continued within the Aesculapian Society concerning consolidating the Lincoln Hospital, the SoCH, and the Alpha Home for the Aged. Not every principal of these institutions thought this was a good idea, but many physicians considered it critical to their professional standing and the health of the black community. L. A. Lewis, on the staff at the SoCH, campaigned for unity because of the danger of performing surgery in less than optimal conditions. When patients could not be treated in the black hospitals, the opportunity for paid services went to white surgeons. The loss was not merely economic but also a blow to professional dignity—the crushing of their “fondest hopes.”¹⁴¹

Without access to operating rooms and trained personnel that made surgeries successful, black physicians could not rise above kitchen table operations. By the dawn of the twentieth century, surgeons were riding a wave of success and African-American physicians were left behind.

¹⁴⁰ *The Recorder*, December 7, 1912. Drs. McAlexander (white) and Furniss collaborated on an operation on a patient identified as Mr. Hard. The team also performed surgery on a female patient. *The Freeman*, June 10, 1911.

¹⁴¹ “The Aesculapian Society,” *The Freeman*, January 31, 1914. Of the 29 surgical cases listed in the *FARLH*, eleven were definitely female conditions and three more possible cases were female-related-problems for a total of 48 percent.

Trained Nurses

“Most recently, the trained nurse has supplanted the old colored woman nurse. In order to meet this condition and to educate colored women as trained nurses, it [the Lincoln Hospital] is expected to give a thorough course in nursing...”

The Recorder, October 2, 1909

The black nurses of the African-American community in Indianapolis deserve far more attention than this study will allow. Nevertheless, an understanding of the mutual benefit that the hospital provided for the nurses and doctors contributes another facet to the role of the African-American hospitals as an avenue of social uplift and status in the black community. At the time of the Lincoln Hospital, black leaders hailed professional nursing as a path to uplift for their young women. The women who aspired to become professional nurses not only sought respectability and a good paying job. They were recapturing a role appropriated by middle-class white women who professionalized nursing in the 1880s and 1890s.¹⁴²

Historically, black women performed nursing duties in the South.¹⁴³ This custom continued in the North when more blacks migrated and before the rise of the hospital as a major site of care.¹⁴⁴ After the efforts of nursing pioneers like Florence Nightingale demonstrated that good nursing care brought better patient outcomes, the hospital-trained nurse who followed scrupulous techniques of care and carried out the doctors’ orders of

¹⁴² Hine, *Black Women in White*, xviii-xix.

¹⁴³ *Ibid.*, 3, 6; Jane Edna Hunter, *A Nickel and a Prayer*, ed. Rhonda Robinson Thomas (Morgantown: West Virginia University Press, 2011), 71.

¹⁴⁴ “The Negro as Interne,” *Boston Medical and Surgical Journal* 131 (July 19, 1894): 70.

treatment became a crucial element of medical success.¹⁴⁵ In 1912 Indiana offered more nurse training programs in black hospitals than any other northern state except Pennsylvania.¹⁴⁶ Between 1909 and 1915, three institutions—Ward’s Sanitarium, Lincoln Hospital, and Charity Hospital—trained black nurses in Indianapolis.

The *FARLH* provided the most detailed record of the nursing curriculum, which included instruction on materia medica (pharmacology), culinary care (nutrition), and other routine nursing tasks. An experienced nurse, Tuskegee Institute graduate Melinda Russell Kirkpatrick, supervised the hospital and trained the students. The school held slots for six pupils. Students were expected to provide their own uniforms and submit letters of recommendation from a physician and a clergyman affirming the applicants’ good health and moral character.¹⁴⁷

Ward’s Sanitarium claimed an additional advantage because he arranged for his students to attend classes at City Hospital, although the women were not allowed to fully enroll in the whites-only program. All three institutions advertised for students in the newspapers and claimed that their graduates were eligible to take the state licensing exam. The SoCH targeted young women between the ages of eighteen and twenty-six,

¹⁴⁵ Julie Fairman and Patricia D’Antonio, “Reimagining Nursing’s Place in the History of Clinical Practice,” *Journal of the History of Medicine and Allied Sciences* 63, no. 4 (October 2008), 435-446; Sir Henry C. Burdett, *Burdett’s Hospitals and Charities; Being the Yearbook of Philanthropy in the Hospital Annual* (London: Scientific Press, 1906), 828.

¹⁴⁶ *Negro Yearbook and Annual Encyclopedia of the Negro* (Tuskegee, AL: Tuskegee Institute, 1912), 155. In 1912, the Colored Hospital in Evansville was listed as a nurse training school in addition to the SoCH and Lincoln Hospital. Although beyond the time of this study, it should be noted that the *Journal of the Indiana Medical Association*, Vol. 14-15 (1921), 395, stated that S. H. J. David and the Norrel brothers, James and John, established Provident Hospital and a nurse training program in 1921 on Indianapolis’ Indiana Avenue. This likely followed the discontinuation of the SoCH that same year.

¹⁴⁷ *FARLH*, 10

offering instruction in bacteriology, hygiene, and diseases of children.¹⁴⁸ Some students came from outside Indianapolis, and a few came from other states.¹⁴⁹

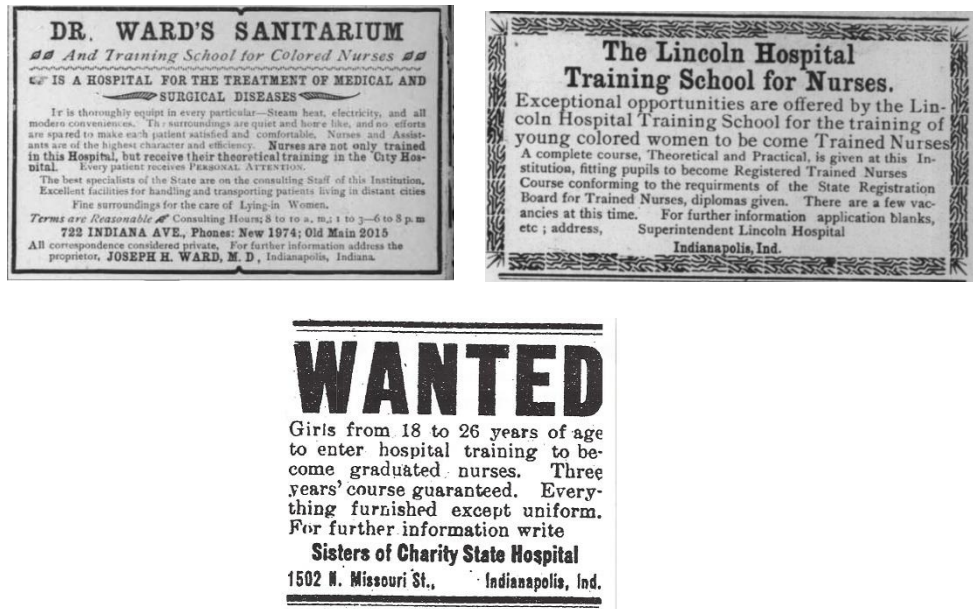


Figure 1. Newspaper Advertisements for Nurse Training Schools¹⁵⁰

Although hospitals were the site of formal training, they were not a major source of employment for the graduate nurses. Many hospitals, staffed mostly by student nurses, employed trained nurses only for supervision or teaching. Student nurses, as exploited labor, carried the bulk of work in both white and black hospitals. In 1910, City Hospital

¹⁴⁸ *The Freeman*, January 25, 1913. The nature of the SoCH training program is unknown, but Dr. Theodore Kakaza's biographical information, listed him as a lecturer in bacteriology, hygiene, and diseases of children at the Charity Nurse Training School in 1917. See *A Thousand Men of Mark* (Chicago: 1917), 192.

¹⁴⁹ *Journal of the National Medical Association* 1 no.4 (Oct–Dec 1909): 266; *The Recorder* June 10, 1911; *The Freeman* December 16, 1911; *FARLH*, 9-11. All three institutions advertised for students in the papers and claimed that their graduates were eligible to take the state licensing exam. Some students came from outside Indianapolis and a few from other states. A niece (unnamed) of Mrs. Olivia Mitchell of Haughville "arrived to become a trained nurse at Lincoln Hospital." Anna Morris of Watertown, N.Y. entered in 1911. See *The Recorder*, November 11, 1939 about two nursing students at City Hospital.

¹⁵⁰ Ward's Sanitarium ad: *The Recorder* September 3, 1910; SoCH ad: *The Freeman*, January 25, 1913; The Lincoln Hospital ad: *The Recorder*, December 3, 1910.

only employed one superintendent, six head nurses, two graduate nurses, and 14 students who cared for the 150-bed facility.¹⁵¹

In 1914 trained black nurses of Indianapolis formed a cooperative association. Their organization hoped to provide an opportunity for nurses to work together more effectively and to uplift the profession. The goals of the society followed the mission of the National Association of Colored Graduate Nurses, "...to place the profession on the highest plane attainable."¹⁵² The organization provided a list of nurses for hourly, daily, or weekly special duty work.¹⁵³ The association's list was posted at the Eureka drug store, implying that patients or their families sought out nurses rather than the arrangement being made solely through a doctor. This could also mean there were patients who practiced self-diagnosis and were not under a doctor's care at all, employing their nurses directly. How these freelance nurses interacted with physicians and their homebound patients should be researched.¹⁵⁴

Nationally, when the number of surgical cases increased after the introduction of aseptic techniques, careful nursing care contributed to successful results. The *Journal of the National Medical Association* voiced this opinion in 1911, calling nurses the "allies" of the doctor and claiming a bond between doctors and nurses that benefited the

¹⁵¹ Sir Henry C. Burdett, *Burdett's Hospitals and Charities; Being the Yearbook of Philanthropy in the Hospital Annual* (London: Scientific Press, 1906), 828, Google Books (Accessed September 8, 2015).

¹⁵² "National Association of Colored Graduate Nurses," *JNMA* 1, no.4 (Oct-Dec, 1909): 266; Hine, *Black Women in White*, xix. The National Association of Colored Graduate Nurses was formed in 1908.

¹⁵³ In the early years of the twentieth century, many trained black nurses were engaged in private home nursing, not hospital work. Deborah Gray White related the story of Jane Edna Hunter, a graduate of Hampton who migrated to Cleveland. She expected to find employment there as a nurse to white patients. She was told that white doctors in the city did use black nurses as the southern custom. See White, *Too Heavy a Load*, 30. The white citizens of Indianapolis, according to Amelia V. Johnson, were quite open to care by a black nurse. *JNMA* 11, no.2 (April-June 1919):60.

¹⁵⁴ "Colored Nurses Organized-Nurses Furnished," *The Recorder*, December 12, 1914.

patient.¹⁵⁵ In 1913, Dr. John Kenney of the Tuskegee Institute credited its hospital's "competent, conscientious nurses" with carrying out a "rigid technique of asepsis" that resulted in no post-operative infections for ten years. Kenney's article points out a practice that blacks often employed in their medical literature. Doctors and nurses quantitatively reported their post-operative success rate as proof of their sound techniques.¹⁵⁶ Kept at arm's length by the mainstream medical profession, they were compelled to offer evidence of their abilities, presenting statistical confirmation of their methods and outcomes. In the early twenty-first century healthcare environment, this is called evidence-based medicine.¹⁵⁷ One hundred years prior, it was defense. The evidence they left confirmed that the nurses and doctors experienced mutual benefit from their work. Doctors supplied the need for trained nurses; the nurses' competency resulted in good patient outcomes.

Eventually, physicians in the black community of Indianapolis who once acknowledged the reluctance of the ill or injured to enter hospitals began to write editorials of hopefulness that the patients' attitudes toward hospital admissions were at least softening.¹⁵⁸ Success, demonstrated by the increasing confidence of the patients, also resulted in more support for the hospital. Members of the community, especially women, sustained Lincoln Hospital by replacing linens, toiletries, and bandages.

¹⁵⁵ "Our Allies: The Nurses," *JNMA* 3, no. 2 (April-June, 1911): 159-160. The article acknowledged a prior tension between physicians and nurses but claimed an increased ability for the two to work together.

¹⁵⁶ John A. Kenney, "Our Hospital: A Factor in the Prevention and Treatment of Disease," *JNMA* 5, no.2 (April-June, 1913): 77-81; "Some Facts Concerning Negro Nurse Training Schools and the Graduates," *JNMA* 11, no.2 (April-June, 1919): 60; Amelia Johnson reported post-surgical infection success at an Indianapolis hospital. The hospital is unnamed but was likely the SoCH. *Polk's City Directory of Indianapolis, 1918*, page 759, lists Amelia Johnson as a nurse at SoCH. See *JNMA* 11, no.3 (April-June, 1919): 60.

¹⁵⁷ *JNMA* 5, no. 2 (April-June, 1913), 191, 86.

¹⁵⁸ *The Recorder*, December 7, 1911.

Philanthropy on this level and higher would help the Lincoln Hospital care for patients in the years to come. In spite of this progress, the city's efforts in the roots era of the black hospital movement did not fully blossom. Community groups with their unique and sometimes conflicting visions for institutional health care diluted their ability to realize a viable foundation for such a facility. The next chapter outlines the major efforts and their terminations.

CHAPTER THREE: THE HOPE FOR ONE HOSPITAL

This chapter reviews the attempts to create black healthcare institutions in Indianapolis at the turn of the twentieth century. The discussion will include a history of both private sanitariums and the “public” hospitals. The major institutions—Ward’s Sanitarium (founded in 1907), the Lincoln Hospital (1909), and the Sisters of Charity Hospital (1911)—interacted with each other and with the black and white communities in interesting ways. Explanations for the number of institutions, possible reasons for failure, and a preview of the efforts of the black community in the aftermath will be discussed.

Around 1907, Joseph H. Ward opened a private sanitarium on Indiana Avenue.¹⁵⁹ In a meeting in Indianapolis on September 9, 1908, the Aesculapian Society of Indianapolis reached out to other black physicians around the state to form the Indiana Association of Negro Physicians, Dentists, and Pharmacists.¹⁶⁰ The Indianapolis’ black community moved ahead very quickly to establish two more health care institutions, the Lincoln Hospital and the SoCH. The multiple institutions reflected that the growing black population of the city justified the need for more places for care. Interestingly, *The First Annual Report of Lincoln Hospital* (published in 1911, but covered from December 1909-December 1910) claimed the black population of Indianapolis was 40,000, although the 1910 census count was 21,000.¹⁶¹

¹⁵⁹ See pages 65 through 69 for more details about Ward’s Sanitarium.

¹⁶⁰ *The Recorder*, September 12, 1908. The attendees at the meeting held September 9 included A. L. Cabell of Terre Haute, Charles Martin from Princeton, Indiana, W. T. Thomas and Jimmie Jackson of Marion, and Indianapolis physicians S. A. Furniss, W. E. Brown, J. H. Ward, John Norrel, C. A. Atkins, H. L. Hummons, H. R. Armistead, W. R. Cotty, A. J. King, J. O. Puryear, George Shaffer, and A. H. Wilson. Druggists Anthony Courtney and Charles Chavis and dentists W. E. White and Howard Huffman also attended.

¹⁶¹ *FARLH*, 5; U.S. Census. Table 29. Indiana-Race and Hispanic Origin: 1800-1990. Also, Ohio, Illinois, Michigan, Pennsylvania, New York. <http://www.census.gov/population/www/documentation/twps0076/INtab.pdf> (Accessed June 15, 2015). Researchers perpetuated this population figure in their work without

The Beamouth Sanitarium

One of the earliest descriptions of organized care for sick African Americans in Indianapolis was in 1879. Dr. Samuel Elbert worked alongside a black Christian relief society to provide medical attention to sick black migrants from North Carolina.¹⁶² By 1886, the Alpha Home for Women began caring for aged black women, including some who had been slaves. The Home was primarily a residence, although it took on the characteristics of a hospital, as will be discussed later.¹⁶³ Otherwise, no institutional medical facilities run by blacks existed in the city until the final years of the nineteenth century.

In 1896, a new physician came to Indianapolis who sparked excitement and controversy. Fernando Beamouth, a native of the West Indies, opened a practice and began to play a leadership role in the community. In September of 1896, he spoke at a meeting of the fledgling Indianapolis Business Association, a black organization. He stated that the black community spent about \$500,000 annually for “necessaries of life” and most of that money went to white businesses. Beamouth encouraged the association’s businesses to fulfill the employment needs of young men and women and keep money in the black community. This initiative, which started four years prior to the founding of

explaining the discrepancy. See Ferguson, “Sisterhood and Community,” 169. Both Bailey in “The Health Care System and African Americans in Indianapolis,”⁸⁵⁴ and Rawls in *History of the Black Physician in Indianapolis 1870 to 1980*, 9, include direct quotations about the population from the *FARLH*. Perhaps the LHA extrapolated the population growth from the 1890 to the 1900 census and then broadly factored in the many displaced people they saw coming from the South. The possibility of census undercounting in some years is discussed in the *U.S. Census Fifteenth census of the United States: 1930*, 26, but 1910 was not considered a problem year for counting the African-American population overall. The question if Indianapolis was an anomaly is a matter for further research.

¹⁶² Robert G. Athearn, *In Search of Canaan: Black Migration to Kansas, 1879-80* (Lawrence: The Regents Press of Kansas, 1978), 218.

¹⁶³ Hine, *When the Truth Is Told: A History of Black Women's Culture and Community in Indiana, 1875-1950*, 40-41.

Booker T. Washington's National Negro Business League (NNBL), embodied many of Washington's strategies. A few months later he took a major step toward professional independence and founded a sanitarium at 651 North Senate Avenue, opening it only a few days before Booker T. Washington himself visited the city. *The Freeman* noted that this was the first sanitarium in the state for black patients and only the second in the nation to be started by a black doctor.¹⁶⁴

In September 1897, trouble surrounding Beamouth's practice led to a series of legal actions that demonstrated how the medical profession policed itself using the power of the new Progressive Era medical licensing laws of Indiana and the influence of the elite class of black physicians of the city. A druggist raised a red flag when Beamouth prescribed an unusually large amount of morphine for a patient. The state's Board of Medical Examination and Registration called in Beamouth to answer the charges.¹⁶⁵ Other doctors questioned the validity of his medical license and the board ruled that he was indeed practicing without a proper license. They found that attended the Independent Medical College of Chicago, earlier known as the Illinois Health University. This school's reputation as a diploma mill caused Indiana's board of medical registration to place it on a list of unacceptable medical colleges for licensing doctors.¹⁶⁶ Beamouth planned to sue the state for mishandling his license and accused the prominent black

¹⁶⁴ *The Freeman*, January 9, 1897. *The Recorder* remarked on September 3, 1910 that Dr. John R. Francis, a University of Michigan graduate, was the first black physician to establish a sanitarium. He did so in Washington, D. C. in 1894. This is corroborated by Rayford Logan's *Howard University: The First Hundred Years, 1867-1967* (New York: NYU Press 1969), 22.

¹⁶⁵ *Indianapolis Sun*, September 27, 1897. *The Sun's* article does not mention the race of the druggist nor the patient.

¹⁶⁶ *Indianapolis Medical Journal* 15 (1897), 424. Also *Medical Colleges of the United States and of Foreign Countries 1918 Council on Medical Education and Hospitals* (American Medical Association, 1918), 8.

doctors Samuel Elbert and Sumner Furniss of attempting to remove him from competition for patients. While Beamouth's claim of competition for patients was possible, it is more likely that the other black doctors wanted to root out an unqualified doctor from their midst to avoid a bad reflection upon their own character and abilities. In his defense, Beamouth claimed that three hundred people signed a petition to the medical board to grant him a license, among them Mrs. George F. McGinnis, a former patient. Her husband, a white Union army colonel during the Civil War, held various governmental offices in Indianapolis.¹⁶⁷ This incident suggests a battle of elites over prestigious patients, but it is also very likely that Elbert and Furniss feared that Beamouth's crossing the color line for patients could cause backlash against the black community.

The situation ended abruptly in December when Beamouth died at his sanitarium. The coroner ruled his death one of natural causes, although many in the community questioned the sudden death.¹⁶⁸

Another sanitarium attempt

In spite of the unfortunate circumstances that surrounded the Beamouth Sanitarium, the community had demonstrated an appetite for a private health care facility. In August 1903, Furniss, *The Freeman* publisher George Knox, and several other prominent local African-American men took an option on a house in the 900 block of

¹⁶⁷ *Indianapolis Sun*, October 5, 1897, 1. The doctor attended a medical school in Chicago that the Indiana Board banned as inadequate (See *The Medical Standard*, Vol. 19 G.P. Engelhard & Company, 1897, 283; *Medical Colleges of the United States and of Foreign Countries* 1918). *American Civil War: The Definitive Encyclopedia and Document Collection*, edited by Spencer Tucker (ABC-Clio, 2013).

¹⁶⁸ "The Beamouth Mystery," *The Indianapolis Sun*, December 15, 1897; "A Wife's Sad Story," *The Indianapolis Sun*, December 14, 1897. Some newspaper accounts also raised the question of Beamouth's morality, saying he had relationships with many women, perhaps was even a bigamist. The tale of this incident fits a pattern of black criminality as put forth by K.G. Muhammad's *Condemnation of Blackness* unexplored.

North Meridian Street for the purpose of starting a sanitarium. They hoped their venture would rival the black hospitals of Chicago and Philadelphia. *The Recorder* voiced skepticism about the sanitarium, calling the idea a “bubble” and the promoters “misguided.” On the other hand, *The Freeman* reported that some people reckoned the proposal only a bluff until the newspaper real estate transfer notices actually confirmed that Furniss and the others had purchased the house. The skepticism possibly arose from the fact that during the same month, several of the men involved in the sanitarium project attended the annual convention of National Negro Business League (NNBL) in Nashville, Tennessee. The contingent made a pitch to host the 1904 League convention in Indianapolis and won the honor. Reminiscent of the opening of Beamouth’s Sanitarium immediately before a visit from the “Wizard of Tuskegee,” the coincident wooing of a convention headed by Booker T. Washington, and the proposal of a new sanitarium suggests that the Indianapolis organizers planned a sanitarium to prove the city’s worth as a model city for blacks in the North. Such a move would cement Indianapolis’ reputation as a city with a thriving African-American community busily following the self-segregating principles laid out by the Tuskegee leader.¹⁶⁹

Immediately, white neighbors objected to the use of the property by blacks. By January of 1904, nothing of the project had materialized. At that time, Furniss announced that the plans were not yet dead, but in April of 1904 the group resold the property. Although the doctors and businessmen did not have a sanitarium to show off during the 1904 NNBL meeting in Indianapolis, they were able to demonstrate the difficulties of institution building in a northern, medium-sized urban setting.

¹⁶⁹ *Indianapolis Journal*, August 19, 1903, 10; *The Freeman* August 15, 1903, 4; *The Freeman* August 22, 1903, 7; *The Indianapolis Recorder*, August 29, 1903, 8; *The Freeman* August 29, 1903, 4.

Until the year 1909, except for the sanitarium attempts, the city seemingly registered little progress in accommodating black patients or health care workers. In the meantime, more black doctors graduated from the local medical colleges or moved to the city. They also organized during that time, a process that supplied the confidence to eventually establish their own facilities and raise their voice for entrance to City Hospital.

Ward's Sanitarium

Ward's Sanitarium was the first medical facility founded by an African American in Indianapolis that lasted enough years to be called successful (ca. 1907-1912). Joseph H. Ward arrived in Indianapolis from North Carolina when he was a young man and came under the tutelage of Dr. George Hasty, an eclectic physician. His early connection with Hasty was as his driver, but he moved from the horse stables to the world of the city's black elite by becoming a physician.¹⁷⁰ His name and for-profit sanitarium became associated with the African-American elite. An item in the press first mentions it in 1907, but the official opening date is unknown.¹⁷¹ A retrospective article written about Ward in 1912 gave the opening as 1905, but no other reports confirm that. Realistically, Ward probably used his residence for hospital functions even before that date. Discrepancies in Ward's addresses between *Polk's City Directory* and advertisements in *The Freeman* confuse the history of the sanitarium. On December 18, 1897, *The Freeman* published

¹⁷⁰ *The Freeman*, July 22, 1899.

¹⁷¹ Two published works place the opening date in different years. Ferguson, following an August 7, 1909 article in the *The Recorder* that identified Ward's Sanitarium as "recently established," set the founding date as 1909 in her essay "Sisterhood and Community," page 164. It should be noted here that Ferguson suggested that Ward's was the first black medical facility in Indiana. We now know that Beamouth's Sanitarium likely predated Ward's Sanitarium. Before more "firsts" are pronounced, additional research needs to look at the Colored Hospital in Evansville founded by Dr. Dupee around 1906, mentioned on page 93 of W.E.B. Du Bois' *The Health and Physique of the Negro American* (Atlanta: University of Atlanta Press, 1906) and W.T. Thomas's National Relief Hospital in Marion mentioned in *The Recorder*, March 30, 1907. Eric J. Bailey in "The Health Care System and African Americans in Indianapolis" only mentions the resurrected Ward's Sanitarium run by Dr. Mark Batties in 1928 (see page 15 of this work).

Ward's office address as 721-722 Indiana Avenue, identical to the sanitarium's address in 1909. One of the earliest references to the facility appeared in the society section of *The Freeman* in 1907 when it noted that the owner, Dr. Joseph H. Ward and his wife had to postpone their December 1907 holiday celebrations because of many cases in his sanitarium.¹⁷² Through 1908 and into the next year, *The Recorder* reported that patients underwent operations there.

The facility encompassed part of a large two-story frame house remodeled from an apartment building and an adjoining brick structure on Indiana Avenue. Ward invested over \$2,000 for equipment. It held seventeen rooms plus operating, sterilizing, and preparation areas. The surgical unit was clad in white tile, with white enamel fixtures and equipment for easy disinfecting. In addition to a skylight in the surgery room, the wards were lit by electricity and heated with steam and could accommodate sixteen patients. Advertising from 1910 shows that Ward's Sanitarium accepted patients from other places in the state and provided transportation for them¹⁷³

Ward's Sanitarium operated as a for-profit private hospital under the direction of one owner. Ward did not advertise his sanitarium in newspapers until late 1909. In late August, several doctors attended the NNBL conference in Louisville, among them Joseph Ward. Summer Furniss, a member of the League's national committee, gave a talk about "The Negro Physician." On September 18, the first advertisement for Ward's appeared in

¹⁷² *The Freeman*, December 28, 1907; *The Freeman*, September 25, 1897; *The Recorder*, December 28, 1907; *The Recorder*, March 14, 1908; *Indianapolis News*, March 9, 1912. Polk's Directory does not mention the 721-722 Indiana Avenue address until 1909.

¹⁷³ *Ward's Sanitarium, Indianapolis*, Box 9, File 215, Folder 10, Indiana Department of Public Works: Maternity Hospital Inspections, IARA; *The Freeman*, April 2, 1910.

The Recorder. One week later, a similar ad ran in *The Freeman*.¹⁷⁴ Ward continued to advertise after that, suggesting that the experience of being surrounded by businessmen at the NNBL and the looming competition from the soon-to-open Lincoln Hospital encouraged him to advertise. Before that time, Ward's patient population focused on the black elite of the city, so word of mouth sufficed to attract these paying patients. Patients named in the society pages included John Puryear, a former city councilman.¹⁷⁵ When respected physicians like Furniss, Atkins, and Brown finally had access to hospital and surgical facilities, more choices for the elite and successful middle-class spelled competition.

In June, *The Freeman* ran a substantial article about Ward's Sanitarium. The article included endorsements from several important white doctors in the city and a very positive inspection report from Dr. Edmund Clark, the president of the city board of health. Clark gave his assurance that he would feel comfortable sending any case there. Such vital statements challenged any skeptical blacks who doubted the doctor's ability. Contrary to notions of competition, in that same month, the press reported that another black physician, H.L. Hummons, performed an operation at Ward's with Ward and Mark Batties assisting.¹⁷⁶

The article also mentioned its nurse training school, calling it a "new enterprise." He managed to get permission for the two enrolled student nurses to take classes on

¹⁷⁴ *The Recorder*, August 28, 1909; *The Recorder*, September 4, 1909; *The Freeman*, September 25, 1909. The idea that the black physicians of the city were in competition surfaces later in the section that examines the call to merge hospitals

¹⁷⁵ *The Freeman*, May 8, 1909.

¹⁷⁶ *The Freeman*, June 19, 1909; *The Freeman*, June 12, 1909. In 1911, The Neal Institute for alcoholism treatment advertised that it had made an arrangement with a "first class colored hospital" for care of "colored patients." Given Ward's entrepreneurial presence, it suggests that the unnamed facility was likely Ward's Sanitarium, but Lincoln Hospital cannot be ruled out. *The Freeman*, March 3, 1911.

fundamental nursing (bandaging, poultices, and surgical dressings) from the white nurses at City Hospital. A similar article in *The Recorder* in August added that in addition to providing young women a career opportunity, a medical student intern also spent the spring 1909 term with Ward, attending his surgeries.¹⁷⁷ This was enormously important because looking back at the experience of Sumner Furniss in 1894, black interns clearly were not welcome in City Hospital, even though academically talented. For the financial health of the institution, both nursing and medical students provided labor at little or no cost.¹⁷⁸

Ward's Sanitarium benefitted the community in several ways. The opportunity for nursing students provided employment for young women in the community, but more research is needed to determine how many students actually trained at Ward's Sanitarium and if any reached the level of graduate nurse with eligibility to take the state nursing exam. The Sanitarium also served the community in April 1910 when fire damaged the Alpha Home. Its twelve residents were ferried by ambulance, carriage, and wagon to Ward's and the Lincoln Hospital, where many stayed until other arrangements could be made. Ferguson points out that although the institution was a private hospital, women in the black community sewed linens for the sanitarium, thereby implying that some charity work went on there.¹⁷⁹

¹⁷⁷ *The Recorder*, August 8, 1909. In addition to the two students, Ward employed two practical nurses, a term for experienced but formally untrained nurses. See *Educational Bulletin*, Issue 3 (Indiana: Indiana State Board of Education, 1916) for description of a practical nurse during this era. https://books.google.com/books?id=B08ZAQAIAAJ&dq=practical+nurse+1910+indiana&source=gbs_navlinks_s (Accessed November 28, 2015).

¹⁷⁸ I found no mention of medical students or interns working at the Lincoln Hospital.

¹⁷⁹ *Indianapolis Star*, April 24, 1910; *The Freeman*, April 23, 1910. Ferguson, "Sisterhood and Community", 164. The volunteer work might have occurred after the merging of Ward's Sanitarium and the SoCH in 1912.

Although Ward's Sanitarium is frequently mentioned in histories of black Indianapolis, it did not outlast the other medical institutions created around the same time. Ward later merged his operations into the SoCH which will be discussed in detail later in the section on the Sisters of Charity Hospital.

Lincoln Hospital: Peculiar Conditions

Throughout 1908, Ward's Sanitarium registered a modest success as often noted in society pages.¹⁸⁰ When *The Recorder* reported the incorporation of the Lincoln Hospital Association in July of 1909, it described the prohibition of black doctors in local hospitals by saying "Peculiar conditions surround the colored physician and his patient" in Indianapolis, a phrase strikingly reminiscent of the expression "peculiar institution," a nineteenth-century euphemism for slavery. The article claimed the Lincoln Hospital existed primarily because the black doctors of the city could not fully care for their patients in need of major surgery or other advanced care.¹⁸¹ In the City Hospital, the color line kept black patients segregated ward in a dismal area away from white patients. Only white nurses served all the patients. Several years later, after the black hospitals closed, the doctors agitated for a Jim Crow wing where they could treat their patients while black nurses attended them, but in the early decades of the twentieth century the black doctors focused on professional uplift by establishing their own facilities.¹⁸² The move to establish separate institutions had more to do with black doctors proving their abilities in

¹⁸⁰ *The Recorder*, May 30, 1908; *The Recorder*, September 5, 1908; *The Recorder*, December 26, 1908; *The Recorder*, April 3, 1909. Patient John Puryear was a former city councilman. *The Recorder*, September 25, 1909. This issue contained an advertisement for nurse training.

¹⁸¹ "A Negro Hospital," *The Recorder*, July 17, 1909; "Peculiar Institution, *Dictionary of American History*. 2003. Encyclopedia.com. <http://www.encyclopedia.com/doc/1G2-3401803191.html>. (Accessed August 5, 2015).

¹⁸² "Official Opening Expected; Intern, Nurse, Staff Questions Raised," *The Recorder*, January 7, 1939; "PWA Raps City Hospital Policy," *Indianapolis Star*, September 15, 1939.

surgery, internal medicine, and hospital administration than espousing the appropriateness of segregation. This is not to say that the Lincoln Hospital was an entirely self-serving endeavor. Its success benefited the entire black community in the long run.

Ten black doctors and their attorney signed the Articles of Incorporation of the Lincoln Hospital Association.¹⁸³ By October 1909, a site was purchased, a nurse training program was announced, and an appeal for public support launched.¹⁸⁴ Located at 1101 N. Senate in one of the black residential areas on the near-northwest part Indianapolis, the building was located on both a streetcar line and paved streets that also made the hospital accessible to African Americans living in the Brightwood area on east side of the city. The Association's plan was to convert the residence into ward space.¹⁸⁵ The *First Annual Report* of the hospital described it as a "modern two-story frame structure" that contained all the amenities of a "thoroughly equipped hospital." Lighting by gas and electricity with multiple grates and windows for ventilation in the wards provided a comfortable and healthy environment. Up to seventeen patients received care in its two wards, one for surgical and one for medical cases, and one obstetrical room. The surgical suite received much attention, described as a unit specially built to accommodate modern surgery. Natural lighting from triple windows on three sides, a large skylight, and high-powered arc lights allowed the surgeons good visibility. An adjacent anesthesia room and separate

¹⁸³ *Lincoln Hospital Association of Indianapolis, Indiana*, Document # 1217-57, Box 299, Secretary of State Records-Dissolved Corporations: IARA. The attorney, James Lott was a prominent black attorney in Indianapolis. See Mather, *Who's Who of the Colored Race*, 179.

¹⁸⁴ "Lincoln Hospital—Indianapolis Colored Physicians Organize a New Hospital Association—A Race Need," *The Recorder*, October 2, 1909.

¹⁸⁵ "Building Permits," *Indianapolis Star*, November 19, 1909. The building permit issued was for repairs to the amount of \$150.00. The low amount calls into question if another building permit was issued earlier. The surgical suite addition would likely amount to higher costs than \$150.00.

drug room completed the unit. Some of the furnishings came from the recently closed State College Hospital, a seventy-bed facility for the Indiana University School of Medicine, located at 210 N. Senate.¹⁸⁶

The founders of the Lincoln Hospital hoped it would serve the black community by combining some features of all three types of patient care facilities: municipal, religious, and private.¹⁸⁷ Most importantly, any “reputable” black physician could admit patients and the permanent staff encouraged consultation between physicians. Staff services included surgery, obstetrics and gynecology, genito-urinary and venereal diseases, general medicine, and dental surgery. Cases were limited to curable, non-contagious diseases.¹⁸⁸

The large 25-member advisory board generated interest and support, but early on the major responsibility for the hospital appeared to be in the hands of the Association’s officers. In 1908 N. F. Mossell, M.D., the founder of the Frederick Douglass Hospital in Philadelphia, addressed the NMA and advised that new hospitals should have small boards of directors of nine to fifteen members from the business community with no more than one or two physicians as medical advisers.¹⁸⁹ In the beginning, Lincoln’s officers were all physicians, but in August of 1912 the Association elected Robert Genus, a prominent lodge member in the city, as the non-physician president of the board. Mossell

¹⁸⁶ FARLH, 6; *The Recorder*, January 8, 1910. Many hospitals in that era started in frame houses. Provident Hospital in Chicago started in a house, as noted in Darlene Clark Hine’s *Black Women in White*, 28; *Lincoln Hospital Indianapolis*, Box 9, File 210, Folder 10, Indiana Department of Public Works: Maternity Hospital Inspections, IARA; *Journal of the Indiana State Medical Association*, 1(1908): 368. In 1907, the address listed of the medical college’s hospital was 214 North Senate. The hospital occupied the top two floors of the Medical College Building as noted in *Medical Art and Indianapolis Medical Journal*, 9 (1906):70.

¹⁸⁷ See this thesis’s Introduction, 10.

¹⁸⁸ FARLH, 2-8.

¹⁸⁹ Nathan F. Mossell, “The Modern Hospital: Its Construction, Organization, and Management,” *JNMA* 1, no.2 (April-June, 1909): 94-102.

also recommended women for hospital boards. In 1913, the LHA elected Mrs. Clarence Settles vice-president.¹⁹⁰

As noted in Chapter 1, the operators of the Lincoln Hospital expected that some patients would pay for the hospital service. The payment might be borne solely by the patient or, with prior arrangements, as a member of a benevolent society. The accommodation of only three charity beds strain funding, but to get such a project off the ground, the help of individuals outside the community was necessary. The Lincoln Hospital Association was chartered as a charitable corporation under Indiana law.¹⁹¹ This allowed the hospital to solicit private donations and to receive money from the county for certain expenses, although there is no record of Lincoln receiving public funds.¹⁹² The Lincoln Hospital, along with the other black-administered health institutions in Indianapolis, depended on charity and volunteer efforts, large and small. A multitude of lower-level fundraising and volunteer activities by the black community demonstrates a group of strong leaders with great resolve and the willingness of all types of individuals to sacrifice their time and money to secure this vehicle for racial uplift. The activities themselves reveal the character of the black community in Indianapolis and in other parts of the state. Fundraising events included an annual carnival and a baseball game between doctors and businessmen, as well as a game between rival Negro League professional baseball teams, the Indianapolis A.B.C.s and the Chicago American Giants in 1914.¹⁹³

¹⁹⁰ *Indianapolis Star*, August 11, 1912. Other officers elected were Dr. Charles Burris, Vice-President, Dr. C. A. Toles, Secretary, and C. F. D. Temple, Treasurer. *Indianapolis Star*, July 13, 1913.

¹⁹¹ *FARLH*, 5. The report notes June 30, 1909 as the charter date, but the actual Articles of Incorporation were signed and notarized in May, 1909. See note 185 for document information.

¹⁹² The SoCH received funds from the Board of State Charities for juvenile care several times. For example, see the *Indianapolis News*, August 4, 1913.

¹⁹³ *The Recorder*, November 28, 1914. Members of the Women's Council visited the French Lick School. Emma Skillman, principal and sister of Indianapolis dentist O.W. Langston, was host. The Council

For many day-to-day needs, the black women of Indianapolis came together to support the hospital. Within a year of its opening, a group of women formed the Lincoln Hospital Auxiliary to provide goods and money for the hospital.¹⁹⁴ In 1913, the Patients' Club, a group made up of former patients of Lincoln Hospital, organized for the same purpose.¹⁹⁵ Grateful patients like Sarah Colbert, who had just spent two weeks in the hospital after a serious fall, joined the club. She and her husband placed in *The Recorder* a note of thanks to Dr. Furniss and the nurses during her two-week stay at the hospital. A "tag day" fundraiser for the hospital in October of 1913 resulted in the formation of a third group, the Woman's Council. This organization supported public health related projects and worked on raising awareness throughout the state of Indiana about the Lincoln Hospital. This organization had at least fifty members.¹⁹⁶

Many endeavors benefitting African Americans after the Civil War relied upon financial donations or expert advice from whites. The Lincoln Hospital project demonstrates how this sort of philanthropy functioned in Indianapolis. Although resting on a foundation of African-American self-help, the hospital also relied on contributions from sympathetic whites. Some backing came in the form of advice and monetary support. The Lincoln Hospital had an advisory board of 25 men, white and black, from

representatives also spoke at two black congregations in West Baden and French Lick to promote support for Lincoln Hospital. *The Freeman*, June 13, 1914. Also see Ferguson, "Sisterhood and Community" for comments about community cultural events.

¹⁹⁴ *The Recorder*, October 8, 1910; *Indianapolis News*, May 21, 1911. The Lincoln Hospital Auxiliary joined the Colored Women's Club Federation in 1911.

¹⁹⁵ *The Recorder*, August 9, 1913. Ella Preston, nursing superintendent, formed the club from women who were hospitalized between March and July; The Patient's Club also raised money for repairs.

¹⁹⁶ *The Recorder*, November 8, 1913; *The Freeman*, December 3, 1913; *ibid.*, March 21, 1914. Also see note 174.

the medical and business communities. The names of these 25 men are unknown and the nature of their contribution to Lincoln Hospital is unclear.¹⁹⁷

The *FARLH* documented two individual contributions to the hospital. The report mentions that the two rooms that comprised the medical unit were named for W.E. English and the surgical suite was outfitted by Carl Fisher. These two men represented power in both the political and business sides of the white community. English was a prominent member of the Republican Party, served in the Spanish-American War, and organized the first encampment of black Indiana National Guard veterans of that war in 1900. The black members of the Indiana Guard traveled no farther than Chickamauga Park, Georgia, during the war. However, English expressed gratitude to a black soldier, not from Indiana, who helped English when he received serious injuries during the attack on Santiago, Cuba. During the mustering ceremony of Camp 61, he credited a black soldier from the Ninth Cavalry for saving his life.¹⁹⁸ The African-American people of Indianapolis considered him a great friend and his political affiliation was also in line

¹⁹⁷ *Indianapolis Medical Journal*, 13, (1910): 38. The journal states that an advisory board of twenty-five citizens, both black and white organized the Lincoln Hospital. The *FARLH* emphasized that the staff and administration was all black. The model of a board of advisors that promoted cooperation between black and white leaders appeared again in 1911 on a larger, more successful scale with the campaign to fund a new Y.M.C.A building for blacks. A challenge issued by Chicago businessman Julius Rosenwald to donate \$25,000 to any city that raised \$75,000 depended on the condition that blacks raise the majority of money. See A'Lelia Bundles, *On Her Own Ground* (New York: Scribner, 2010), 117-118. White Indianapolis industrialist Carl Fisher gave the largest donation (\$10,000) to meet the Rosenwald challenge.

¹⁹⁸ "W.E. English Camp Organized," *The Freeman*, June 6, 1900; Willard B. Gatewood, Jr., "Indiana Negroes and the Spanish American War," *Indiana Magazine of History* 69, no. 2 (June, 1973), 115-139. <http://scholarworks.iu.edu/journals/index.php/imh/article/view/9756/13223> (Accessed October 19, 2015); Clipping file in Box 99, Folder#13, William Hayden English Collection, Indiana Historical Society; *Indianapolis News*, July 5, 1898;. For more information about English, see the *Encyclopedia of Indianapolis*, 544. Another aspect of English's connection to African-American uplift can be traced to his nephew, William English Walling, one of the co-organizers of the National Association for the Advancement of Colored People in 1909. See Berry Craig "William English Walling: Kentucky's Unknown Civil Rights Hero" *The Register of the Kentucky Historical Society* 96, no. 4 (Autumn 1998), 351-352.

with the party most blacks voted for at that time. The *FARLH* does not mention what, if any, financial contribution he made to the Lincoln Hospital.

Fisher's donation of the surgical suite was substantial, since the surgical suite was a built-on addition to the structure. Considered the crown jewel of the hospital, it contained the most modern equipment and lighting and, most importantly, it also provided a place for major surgical procedures. Denied the ability to improve surgical skills because they did not have access to proper facilities, many black physicians welcomed this addition that provided a definite boost in the professional uplift black physicians so desperately needed.

Beyond being one of the wealthiest people in Indianapolis at that time, there is no clearly stated reason why the Lincoln Hospital organizers approached Fisher. His interest in the hospital possibly originated from a personal experience recorded by his ex-wife. She related that sometime between mid-August and the end of 1909, a black laborer working at the Indianapolis Motor Speedway fell into a cauldron of hot asphalt or tar. Fisher placed the man in his car and drove him to a private hospital that he patronized. Upon their arrival, an orderly met them at the door and refused to take the man into the hospital for treatment because he was black. The orderly directed Fisher to take the injured man to City Hospital. The agonized laborer, with his skin reportedly falling from his body, died en route. Fisher's wife noted that event signaled the start of his philanthropy to African-American concerns.¹⁹⁹

¹⁹⁹ Jane Fisher, *Fabulous Hoosier* (New York: Robert M. McBride & Co., 1947), 79. In addition to the Senate Avenue YMCA donation mentioned in Bundles' *On Her Own Ground: The Life and Times of Madam C.J. Walker*, 117-118; *The Carl Fisher Papers, 1896-1958*, HistoryMiami Archives & Research Center in the Historical Museum of Southern Florida has many more instances of Fisher's philanthropy to African-American schools after he took up residence in Florida from 1915 to 1939.

In addition to the benefits to the community already mentioned, the Lincoln Hospital gave to the community in other ways, too. On both of the occasions of fires at the Alpha Home, the Lincoln Hospital became a refuge for the displaced residents.²⁰⁰ The public fundraisers, as noted by Ferguson, were occasions of leisure and recreation, but also during election years, some events served as a platform for political speeches. There is no way to estimate the value of the political ties that some of the doctors and the community elites held. Influence was important and opportunities for candidate visibility were critical.²⁰¹

Beginning on January 16, 1911, the Lincoln Hospital doctors held a free dispensary on Mondays, Wednesdays, and Fridays “for worthy people who” could not afford a physician. Nine different staff doctors took turns manning the facility. Mondays were reserved for “diseases of women.” By the time of Lincoln Hospital’s second anniversary, the board reported it had treated 160 patients in its first eighteen months. By its third year, the hospital and dispensary had cared for five hundred patients. In late 1911, service increased to daily.²⁰²

Almost as soon as all three institutions reached full operation, calls began for them to merge. The first move, Ward’s folding into the SoCH, proved to be the only one that was successful. The black press gave no indication in the press that Lincoln was in any dire sort of financial trouble; it simply participated in fundraising activities as the other charitable institutions of the time. Carnivals and fundraisers to pay off debt

²⁰⁰ *Indiana Realty Holding Company*, Document 1650-11- Box 468, Secretary of State Records-Dissolved Corporations, IARA; *Indianapolis Star*, April 24, 1910; *ibid.*, August 13, 1913.

²⁰¹ “On the Progressive Firing Line,” *Indianapolis Star*, October 5, 1914.

²⁰² *Indianapolis News*, February 18, 1911; *The Recorder*, June 3, 1911; *Indianapolis Star*, November 26, 1911; *The Freeman*, December 16, 1911. *The Recorder*, January 14, 1911; *Indianapolis Star*, May 5, 1912; *The Recorder*, December 16, 1911.

continued into May of 1915. However, even the Alpha Home made a push to clear its mortgage at the same time, which suggested serious plans to merge the institutions. Then, unexpectedly in June of 1915, Ella Preston, the supervising nurse of the Lincoln Hospital, sued the association for wages. From that point, articles of the Lincoln Hospital slipped from the newspaper pages and the building was sold that same month. In 1917, the furniture went to the African-American YWCA when it moved from California Street to a new location at 543 Senate Avenue.²⁰³

²⁰³ “City and Vicinity,” *The Freeman*, May 22, 1915; “News of the Colored People,” *Indianapolis News*, May 8, 1915; “Ask Receiver for Hospital,” *Indianapolis News*, June 9, 1915. The hospital building was not owned by the Lincoln Hospital Association. The *Indianapolis News* on June 12, 1915, noted that the owner, Edmon P. Ervin, a successful lumberman of Franklin, Indiana, was the legal owner until he sold the building to the Indiana Realty Holding Company (IRHC) in mid-June of 1915. The IRHC was a company formed by doctors Sumner Furniss, W.E. Brown, undertaker C. M. C. Willis, and C.E. Dunlap. Also “Y. W. C. A. in New Home,” *Indianapolis Star*, November 10, 1917.

Sisters of Charity Hospital: “...for God and suffering humanity.”²⁰⁴

Historian Earline Rae Ferguson gives an excellent overview of the health care efforts of Indianapolis’ black clubwomen in her two essays about their founding and philosophies. Several women’s groups worked for improved healthcare in the African-American community of Indianapolis. Their efforts ranged from directly providing care or supporting the facilities to creating places for care and training care givers. The role of women and their clubs in raising the level of health care was essential to the black hospital movement in Indianapolis. They undertook these projects with firm convictions that women possessed unique abilities that allowed them to carry out their missions of care and to do so with as much autonomy as possible. The most ambitious of these projects was the Sisters of Charity Hospital (SoCH).²⁰⁵

Caring for the sick was only one of the examples of work by the SoC and other black clubwomen. Various, the inspiration for these movements sprang from interpretation of scripture regarding salvation and the expected roles of gender. Evelyn Brooks Higginbotham studied the black Baptists’ tradition, emphasizing its historical participation in the Social Gospel Movement. She states that the movement recognized that society, and not just the individual, required salvation. Social reforms became the vehicle for saving individuals and churches became an important part of those reforms.²⁰⁶

²⁰⁴ *The Recorder*, June 12, 1909.

²⁰⁵ Earline Rae Ferguson, “Sisterhood and Community: The Sisters of Charity and African American Health Care in Indianapolis, 1896-1920,” in *Midwestern Women: Work, Community, and Leadership at the Crossroads*, ed. Lucy Eldersveld Murphy and Wendy Hamand Venet (Bloomington and Indianapolis: Indiana University Press, 1997), 158-177, and Earline Rae Ferguson, “The Women’s Improvement Club of Indianapolis: Black Women Pioneers in Tuberculosis Work, 1903-1938,” *Indiana Magazine of History* 84, no.3 (September 1988), 237-261. See page 7 for additional information about the Sisters of Charity.

²⁰⁶ Evelyn Brooks Higginbotham, *Righteous Discontent: The Women’s Movement in the Black Baptist Church, 1880-1920* (Cambridge: Harvard University Press, 1993), 172-173. In the case of Indianapolis, I suggest caution in using the Social Gospel as an explanation for these activities. Civil Rights historian

Additionally, Ferguson demonstrates the reform of gender roles in the establishment of the SoCH, recalling an almost militant feminism communicated by SoC member Georgia Ratcliff that dramatically demanded women's self-realization and personal improvement.²⁰⁷ The marriage of these two manifestations of faith—uplift for salvation and female empowerment—set the stage for a confrontation between the people behind the Lincoln Hospital and the supporters of the SoCH.

The SoCH grew out of the work of one member of a Sisters of Charity (SoC) lodge and expanded into an institution that cared for the black community for ten years. Ada Goins, a member of the SoC, sometimes cared for sick women in her home.²⁰⁸ This was only one project that the SoC took on. Although they began as a burial society, as situations unfolded that required an organized effort for the community, the SoC stepped in. In the first decade of the twentieth century, the SoC concluded that a hospital could be

Ralph Luker refutes the definition of the Social Gospel that characterizes Social Gospelers as predominately white and comprised the religious arm of the Progressive Era. That definition—in use for about fifty years—involved the stimulus-response of the urban crisis. Many of the people who based their actions on the Social Gospel did not concern themselves with race initially. Luker argues that the Social Gospel's roots went back much farther to antebellum and civil war voluntary mission groups who aimed to “Christianize” the South. See Ralph E. Luker, *The Social Gospel in Black and White, 1885-1912* (Chapel Hill: The University of North Carolina Press, 1991), 2-4. The SoC's founding year sat between these two episodes and the women who formed it were probably well acquainted with these missions in the South. For that reason, it seems more likely that the Social Gospel of Progressivism had little to do with the SoC.

It is noteworthy that neither Kevin Gaines nor Deborah Gray White gives much attention to the Social Gospel in their works on uplift. See Kevin Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill: The University of North Carolina Press, 1996) and Deborah Gray White, *Too Heavy a Load: Black Women in Defense of Themselves 1894-1994* (New York: Norton and Company, 1999).

²⁰⁷ Ferguson, “Sisterhood and Community,” 169-170.

²⁰⁸ This type of non-professional care replaced or sometimes complemented the work of trained nurses. Although Ferguson emphasized that the typical member of the SoC was a woman working as a seamstress, cook, or laundress or married to a day laborer, Ada Goins herself was a member of the Indianapolis black community one step away from the elite class. Her husband was a well-known barber at one of the white hotels in Indianapolis. See *Polk's City Directory for Indianapolis, 1910*, 56, 586 and *Indianapolis Star*, March 11, 1911. It is likely that many in the SoC leadership were wives of successful businessmen and professionals.

established not only for its members but also black patients from all over the state.²⁰⁹

With this step, the SoC reached beyond its membership—consisting of women from many different denominations—to promote health care for the entire African-American community as an expression of their faiths.

In October, 1910, the state SoC officers entered into an agreement to purchase the residence of J.A. Victor on Missouri Street to convert it into their hospital. The agreement with Victor was not a purchase of the entire property, but only the house. There were also six cottages on the property, and Victor agreed to also turn over the deed to the SoC when the group paid \$2,500 of the \$10,000 asking price. Rentals of these structures presumably would provide a source of sustaining revenue for the hospital. The fact that the Sisters of Charity did not own the property outright proved problematic in later years.²¹⁰

Eighteen of the state's SoC lodges, consisting of an estimated 1,200 women, pledged to furnish the rooms of the hospital. The hospital had fourteen kalsomined rooms

²⁰⁹Ferguson, "Sisterhood and Community, 166.

Ferguson outlines the creation of the SoCH in detail. In her essay, it is unclear if non-SoC members could be admitted to the SoCH. Additional research shows the existence of a men's ward and male patients, but it is unknown if they were husbands or other relatives of the SoC members. Also, "wayward girls" were sheltered there. See "Hospital for Colored People Opens June 15," *Indianapolis News*, June 10, 1911; *The Freeman*, May 4, 1912. Mr. Samuel McCann's name appeared in the society pages listed as a seriously ill patient at SoCH and *The Freeman* March 8, 1913 mentions Henry Baptist's death there. Baptist was a successful contractor and McCann was the husband of a former stenographer for *The Freeman*. See *The Freeman*, April 20, 1907. In the *The Recorder*, December 20, 1913 an article refuted false rumors that the hospital was for members only. It stated that it was open to the public and for any reputable physician, black or white.

²¹⁰ *Indianapolis Star*, May 22, 1910; *Indianapolis Star*, October 16, 1910; *Indianapolis Star*, October 23, 1910; *Indianapolis Star*, October 29, 1910. This transaction also provides an opportunity to witness the movement of whites out of residential areas beginning to be populated by blacks. J. A. Victor was a successful theatre owner. He and his wife, whose name often appeared in the society pages of the white Indianapolis newspapers, occupied the residence until the time of the sale. Thus, the property went directly from the hands of financially comfortable whites, to a member of the city's black elites.

with hardwood floors. The surgery department opened later that year in October with white enamel appliances and a cement floor.²¹¹

The founding of the SoCH did not carry the same public announcements of cooperative effort between blacks and whites as seen with the beginning of the Lincoln Hospital. Ferguson notes the SoC's desire for autonomy led its members to turn to the black community for support because they did not want to be controlled by whites in their business affairs. The SoC did, however, accept smaller gifts from interested whites, such as Mrs. Ida Geller, who ran a grocery on Indiana Avenue. In 1914, J.A. Victor pledged another \$5,000 if \$15,000 could be raised.²¹²

The SoCH board of directors assumed all responsibility for running the hospital. The African-American doctors on the SoCH staff included Indiana University School of Medicine graduates Albert H. Hendricks (chairman of the advisory board), Mark Batties, and Albert Cleage. Theodore Kakaza and Oscar Ballenger, both graduates of out of state schools also treated patients at the hospital.²¹³

²¹¹ *Indianapolis News*, June 10, 1911; *Indianapolis Star*, October 1, 1911. Kalsomining was a painting process using calcium carbonate and glue to prepare plastered walls for papering. Earlier in the year, Mrs. Minnie Scott president of Lodge 16, pledged to furnish the surgery department. According to her May 23, 1914 obituary in *The Freeman*, Scott was a prominent clubwoman in Indianapolis, president of the State Federation of Colored Women's Clubs, and an organizer for the National Federation of Colored Women's Clubs. *The Recorder* identifies her as lodge president in the December 2, 1911 edition.

²¹² Ferguson, "Sisterhood and Community," 161. Here Ferguson emphasizes that black clubwomen did not like to receive funding from whites because they wished to maintain control over their projects. However, newspaper items like "White Woman Visits Colored Hospital," *The Freeman* on July 29, 1916, confirms that white donors were welcome. Besides presenting the hospital with fruit and dry goods, Geller also promised to donate ten dollars for building repairs if the black community raised ninety dollars. Also see *Sisters of Charity Hospital*, File 275, Indiana Department of Public Works: Maternity Hospital Inspection Records, IARA; A 1911 hospital inspection report noted a white woman who wished to remain anonymous donated \$300.00 of the price for the surgical equipment. Like the Lincoln Hospital, the owners of the property and building for the hospital were successful white businessmen.

²¹³ *Indianapolis Star*, July 7, 1912, *Indianapolis Star*, October 28, 1914. See Physician's Table in Appendix B.

Many references to the hospital in newspapers describe the hospital as being mostly for those who could not pay, or those who could afford to pay little. The admission numbers roughly equaled the Lincoln Hospital with 98 patients treated in the year prior to October, 1914.²¹⁴ The hospital also served the community by formally training young women as nurses. This professional activity held great prospects for the advancement of women. They also worked with the juvenile courts and “wayward” girls.²¹⁵

The hospital moved to 502 N. California Street in 1918. At its new location it barely passed the maternity hospital inspections but managed to hold on for another four years, with little confidence from the black doctors, who thought the building was unsafe and unsuitable for surgery. In late 1915, the SoCH appealed for more funds for its work with wayward girls.²¹⁶

The Hope for One Hospital

The black community knew that several small institutions would not best serve their hospital needs. There was no advantage in boasting that the city had more black hospitals than other places when resources were spread so thin that patients did not receive health care effectively. Overwhelmingly, African-American leaders agreed that the city needed one adequately equipped hospital for their people, but this created tension between the administration of the Lincoln Hospital and the SoCH. The friction between the groups likely began years before.

²¹⁴ *Indianapolis Star*, October 28, 1914.

²¹⁵ *Indianapolis News*, August 4, 1913.

²¹⁶ Ferguson, “Sisterhood and Community,” 168-169; *Indianapolis News*, November 13, 1915. The SoCH cared for more than seventy girls since the opening in 1911.

While the efforts of the individuals behind these hospitals collectively describe the institution-building efforts that the black community deployed to respond to medical racism, the community's voluntary separatism in health care ultimately collapsed and provided a model and lesson for future projects, as the next section outlines. The early efforts to establish a place for black patients to receive treatment by black doctors followed a path recognized as a variation of Booker T. Washington's plan of accommodation. It emphasized business strategies that asked for white support to allow black workers, artisans, and business owners to both prove and improve their ability to succeed separately from white society. If successful, proof of ability would one day open the door to equality and full civil rights. Washington's education design promoted industrial training, which encouraged most blacks to remain in the South, effectively in economic subordination to whites. Physicians had to devise a variation of the Washington strategy because they expected to function autonomously albeit within an environment that experienced increasing regulation and the sequestration of professional standards. One of the most indispensable actions they undertook—publically persuading the white medical profession that blacks were capable of meeting expectations of good patient outcomes—depended on far more than the execution of their medical proficiency. Success also relied on a hospital that provided the proper equipment, physical surroundings, and a competent corps of nursing personnel. The additional benefit of a nursing school boosted the hospital's role in racial uplift for city and the state.²¹⁷ The unanticipated path taken by SoC to establish a hospital led to a change in the strategy of the doctors who created Lincoln Hospital.

²¹⁷ Although opportunities for internships and residencies were important features of the black hospital movement, there is no evidence that internships were offered at either the Lincoln Hospital or at SoCH. The only intern specifically mentioned was at Ward's Sanitarium in the 1909. See page 63.

After the early experience of the private sanitarium that served a financially capable clientele, it became clear to the city's established African-American community that the numbers of blacks migrating from the South to Indianapolis with few resources presented an emerging healthcare crisis in the city. Ward's Sanitarium definitely served a purpose, but such a for-profit venture could not fill a healthcare gap for so many who needed care but could pay little or nothing. Until 1909, the gap was bridged by a municipal hospital with a small number of Jim Crow beds and a reputation for mistreatment and indignity.

The best estimate of the first idea of a public-type hospital organized by blacks to serve the black community was first proposed in May of 1908 when the SoC discussed the possibility at their annual state meeting, which immediately interested the African-American physicians of the city. Only two weeks after reports of the SoC suggestion, the Aesculapian Society established a committee and met with the SoC board of directors at least twice before the end of June.²¹⁸ The SoC decided to wait until the 1909 to take any action, but in the meantime began discussions with J.A. Victor about a house on Missouri Street as early as December 1908.²¹⁹

When the National Medical Association met in New York City in August of 1908, during a roll call of states, Indiana offered no report. The doctors in Indiana obviously were not idle, but were busy organizing themselves into a state medical society. That year, the Aesculapian Society called a statewide meeting to gather all of Indiana's black physicians, dentists, and pharmacists into a professional association, electing Joseph

²¹⁸ *The Freeman*, June 6, 1908.

²¹⁹ *The Recorder*, December 28, 1908.

Ward president.²²⁰ The following year saw a tremendous amount of activity on the part of these doctors. Press articles publicizing the medical needs of blacks within Indianapolis centered on the black physicians, but few articles reported the progress of the SoC's efforts to form a hospital. During this time, black communities in states surrounding Indiana also investigated ways to establish hospitals. Women's groups worked on the problem in places like Columbus, Ohio and Cairo, Illinois.²²¹

At the annual SoC meeting in the spring of 1909, the members held a "Hospital Night" and the black physicians again participated in discussions, but with no productive outcome.²²² In fact, the press did not mention any activity or discussion about the proposed hospital from the SoC annual meeting in Marion, Indiana at the time. Instead, items expressing discord between two Indianapolis SoC lodges reigned. The final report on the meeting in *The Recorder* on May 29, 1909 called attention to a resolution that effectively barred some members of certain lodges from calling themselves Sisters of Charity.²²³ At that point, there seemed to be a breakdown between the Aesculapian Society doctors and the SoC. The doctors were clearly ready to move forward with a hospital, but the SoC could not move at the same time. Less than two weeks later, on May 28, ten doctors and their attorney signed the Articles of Incorporation for the

²²⁰ Todd Savitt, "In JNMA 100 Years Ago: The 1908 Annual Meeting," *Journal of the National Medical Association*, 102 (2); *The Recorder*, September 12, 1908. A.L. Cabell of Terre Haute was elected vice-president and Jimmie Jackson of Marion the organization's secretary.

²²¹ *The Freeman*, May 29, 1909. A women's group, the Home Improvement Club, sought ways to start a hospital in Frankfort, Kentucky. *The Recorder* on February 27, 1909 reported that Columbus, Ohio had nine doctors, two dentists, and two pharmacists. There was an effort underway by the Good Samaritan Hospital Association to raise money for a structure for training black nurses. *The Freeman* on March 23, 1912, contained a letter from a correspondent in Cairo, Illinois with news of a hospital soon to open. The Yates Women's Club worked to that end for at least six years prior to its opening. The club then turned the hospital over to the city's doctors.

²²² *Indianapolis News*, June 10, 1911. This information came from a retrospective section of an article published at the time the SocH finally opened in 1911.

²²³ *The Recorder*, June 12, 1909.

Lincoln Hospital Association of Indianapolis.²²⁴ The Association mobilized more quickly than the SoC, which did not open their hospital two years later. Even so, the SoCH did not want to lose the public eye and items about hospital plans continued to appear in the newspapers, often just after news of the Lincoln Hospital, sometimes even in the same edition.

The Lincoln Hospital opened in the final weeks of 1909 and offered a free dispensary in the early months of 1911. When the April fire at the Alpha Home resulted in the need for another shelter for the women and the Lincoln Hospital and Ward's Sanitarium responded, but the SoC was in no position to assist. Soon after the Alpha Home fire, the hospital idea gained momentum again at the SoC annual meeting of May 1910, perhaps spurred by the regret that the clubwomen could not help in the same way as the hospital and sanitarium.²²⁵

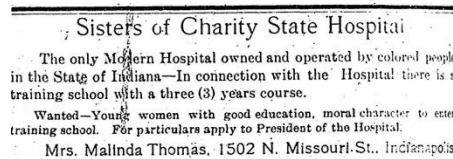


Figure 2. The Sisters of Charity Newspaper Ad Stating Unique Character²²⁶

Why did the SoC continue their plans for a hospital instead of throwing their support behind the Lincoln Hospital? No clear reason stands out, but clearly an undercurrent of tension between the two hospital groups existed from the start of 1911, even before the SoCH opened. It is likely that this tension ultimately created a barrier to the consolidation of resources. A few short months after the Charity Hospital's opening,

²²⁴ *Lincoln Hospital Association of Indianapolis, Indiana*, Document # 1217-57, Box 299, Secretary of State Records-Dissolved Corporations, IARA.

²²⁵ *FARLH*, 12.

²²⁶ *The Freeman*, September 16, 1911.

an ad in *The Freeman* publicized it as the only black owned hospital in the state. This declaration, made in the face of at least three other facilities that were operated by African Americans, points to some posturing on the part of the SoCH board of directors and a possible source of Furniss's remarks to a hospital inspector that the SoCH administrator was "not absolutely honest."²²⁷

The community voiced the need for a merger soon after the opening of the second hospital. By March 1912, a consolidation of sorts was underway. *The Freeman*, in editorial style, happily announced that Ward's Sanitarium and the Sisters of Charity Hospital were "united." The *Indianapolis News* credited Ward with providing hospital supplies to Charity Hospital and reported that his sanitarium would move to the Missouri Street address. This action could provide the type of positive publicity that would boost the public's confidence in the hospital. *The Freeman* also noted that this could be the "entering wedge" for other such institutions to join the consolidation, the most visible at the time being Lincoln and Alpha.²²⁸

Between the editorial's lines a hint of conflict or ill will between the hospitals, lurked. The SoCH, said the piece, felt "friendly" toward Dr. Ward, a remark that could imply that the Sisters did not feel friendly toward certain other doctors. Doctors on the SoCH staff included recent Indiana University School of Medicine graduates Albert H.

²²⁷ Explicating this declaration on the part of the SoCH demands some assumptions about their meaning. If the women intended to show their independence by exploiting the property arrangement with Victor, that could explain the "owned" part of the comment. There is a possibility they split hairs because the other buildings housing the Lincoln Hospital and Ward's Sanitarium were merely rented. Since the SoC were actually buying their building it implied "ownership." Because the SoC did not muster an advisory board of whites, the declaration could mean they operated under all-black "owned." Furniss made the comment about Malinda Thomas to the maternity hospital inspector in 1918. See *Sisters of Charity Hospital*, File 275, Indiana Department of Public Works: Maternity Hospital Inspection Records, IARA.

²²⁸ *Indianapolis News*, March 9, 1912; *The Freeman*, March 23, 1912. *The Freeman* reported on May 4, 1912, that Ward operated on Mrs. Elwood Knox at the Charity Hospital.

Hendricks (chairman of the advisory board), Mark Batties, and Albert Cleage. They were joined by Theodore Kakaza and Oscar Ballenger who graduated from schools outside of Indiana. Possible collateral damage of the action came in July of 1912 when Dr. A.H. Hendricks resigned as president of the SoCH advisory board and, in a curt statement, announced that he had “severed all official connection with that institution.” After the Ward’s-SoCH merger, *The Freeman* reported that Ward operated on Mrs. Elwood Knox, daughter-in-law of the publisher, at the SoCH, shifting the publicity of the elite clientele to the SoCH.²²⁹ Later in the year, the Aesculapian Society discussed the possibility of one hospital, with no action taken.²³⁰

Early in 1913, the Lincoln Hospital temporarily closed for repairs. The inspection reports of the Board of Charities show that after just three years, rooms needed to be repapered and the floors repainted.²³¹ On the heels of the February re-opening, the hospital made a public appeal for funds to meet the cost of the renovated building. By May, the hospital admitted “more than the average number” of medical and surgical patients. Newspaper articles reminded readers that in spite of its administration by doctors, the Lincoln Hospital was a non-profit organization and that it provided free care

²²⁹ Ibid.; *Indianapolis Star*, July 11, 1912. Also in the summer of 1912, the July 13 *Recorder* noted that Lincoln Hospital lost its nurse superintendent Amanda Rogers. The 1902 graduate of Freedman’s Hospital in Washington, D.C., returned to private duty nursing in Indianapolis. During her tenure as Lincoln’s second superintendent, she organized the Ladies’ Auxiliary in 1910. The July 27, 1912 issue of *The Recorder* reported that the SoCH’s nurse Superintendent Lillian Thomas resigned to return to her hometown of Lexington, Kentucky for “a much needed rest.” Her temporary replacement was Maggie Todd, another graduate of Citizen’s Hospital in Lexington. Discussion of the Ward surgery at the SoCH appears in *The Freeman*, May 4, 1912.

²³⁰ “News of Colored Folk, *Indianapolis Star*, December 9, 1912.

²³¹ *Lincoln Hospital*, Box 9. File 270, Folder 10, Department of Public Works: Maternity Hospital Inspection Records, IARA.

for many patients.²³² In August of the same year, Alpha Home suffered another fire. This time, the SoCH joined the Lincoln Hospital in sheltering the home's displaced patients.²³³

The second fire added to the strain on the community's donors and an unveiled appeal for consolidation appeared in November in *The Recorder*. The editorial touted the strength of the SoC's nine hundred individual members against the Lincoln Hospital's two auxiliaries. The writer pointed out that the women need not "lose their identity" if the two hospitals merged because it made good business sense. This letter also contains a glimpse of the conflict that eventually obstructed the marriage of the SoCH and the Lincoln Hospital by clearly stating that the women resisted loss of control and their wish that the hospital administration should remain in the hands of the SoC. This may have added to the confusion that the SoCH was a women's only facility, prompting its leaders to submit a letter to the public in *The Recorder* refuting a false rumor to that effect.²³⁴

Talk of a desired merger continued into January of 1914. If gender conflicts obstructed successful negotiations in the past, as Ferguson suggests, the doctors of the Lincoln Hospital possibly tried to avoid trouble by sending the Lincoln Hospital's Women's Council to meet with the executive board of the SoCH. Local pastors were also invited to hear the discussion. The meeting, ironically held in the chapel of Willis's funeral home, proved to be the death knell of one of the hospitals. The two groups postponed their decision and agreed to meet two weeks hence. When the highly anticipated report of the decision came, it announced that the merger negotiations failed. The Aesculapian Society stated in the press that it was in favor of one hospital, but only

²³² *The Freeman*, February 8, 1913; *The Recorder*, November 29, 1913; *The Freeman*, May 3, 1913.

²³³ *Indianapolis Star*, August 10, 1913.

²³⁴ *The Recorder*, November 29, 1913; *Ibid.*, December 20, 1913.

when “conditions were favorable.” *The Recorder* opined that “It is hoped that at least a friendly feeling will prevail as all are working for the uplift of mankind.”²³⁵

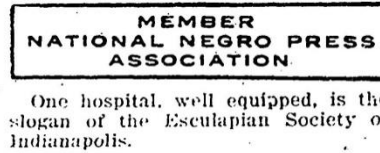


Figure 3. Aesculapian Society Slogan for One Hospital
The Freeman, January 24, 1914

In the days following the news of no merger, *The Freeman* published a revealing report on the attitudes of the doctors. During the January meeting of the Aesculapian Society met, several doctors aired their reasons for wanting one hospital. The group considered the meeting so important that the president, H.W. Armistead, invited William Lewis, editor of *The Freeman* to attend. Lewis related the proceedings in great detail, not even sparing moments of “laundry airing” by physicians who once harbored bad feelings or even slandered each other in the past. What frustrated the doctors, he reported, was the dilution of services rendered by the two inadequate hospitals. Armistead’s presidential address listed problems such as the lack of new technology and up-to-date methods of patient care that hampered the black physician from doing his job. He noted the inability to provide oxygen to pneumonia patients and the need for special care during typhoid patients’ long recovery. From an economic standpoint, surgeries like the removal of fibroid tumors had to be performed in facilities only open to the white doctors, earning them money and practical experience. Then, seeming to turn on his nursing allies, he

²³⁵ *Indianapolis News*, January 6, 1914; *The Recorder*, January 24, 1914.

cites the lack of a “sufficiently supplied facility with intelligent nurses to inspire confidence of his clientele.”²³⁶

In May of 1914, considerable confusion was added to the prospective hopes for the two hospitals and the Alpha Home. At mid-month, five key black physicians previously attached to the SoCH announced that they had joined the staff of the Lincoln Hospital.²³⁷ This move seemed to throw the weight of advantage to the doctor-run institution. Both the Lincoln Hospital and the SoCH retained the endorsement of the Chamber of Commerce committee on relief and charities, but the autonomy from white control the SoCH craved began to wane as the committee ordered the elimination of Tag Day fundraising as being “anything but morally uplifting.”²³⁸ The Lincoln Hospital doctors met at the Willis offices in October of 1914 with, *The Freeman* noted, an “unusually large attendance.” News then broke that the SoC had begun a campaign to raise \$15,000 for a “first class” hospital with the endorsement of several city pastors. The urgency of action became more apparent in December of 1914 when the Chamber of Commerce sent a committee to visit both institutions. Three weeks later, with more pressure applied by the Chamber, a letter to *The Recorder* by Lucas B. Willis again appealed for consolidation. Willis declared that the Chamber of Commerce was practically demanding the merger and the approval of the organization was crucial to the survival of any black hospital in Indianapolis. An entire year had passed since any serious discussions between the LHA and the SoCH board, with no results. While the

²³⁶ *The Freeman*, January 24, 1914.

²³⁷ *The Freeman*, May 30, 1914.

²³⁸ *Indianapolis Star*, July 12, 1914. “Tag Days” customarily involved solicitors selling “tags” which represented donations. The people who sold the most received prizes. The white committee somehow thought the idea of prizes tainted the process.

administrators kept the public in the dark regarding the reason for the impasse, Willis took the drastic step of suggesting the public pull all support if no consolidation occurred.²³⁹

In the summer of 1915, the Lincoln Hospital slipped from the pages of the press, in spite of the apparent leverage gained by the change of physician allegiance and a large carnival to pay of the hospital's debt. The readers of any Indianapolis newspaper saw no specific announcement of the Lincoln Hospital's closing—only a notice that the nursing superintendent, Ella Preston, asked the Marion Superior Court to appoint a receiver for the Lincoln Hospital, claiming it owed her \$343.00 in wages. A close reader might have seen the notice on June 12 that the Lincoln Hospital property was transferred from its owner, Edmon P. Ervin of Franklin, Indiana, to a new corporation, the Indiana Realty Holding Company. An even closer reader would know that the new company, formed at the end of May consisted of at least two of the Lincoln Hospital doctors.²⁴⁰

²³⁹ *The Freeman*, October 31, 1914. In 1911, Lucas Willis was the superintendent of the Indianapolis SoC. See Ferguson, "Sisterhood and Community," 171 for the organizational structure of SoC.

²⁴⁰ *Indiana Realty Holding Company*, Document #1650-11, Secretary of State Records-Dissolved Corporations, IARA; *1910 Plat Book, Addition NW No.1*. 2001475, Box 2, Assessment Bureau Records, IARA. *Indianapolis News* June 12, 1915. The various news articles about Preston's appeal to the court do not say whether her claim was for back wages or if she expected some sort of severance because she knew of the pending sale and imminent closing of the Lincoln Hospital. Typical nurse salaries were \$25.00 per week. Therefore, Miss Preston was apparently claiming she worked for about three and one-half months without pay. I cannot comment on whether that was a situation Miss Preston would have tolerated. The nurse salary was estimated from visiting nurse (\$37.50 per week) and practical nurse salaries (\$18.00 per week). *Indianapolis News*, November 10, 1915; *Indianapolis Star*, April 4, 1915.

CONCLUSION

The lack of funding for a needed adequately equipped hospital to serve the segregated African-Americans forced the closing of Lincoln Hospital in Indianapolis. The histories of the Lincoln Hospital and other black medical institutions of the era dramatically reveal the deeper problems caused by the racially biased healthcare system in Indianapolis in the early twentieth century. On the most basic level, the story describes two organizations that both needed and wanted a hospital in response to barriers to good medical and nursing care in their community in the face of medical racism, but they approached the problems in different ways. One group, the Lincoln Hospital physicians, chose a path to prove itself in the light of white criticism, thus hopefully opening doors to better patient treatment and at the same time gaining professional recognition. The other group, the Sisters of Charity, wanted to directly deliver care to suffering individuals who lacked access to the system. They also wished to gain recognition for their uplift endeavors. The inability to meld the missions of these groups, that both relied on philanthropic support, resulted in a dilution of resources. However, in this thesis I have demonstrated that money was not the only obstacle to hospital care black patients. Differing professional and personal goals also stood in the way.

Earline Rae Ferguson only briefly mentions professional concerns as the reason for the conflict between the two groups that ultimately caused the failure of the black hospitals. Generally, Ferguson couches the conflict between the Lincoln Hospital physicians and the SoCH board as a gender battle. My position exposes the fact that the black doctors faced scrutiny from an increasingly regulated profession which demanded medical competency and performance, a point that does not especially enter into her

analysis of their reasons to insist on control (unrelated to gender) of a consolidated hospital. Ferguson frames black clubwomen's motives as their desire to take control of their lives and to fulfill the Social Gospel through action, like the women who followed the historical Jesus of the New Testament. While that was certainly an important reason for the SoC's hospital effort, the fact that the male black physicians of Indianapolis displayed deep involvement in their churches and executed many projects from positions of leadership in various denominations also defined their community activities.²⁴¹

Although the eventual closing of the Lincoln Hospital was on the horizon, the institution's abrupt disappearance likely happened for another reason. One clue for its unheralded exit appeared in the black press. One month before the presumed end of the hospital, an item in *The Recorder* advanced the possibility that black nursing students might train at City Hospital. If accomplished, that alone would have been an astonishing reversal in policy. The article also noted a little-known city ordinance that allowed any paying patient to right to use their own doctor. That would also be a sea change for black patients and their physicians. The fact that a local white physician was cited in agreement of the ordinance opened the possibility of entrance into the hospital was all the more attractive to the Lincoln Hospital doctors.²⁴² This exciting potential breach in the Jim Crow public healthcare system may have been more than a coincidence with the end of the Lincoln Hospital. Because the black doctors were excluded from the tax-supported City Hospital by customary de facto segregation, an ordinance on the books raised the possibility for a successful legal battle against discrimination. The time was ripe for the

²⁴¹ Ferguson, "Sisterhood and Community," 160, 169.; *The Recorder*, March 11, 1899; *The Recorder*, January 24, 1952; H.L. Hummons was active in the Presbyterian Church; S.A. Furniss was active in the Bethel AME Church.

²⁴² *The Recorder*, May 15, 1915. The "well known white physician" was unnamed.

doctors to present a case for their demonstrated medical competency over the past five years and legally gain full rights to hospital access. To spend more time and resources on a separate black institution would waste their energy and not advance the ultimate goal of access to the facilities of the city's municipal hospital.

Whatever the reason, after the Lincoln Hospital closing, the Sisters of Charity were free to hold public events and solicit funds for the now "only colored hospital in the city" that "ought to receive the united support of the public" without competition.²⁴³ Unfortunately, as the only remaining hospital, the SoCH did not fare well over the coming years. The SoC state officers decided in May, 1915 to discontinue taxing the lodge members for the hospital's support.²⁴⁴ Presumably, the pressure on the lodges to support the hospital eased because the only remaining competition for donated financial support was the Alpha Home. The rancor between some of the doctors and the chief administrator of the SoCH continued. In 1915, policy changed and only doctors who were named SoCH staff could admit patients.²⁴⁵

Stepping back, what does the case study of black hospitals indicate about the black community of Indianapolis and its choice between accommodation or radical agitation for equality? The doctors, by virtue of their education and status should fall into the Talented Tenth as characterized by Du Bois. Yet, they followed a self-segregating strategy to accomplish their professional goals. The SoC pursued the quest for uplift by insisting upon autonomy and power within their community and refusing to relinquish their hospital administration role to the black doctors. After all, this group briefly

²⁴³ *Indianapolis News*, September 4, 1915.

²⁴⁴ *Ibid.*, May 21, 1915. The lodges raised \$900 in the previous year.

²⁴⁵ Ferguson, "Sisterhood and Community," 168.

accomplished a unique achievement. The Sisters of Charity Hospital was a rare instance of an African-American hospital owned and operated by black clubwomen in the north.²⁴⁶

Further research could reveal more fully the impact of the loss of the black hospitals in Indianapolis. An important fact to remember is the time these events took place relative to the Black Hospital Movement in other cities. The Indianapolis black hospitals were established well before the Movement took root in the 1920s for northern hospitals. During the era and geographical location studied here, only urban areas with a large pool of wealthy philanthropists. Chicago's Amour meatpacking family backed Provident and Philadelphia's Frederick Douglass Hospital that received enormous support from the medical and philanthropic community.²⁴⁷ Indianapolis lacked individuals with the enormous wealth needed to support black hospitals in the same way. Also, the other large black hospitals made internships and residency's a priority. Since very few black students were admitted to Indiana University School of Medicine and slots were available for those who earned them, a dedicated facility was not needed.

Certainly, the physicians' hope to legally gain inroads to City Hospital failed. For decades the same problems for black patients persisted in that facility, including beatings and demonstrable neglect of helpless patients. Young black graduates of medical school

²⁴⁶ *Efforts for Social Betterment Among Negro Americans: Report of a Social Study Made by Atlanta University Under the Patronage of the Trustees of the John F. Slater Fund; Together with the Proceedings of the 14th Annual Conference for the Study of the Negro Problems, Held at Atlanta University on Tuesday, May the 24th, 1909*, ed. William Edward Burghardt Du Bois, (Atlanta: The Atlanta University Press, 1909); The Phyllis Wheatley Sanitarium and Training School for Nurses in New Orleans is another example of a sanitarium organized and run by black clubwomen. Established in 1896, the club turned it over to the New Orleans University Medical College in a few years. See Ward, *Black Physicians in the Jim Crow South*, 166.

²⁴⁷ Gamble, *Making a Place for Ourselves*, 15-17; Alfred Gordon, "Frederick Douglas Memorial Hospital and Training School," reprint from *Philadelphia-World's Medical Center*, University Archives, University of Pennsylvania. http://www.archives.upenn.edu/primdocs/upf/upf1_9ar/mossell_nf/douglass_hosp_by_gordon.pdf (Accessed December 8, 2015).

experienced worse discrimination than those who went before them. A separate hospital might have changed the effects of medical racism on black Indianapolis for generations.²⁴⁸

On the other hand, abandoning the black hospital movement meant the African-American community could legally press the issue of access to the white-staffed municipal institution. In spite of the doctors' hopes that the City Hospital would open for them, no progress to that end occurred. Even though a disagreement between the Indiana University School of Medicine (IUSM) and the Indianapolis Board of Health in late 1915 afforded an opportunity for the presence of black nurses and doctors at the hospital, the doors did not open for them. A tussle over the leadership of a new dispensary at City Hospital led to the board denying privileges to the all the IUSM's students.²⁴⁹ Recalling that the Lincoln Hospital's dispensary treated 600 patients in two years, the loss of that service meant more patients seeking treatment at City Hospital.

This study ends with the year 1917. That was a significant year relating to the topic and creates a dividing line in the strategic change in the African-American community. When William Gibb's selection as a City Hospital interne caused a strike by the white nurses and internes, instead of backing away when he was dismissed, the black community took action that ended with Gibb's reinstatement. Recall that in 1894, Sumner Furniss faced a similar problem, but white champions intervened. By 1917, the black community faced the problem in a direct way. Although Gibbs resigned immediately after his reinstatement, making the victory somewhat hollow, the outcome of successful

²⁴⁸ From the beginning of February, 1930 through March, *The Recorder* exposed cases of patient abuse and charged that the situation was worse than ever before. Earlier in the year, the N.A.A.C.P. agitated the Cleveland, Ohio City Council to allow black internes and nurses into their city hospital.

²⁴⁹ *Indianapolis News*, November 3, 1915.

petitioning established a new approach to problems.²⁵⁰ During the next city elections, Sumner Furniss undertook a different role as community leader, running for city council as a Republican in the Fourth District. During the elections, he pressured his own party's mayoral candidate, Charles Jewett, to agree that if elected to the city's top post, changes at the hospital would be considered.²⁵¹ Furniss won his seat on the council, but no changes occurred at City Hospital after Jewett won the election.²⁵²

It was not until 1942 that a black physician gained privileges at City Hospital. What "gain" in Richard Peirce's description of black Indianapolis power structure was protected by the actions of black leaders over the years that spanned from the Lincoln Hospital era to Harvey Middleton's acceptance as a staff member at the city's municipal hospital in 1942?²⁵³ Was the healthcare system a bargaining chip in some other political agenda in the city? The failure to gain access to hospitals during the Jewett administration was followed by decades by other instances of unfulfilled promises by politicians and white doctors. One major struggle, for example, involved the 1939 accusations by black citizens that the city received \$157,000 from the Federal Public Works Administration to build the City Hospital's "F" wing under the pretense that a portion of the hospital would be used for black nurses and interns, but never staffed the wards as promised. The political aspect of hospital access is a topic beyond the scope of this study but should be more fully examined and documented.²⁵⁴

²⁵⁰ *Indianapolis News*, August 2, 1917.

²⁵¹ *Indianapolis News*, September 14, 1917.

²⁵² *The Recorder*, May 27, 1927; *ibid.*, February 2, 1930.

²⁵³ Harvey Middleton's acceptance as a hospital staff cardiologist is typically placed in 1942. See Indiana Historical Bureau Biographical sketch Harvey N. Middleton Papers at <http://www.indianahistory.org/our-collections/collection-guides/harvey-n-middleton-papers-1928-1978.pdf> (Accessed October 25, 2015). Paul

In 1930, Cleveland hospitals opened to black healthcare workers, following New York and Boston. In some cities, the Black Hospital movement pushed for segregated hospitals to ensure that African American doctors and nurses would receive a fair chance to learn and practice their profession. In Indianapolis, the desire for a separate hospital surfaced again in 1920s, but the project met with little success.²⁵⁵ More research might show that the black community instead favored full access to the established municipal facilities.²⁵⁶ At the turn of the twentieth century, Indianapolis' black physicians were part of the leading edge of the Black Hospital Movement. They learned the pitfalls of shouldering the burden of a separate institution much earlier than other communities. In that century's first decades, the black community answered the call to exercise self-help, but found that in the rapidly changing world of medical knowledge and treatment, their financially and professionally isolated effort could not achieve good outcomes, even when others in the community like the many clubwomen from various organizations wanted to participate. Indeed, consolidation of these multiple efforts could have achieved success, but it might not have been in the form they wished. In that light, the Lincoln Hospital was not so much a failure, but rather an important first step in discerning the path for achieving adequate health care as a civil right for African Americans in Indianapolis. It would be an up-hill climb that calls for more research and study.

Batties, M.D. became the first black surgeon appointed to the City Hospital staff in 1943. See *The Recorder*, February 6, 1943.

²⁵⁴ "PWA Raps City Hospital Policy," *Indianapolis Star*, September 15, 1939; *The Recorder*, September 30, 1939.

²⁵⁵ "Negro Municipal Hospital Proposed," *The Recorder*, April 2, 1927.

²⁵⁶ Cary D. Jacobs, "Letter to the Editor," *The Recorder*, April 1, 1939.

Appendix A: Institutions exclusively for African Americans in Indianapolis

The following table summarizes institutions that provided health care exclusively for African Americans in Indianapolis in first two decades of the twentieth century. The Alpha Home for Aged Colored Women was not technically a hospital, but the community considered the services it provided along the same lines as hospital care. Similarly, the Indianapolis Asylum for Friendless Colored Children was a site of health care, notably when epidemics erupted. The Marion County Medical Society appointed physicians to care for the children when needed.

Institution Name	Date Open	Date Closed	Address	Principals
Beamouth Sanitarium ²⁵⁷	c. 1897	c. October-December, 1897	651 N. Senate	Fernando A. Beamouth, M.D.
Ward's Sanitarium	c. 1907	March, 1912	721-22 Indiana Avenue	Joseph H. Ward, M.D.
Lincoln Hospital	1909	c. June, 1915	1101 N. Senate Avenue	Lincoln Hospital Association (Physicians)
Sisters of Charity Hospital	1911	c. 1921	1502 N. Missouri (1911-1918) 502 N. California Street (after 1918)	Malinda Thomas, Administrator
Unnamed	c. 1911	unknown	326 Indiana Avenue	John and James Norrel, M.D.s ²⁵⁸
Flanner Guild Clinic (sick baby and children)	c. 1914 ²⁵⁹	unknown		Settlement House
Alpha Home For Aged Colored Women	1886	Still operating in 2015	Multiple addresses	Elizabeth Goff; Alpha Home Association
Indianapolis Asylum for Friendless Colored Children ²⁶⁰	1870	1922	3217 W. 21 st Street	Society of Friends, Western Yearly Meeting

²⁵⁷ *The Freeman*, January 9, 1897. Another address given at Beamouth's death was Senate and Thirteenth Street. See *The Freeman*, December 18, 1897.

²⁵⁸ *Indianapolis Star*, September 17, 1911. This is the only reference found for this institution.

²⁵⁹ *The Recorder*, August 1, 1914; *The Freeman*, July 24, 1915.

Appendix B: Table of African-American Physicians in Indianapolis, 1871-1917

This list presents information about physicians encountered during research for this thesis who practiced in Indianapolis for any length of time between 1871. It is not exhaustive because more detailed information likely exists, if pursued. The material included here can provide a starting point for others seeking information about Indianapolis' African-American physicians.

Twenty-four (24) Indianapolis black doctors graduated from medical school or began practice in or before 1900. Of that number, two (2) appear to have apprenticed with a chiropodist and one (1) with a regular physician. Twenty-one (21) of the schooled physicians graduated from twelve (12) different medical colleges. Only five (5) attended the southern schools of Meharry and Howard. Two of the five (2 of 5) received postgraduate training in northern schools or clinics. Fourteen (14) of this group, fifty-eight percent (58%) were not born in Indiana. Four (4) were native Hoosiers, and the others are unknown.

The fourteen (14) doctors who graduated after 1900 attended only five different schools, all northern U.S. or Canadian schools. Twelve (12) of the fourteen attended Indiana medical colleges. At least five (5) were born outside of Indiana, while four, (4) or thirty-five percent (35%) were native Hoosiers. Because state of origin information is so incomplete, it cannot be said that Indiana began producing more of its own physicians after the turn of the century. Eight (8) doctors graduated from three Indiana medical colleges in the eight years between 1901 and the Flexner report. Six (6) doctors graduated from Indiana University School of Medicine in the seven years between the publication

²⁶⁰ Thomas W. Cowger, "Custodians of Social Justice: The Indianapolis Asylum for Friendless Colored Children, 1870–1922," *Indiana Magazine of History* 88, no. 2 (June 1992), 93; *Indianapolis Medical Journal*, 13, (1910), 81.

of the Flexner report in 1910 and the end of this study in 1917.²⁶¹ In 1908, IUSM became the only medical school in the state. At the same time, increased admitting requirements reduced the number of graduates, which did not seem to have an effect on the numbers of black graduates.²⁶²

²⁶¹ At least three students did not remain in Indianapolis after graduation. R. L. Jones (1910), Thomas Gibbs, and Troy Smith (1917) went elsewhere. Gibbs was at the center of a white interne strike at City Hospital. See *Indianapolis News*, June 16-20, 1917. Troy Smith was from Terre Haute, according to *The Freeman*, October 10, 1914. Nothing is known here about R.L. Jones.

²⁶² *Indianapolis Star*, March 23, 1910. The number of graduates decreased so much that the city's Board of Health opened up the City Hospital interne competition to graduates of out-of-state schools for the first time.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Armistead, Henry W. ²⁶³	Meharry	1894		Chicago Polyclinic ²⁶⁴	c. 1899	Tennessee	Henry Watson Armistead
Atkins, Calvin R. ²⁶⁵	Howard	1898			1905	Kentucky	
Ballard, J.H. ²⁶⁶	Meharry;	1879		School of Medicine, Chicago, 1890	c. 1894	Virginia via Illinois	
Ballenger, Oscar L. ²⁶⁷	Jenner Medical College, Chicago	1904					
Batties, Mark D. ²⁶⁸	IUSM	1911					Mark Douglas Batties

²⁶³ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 267.

²⁶⁴ Mather, *Who's Who in the Colored Race*, 12.

²⁶⁵ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 267.

²⁶⁶ *The Freeman*, December 22, 1894.

²⁶⁷ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 267.

²⁶⁸ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1914), 129.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Beamouth, Fernando A.	Independent Medical College, Chicago ²⁶⁹				1897	Jamaica	Founded first black-owned sanitarium for blacks in Indianapolis ²⁷⁰
Brown, Daniel H. ²⁷¹	Medical College of Indiana (University of Indianapolis)	1900			ca. 1892	Michigan; Canada (childhood)	First black doctor at the City Dispensary ²⁷²
Brown, William E. ²⁷³	University of Michigan	1895			1899?		
Burris, Charles ²⁷⁴	Medical College of Indiana (University of Indianapolis)	1904					

²⁶⁹ *The Indianapolis Sun*, October 5, 1897.

²⁷⁰ *The Freeman*, January 9, 1897.

²⁷¹ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1902), 163.

²⁷² *The Recorder*, August 25 1900.

²⁷³ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 268.

²⁷⁴ *Ibid.*, 268.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Chavis, William	Medical College of Indiana	c. 1888			c. 1892	Princeton, IN Gibson Co. ²⁷⁵	Graduated from medical school with second highest honors in a class of twenty-five. ²⁷⁶ Graduation date estimated from new item about his practice. ²⁷⁷
Cleage, Albert B.	IUSM	1910					In 1911 he was the ambulance physician. ²⁷⁸ Moved to Kalamazoo. ²⁷⁹

²⁷⁵ *The Freeman*, December 24, 1898.

²⁷⁶ *The Freeman*, March 14, 1891.

²⁷⁷ *The Freeman*, July 21, 1888.

²⁷⁸ *Journal of the Indiana State Medical Association*, 4, (1911): 47.

²⁷⁹ *Indianapolis News*, June 20, 1914.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Cooke, Benjamin J. ²⁸⁰	Meharry ²⁸¹	1890		Howard Pharmaceutical College, 1892. ²⁸²		Texas via Washington, DC	Benjamin Junius Cooke, M.D., Pharm.D. Graduated from
Cotty, William R.	Eclectic Medical College of Indiana ²⁸³	1905	Wilberforce				
Dickerson, Egbert S.	Case Western Reserve	1898				Ohio, Illinois ²⁸⁴	Egbert Sumner Dickerson ²⁸⁵
Elbert, Samuel	Indiana Medical College	1871			1869 ²⁸⁶	Maryland	
Furniss, Henry W.	Howard	1894		Harvard, 1894	c.1890	Mississippi	Henry Watson Furniss
Furniss, Sumner A.	Medical College of Indiana	1894	Lincoln Academy		c.1890	Mississippi	Sumner Alexander Furniss; His father taught in Missouri

²⁸⁰ *The Freeman*, January 1, 1896.

²⁸¹ *The Recorder*, March 30, 1935.

²⁸² Daniel Smith Lamb, *A Historical, Biographical and Statistical Souvenir* (Beresford: Howard University Medical Department, 1900), 159.

²⁸³ *The Recorder*, September 29, 1906.

²⁸⁴ John Murray Lansden, *A History of Cairo, Illinois* (Cairo, IL:R.R. Donnelley & Sons, 1910), 270.

²⁸⁵ Geraldine Rhoades Beckford, *American Physicians of African Ancestry, 1800-1920* (Cherry Hill, New Jersey: Africana Homestead Legacy Publishers, 2013), 91.

²⁸⁶ *The Recorder*, July 12, 1902.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
							at Lincoln Prep School until August, 1889 ²⁸⁷
Harris, Clarence N. ²⁸⁸	Meharry	1900				Ohio	Clarence Newton Harris
Hendricks, Alfred H. ²⁸⁹	IUSM	1908					Alfred Hudson Hendricks
Hummons, Henry	Medical College of Indiana	1902	Knoxville College, 1896	Harvard, 1911. ²⁹⁰		Kentucky	
Kakaza, Theodore	University of Toronto Medical School; Edinburgh School, Scotland	1907	Wilberforce			Capetown, South Africa	Theodore Masiza Kakaza ²⁹¹
King, Abraham. ²⁹²	IUSM	1907	Indiana University,			Ohio	Abraham Joseph King ²⁹³

²⁸⁷ *St. Louis Republic*, August 20, 1889. William Henry Furniss was professor of mathematics at the school.

²⁸⁸ Beckford, *American Physicians of African Ancestry*, 1800-1920, 140.

²⁸⁹ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 268, 272.

²⁹⁰ Frank Lincoln Mather, *Who's Who in the Colored Race*, 147.

²⁹¹ Beckford, *American Physicians of African Ancestry*, 1800-1920, 185; *The Recorder*, June 7, 1947.

²⁹² *The Recorder*, August 2, 1909.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
			A.B.				
Lewis, L. Aldridge ²⁹⁴	IUSM	1911				Mississippi	Lawrence Aldridge Lewis
Lucas, Clarence	IUSM	1908			1904-05	West Virginia	
Morgan, B. J.	Apprentice to Dr. Jared Carey (KY). ²⁹⁵					Kentucky	Chiropodist
Norrel, James R.	Cleveland College of Physicians and Surgeons ²⁹⁶	1898	Wilberforce		1908	Kentucky via Richmond, IN. ²⁹⁷	James Robert Norrel First black deputy coroner of Marion County (appointed). ²⁹⁸
Norrel, John W.	Case Western ^{299,300}	1898			1904	Kentucky	

²⁹³ Beckford, *American Physicians of African Ancestry, 1800-1920*, 187.

²⁹⁴ Ibid., 198.

²⁹⁵ *The Freeman*, December 22, 1894.

²⁹⁶ *Cleveland Medical Gazette* 13, (1898), 427.

²⁹⁷ *The Freeman*, August 2, 1908.

²⁹⁸ *The Recorder*, March 20, 1915.

²⁹⁹ *Western Reserve University Bulletin* 28, nos.2-3 (1898), 71; *The Recorder*, June 25, 1955.

³⁰⁰ *The Journal of the American Medical Association*, 35, 1103.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Perkins, E.N.					Birth: Tipton 1873	Indiana	Chiroprapist ³⁰¹
Porter, Beulah W.	Medical College of Indiana (University of Indianapolis) ³⁰²						Beulah Wright Porter. No licensing information. No practice information. A founder of the Women's Improvement Club in 1903.
Puryear, James O. ³⁰³	Eclectic Medical College of Indiana,	1906		IU School of Pharmacy, 1910	Birth: Indianapolis, 1877	Indiana	James Otway Puryear; skin specialist; practiced in Berkeley, CA and Gary IN.
Robbins, Wesley	Indiana Eclectic Medical College	1894	Richmond, IN		1883	Randolph Co., IN.	Moved to Michigan around 1897. ³⁰⁴

³⁰¹ *Indianapolis News*, February 12, 1925.

³⁰² "Medical College Commencements," *Indiana Medical Journal* 14, (1896): 413; Thornbrough, *Indiana Blacks in the Twentieth Century*, 21.

³⁰³ *The Recorder*, October 20, 1951.

³⁰⁴ *The Recorder*, July 25, 1908.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Roberts, D.P.	Medical College of Evansville;			National Medical College, Louisville. ³⁰⁵		Hamilton Co, IN.	Dolphin Pernanders Roberts. Primarily known as African Methodist Episcopal minister.
Rogers, C.G. (or S.J.)							No license information. Possibly apprentice of William Chavis. No information after 1896. ³⁰⁶
Shaffer, George H.	Chicago Homeopathic Medical College	1882			Received Indiana license in 1906.	Ohio	George Henry Shaffer. Primarily known as a African Methodist Episcopal minister. ³⁰⁷

³⁰⁵ *Centennial Encyclopedia of the African American Episcopal Church*, ed. Richard R. Wright and John R. Hawkins (Philadelphia: by R.R. Wright, Jr, 1916), 188.

³⁰⁶ *The Freeman*, March 25, 1893, November 24, 1894, September 26, 1896.

³⁰⁷ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 277; *The Recorder*, October 24, 1936.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Stokes, Fred	Medical College of Indiana	1898		Internship: National Surgical Institute	Birth: 1873	Indiana	House physician at National Surgical Institute, Indianapolis. ³⁰⁸
Toles, Clarence A. ³⁰⁹	IUSM	1909					

³⁰⁸ *The Recorder*, February 9, 1901.

³⁰⁹ *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 278.

Name	Medical School	Date Graduated	Pre-Medical Education	Post-Medical Education	Arrival in Indianapolis (if known)	State of origin (if known)	
Ward, Joseph H. ³¹⁰	Physio-Medical College of Indianapolis	1897		Medical College of Indiana, 1900 Long Island College, Polhemus Clinic, 1902		North Carolina	Joseph Henry Ward; Later became Chief of Staff at VA Hospital #91, Tuskegee. ³¹¹
Wilson, Arthur H. ³¹²	Indiana Medical College, Dept. of Purdue University ³¹³	1907					Arthur Henry Wilson Moved to Evansville in 1913. ³¹⁴

³¹⁰ Beckford, *American Physicians of African Ancestry, 1800-1920*, 339; *The Freeman*, April 14, 1900; *ibid.*, September 20, 1902.

³¹¹ Thornbrough, *Indiana Blacks in the Twentieth Century*, 44.

³¹² *Annual Report of the Indiana State Board of Medical Registration and Examination* (1911), 279.

³¹³ Mather, *Who's Who of the Colored Race*, 573.

³¹⁴ *The Recorder*, October 11, 1913.

Appendix C: Images of African-American Hospitals in Indianapolis



DR. WARD'S SANITARIUM
Ward's Sanitarium³¹⁵



The Lincoln Hospital³¹⁶



Sisters of Charity Hospital³¹⁷

³¹⁵ The Freeman, June 19, 1909

³¹⁶ *Indianapolis News*, September 25, 1909

³¹⁷ *Indianapolis News*, June 10, 1911.

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CURRICULUM VITAE

Norma B. Erickson

Education:

Master of Arts in History, Indiana University, IUPUI, 2016

Bachelor of Arts in Religious Studies, Indiana University, IUPUI, 2005

Bachelor of General Studies, Indiana University, IUPUI, 1992

Area Certificate in Public Health, Indiana University, IUPUI, 1991

Associate of General Studies, Indiana University, IUPUI, 1989

Professional Experience:

Director of Public Programs, Indiana Medical History Museum, 2007-2009

Digital History project with Indiana State Archives, Historical Society of the U.S. Court, Southern District and IUPUI Center for Digital Scholarship. Made the Indiana Territorial Court Records available by creating a keyword-searchable data base, 2014-2015.

Conferences Attended:

2015, Society of Indiana Archivists, West Lafayette, Indiana

2015, Southern Association for the History of Medicine and Science, Jackson Mississippi.

2013 and 2015, Indiana Association of Historians, Indianapolis, Indiana

Publications:

Norma B. Erickson. "From Age to Age: The American Laboratory." *Medical Laboratory Observer*. July, 2004.

Norma Erickson. "The Lincoln Hospital of Indianapolis: An Effort to Remedy a 'Lamentable Condition,' 1909-1915." *Traces of Indiana and Midwestern History*. Winter 2014. Solicited.

Presented Papers:

“The First African American Hospital in Indianapolis: Lincoln Hospital 1909-1915,” Indiana Association of Historians Annual Meeting, 2013.

“An Outline of Healthcare Options for African Americans in Indianapolis, 1886-1921,” Indiana Association of Historians Annual Meeting, 2015.

“A Practical Philanthropy: The African-American Hospitals of Indianapolis, 1907-1821,” Hoosier Philanthropy Conference: Understanding the Past, Planning the Future, 2016.

“...a better class of women...: The Training and Formation of Medical Technologists, 1916-1955,” Southern Association for the History of Medicine and Science, 2016.

Other Presentations:

2015: Panel Participant-Presenter: Society of Indiana Archivists, “Creating a Keyword-Searchable Database and Digital Surrogate for the Indiana Territorial Court Order Books for Use by Historians of Indiana, Legal Historians, Students, and Genealogists.” Co presenters were Elizabeth Brand Monroe, Department of History, Indiana University-Purdue University Indianapolis (IUPUI); Kristi L. Palmer, University Library, IUPUI; and Vicki Casteel, Indiana Commission on Public Records.

2015: “Indiana’s Territorial Legal Past in a Searchable Database,” Historical Society of the U.S. Court, Southern District Annual Continuing Legal Education Seminar, Indianapolis, Indiana

Volunteer Activities:

Indiana Medical History Museum

2009-present, Member, Board of Directors,

2004- present, Docent. Provide tours to the general public and specialized tours for student or other groups with medical or scientific focus.

The following presentations were given at or on behalf of the Indiana Medical History Museum.

2010-2016: Presenter: “...a Better Class of Women: The Training and Formation of Medical Technologists, 1916-1955.” This short program includes a focused tour of 1896 pathology lab plus short presentation for Indiana University School of Medicine Medical Laboratory Science Students as part of their professional training year. The presentation explores the reason for the majority presence of women in clinical laboratories from the inception of those facilities at the turn of the twentieth century and how their training included a strict ethical code.

2013: Presenter: “The Lincoln Hospital, 1909-1915: A Study of African-American Leadership in Health Care in Progressive Era Indianapolis.” Public Program at Indiana Medical History Museum.

2013, Guest Presenter. “Noble Offerings: Body Snatching for Indiana’s Medical Schools” for Columbus Area Arts Council Community Book Read Event, Columbus, Indiana. Presented local history that complemented the visit of Tess Gerritsen, author of *The Bone Garden*, a fictional work about grave robbing in early nineteenth-century Boston.

2013: Presenter: “Risk Beyond the walls: Public Health Aspects of the Malarial Treatment of General Paralysis,” Spirit and Place Festival 2013 public program at the Indiana Medical History Museum, Indianapolis, Indiana. Festival theme was Risk. This presentation was part of a panel that explored the history of scientific risk-taking and information about Indiana’s contributions to biological research. “Scientific Heroism: The Risks of Biological Research.”

2014, Presenter. “The Old Pathology Building: Connecting Past, Present, and Future” for joint annual state meeting of the Indiana chapters of the Association for Clinical Laboratory Science and the Clinical Laboratory Management Association, Carmel Indiana.

2015, Presenter. “Science in History: The Legacy of Indiana’s Early Neuroscientists,” 2015 Indiana Academy of Science Annual Meeting, Indianapolis, Indiana.

2015, Contributor. “Health Sciences and the Humanities” pilot program. This interdisciplinary program developed a lesson plan for secondary schools that includes a museum visit. Participation involved presenting a tour that extended required student research to a high school Biomedical Innovations class. The program is a cooperative effort of the Indiana Medical History Museum, the Indiana University-Purdue University School of Education, and the Indiana University- Purdue University Department of History.