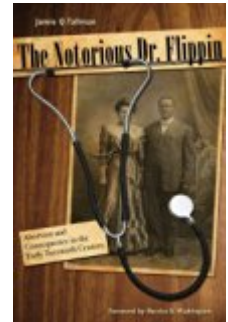


Jamie Q. Tallman. *The Notorious Dr. Flippin: Abortion and Consequence in the Early Twentieth Century.* Lubbock: Texas Tech University Press, 2011. xix + 195 pp. \$34.95, cloth, ISBN 978-0-89672-675-8.



Reviewed by Molly Varley

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Commissioned by Julia Irwin (University of South Florida)

Charles Flippin's story would be remarkable even without the addition of abortion controversies. Born into slavery, by the 1880s Dr. Flippin had become a respected and necessary member of a series of communities in Kansas and Nebraska. Not only was he one of the few Black doctors in the country, but for the isolated farming communities he served, he was one of the only—sometimes the only—doctors of any race for miles. And he served his patients with skill and concern, making house calls regardless of the time of day or the ability to pay, gaining a reputation as a particularly talented healer and surgeon.

Despite the great service Dr. Flippin provided to the isolated and often extremely poor peoples of the plains, he did not escape racial prejudice, as Jamie Q. Tallman's biography points out. Sometimes, that prejudice became uncomfortable enough to cause Flippin to focus his practice on communities that were the least likely to reject him because of his color—Mennonites who tended to be less racially prejudiced than mainstream Americans, developing towns and pauper com-

munities that had little choice in and much need for a doctor. But he also courted controversy, marrying five times, twice to white women much younger than himself. He withstood attacks against his character and actions that upset racial boundaries. When the tension threatened to turn into legal action, he moved on a new community, of which there were many where the need for a capable doctor overrode existing or developing racial hatreds.

Racial tensions, however, would not be the undoing of Dr. Flippin; rather, the legal charges that led to the loss of his medical license would come from the development of the medical regulatory community. A practitioner of Eclectic medicine, Flippin had established several training schools in Kansas and Nebraska in the late nineteenth century. As the American Medical Association (AMA) strengthened its legal hold on the regulation of medical practice, Flippin found his kind of medicine, which focused on botanicals and vitalization rather than purges and pharmaceuticals, increasingly marginal, out of date, and ag-

gressively attacked by the AMA. Regardless, Flippin held to his Eclectic ideas and continued to practice until 1924. He refused to learn some new practices of what is now termed conventional medicine, and he did use a dangerous and ever-more obsolete method of abortion surgery.

This outmoded practice would be his undoing, as four women died during or soon after abortions performed by Flippin. Although the procedure was illegal in all states, abortion providers were rarely prosecuted unless the patient died, in part because of the difficulty in proving that an abortion had taken place and in part because of the prevalence of abortion in urban and rural communities. Flippin twice escaped charges of abortion, once in 1910 when he was found not guilty and once in 1917 when he was released on a technicality. In 1924, after 17-year-old Alice Camp died after an abortion performed by Flippin, he pled guilty to the lesser charge of performing an illegal operation rather than murder and gave up his medical license. His defense team argued that a combination of race prejudice and professional jealousy led other doctors to attack him without evidence. Alice Camp had died of pneumonia, after all, a full two weeks after the abortion. Flippin was 80 years old, and although he continued to fight the charges and to get his license reinstated, he would never practice medicine or be called “Doctor” again.

Tallman presents a fascinating, multilayered story. One, the racial struggles of a former slave to become a respected rural physician, is utterly engrossing both because of the sheer guts required of Flippin and because of his willingness to court controversy, both of which reveal a stubbornness that was also present in his steadfast refusal to learn new medical practices. The story of race, though, quickly becomes overshadowed by the medical stories. Tensions between the Eclectic medicine movement and the American Medical Association gave rise in the late nineteenth and early twentieth centuries to a contest over who

could legally practice medicine and who best understood medical science and the human body. Surely this debate is one that is still with us today as states debate how to license, classify (at least for insurance purposes), and control such professionals as midwives, acupuncturists, and other herbalists. The discussion of the control of medicine, and the tie between issues of professionalism and race, make Tallman’s work highly contemporary. It is, in short, a story that does what all good historical stories should do: it stands on its own as a tale of its time but also informs modern readers of the elements affecting their own lives. Tallman wisely does not make this past-present connection explicit, making it all the more valuable by allowing readers to do that work themselves.

As if to make that past-present connection obvious, Flippin’s story also deals with abortion, particularly revealing the prevalence of rural abortions in the early twentieth century. The standard Progressive-Era story of abortion is one of urban crime and debauchery, but as Tallman rightly points out, abortion was as pervasive in farmlands and small towns as it was in cities, perhaps even more so. In the 1830s, physicians took over abortion activity from midwives in an attempt to control and regulate the new medical profession. Abortion, then, became a tool in that regulation, rather than a particularly moral or ethical issue. By mid century, the number of clinics offering services for the “diseases particular to women” expanded along with with a surge in anti-abortion rhetoric from doctors, preachers, and politicians. So even while more people decried abortion as morally abhorrent, more women took advantage of increased access to the procedure. The trend continued in the second half of the nineteenth century, as the increased number of doctors led to increased access to abortion services outside major cities, which is just what happened when Dr. Flippin came into Kansas and Nebraska. According to Tallman, medical advancements between 1880 and 1930 made abortion in-

creasingly safe and quick, and mainstream doctors sought to control both the practice of abortion (as they did every other medical service) and the moral discussion about the procedure. And while almost all rhetoric of the time, both in and out of the farmlands, was “virulently anti-abortion” (p. 146), an estimated one in five pregnancies ended in abortion, with the vast majority of patients being married women.

The story that Tallman tells is fascinating, in which the modernization of a profession conspires to control the health and welfare of women for whom childbirth was often dangerous and childrearing burdensome. The racial and professional tensions of the period ruined a stubborn and brilliant man who refused to give in to prejudice against him from other doctors or from racists. But his stubbornness and personal force obviously led to his demise as well, as evidenced in his resistance to the AMA and his consistent refusal to learn new, safer practices that might have saved the lives of the four women who died during or after having an abortion performed by him. The confluence of race, medicine as a profession, and abortion as a social force combine to make Dr. Flippin’s history truly a tale that deserves a place in the history of the Progressive Era and in the history of medicine.

Despite its strengths, Tallman’s work does have some major flaws. He does not substantially examine or explain the importance of the conflict between Eclectic medicine and the AMA, nor does he create a coherent story about the state of medicine, race, and professional associations in the United States or in Nebraska specifically. He does not substantially discuss the changing nature of women’s lives at the turn of the century, and he often contradicts himself. For example, he states both that Flippin’s race was not a major issue and that it was the foundation for all the attacks against him. Likewise, he argues consistently that married women were the vast majority of abortion patients in the countryside, but confusingly

states, “Married women ... no longer needed abortion” (p. 52) because they had increasing access to birth control devices through the mail. Moreover, this work suffers from that ubiquitous problem of biography: Tallman has far too much affection for his subject. Although Tallman does admit that Flippin was “wedded to the past” (p. 147) and unwilling to learn new medical methods, he does not portray Flippin as truly culpable in the deaths of four women but rather as a victim of racial and professional prejudice. Tallman’s handling of this topic suffers for all these reasons, and these failings are quite frustrating at times. Yet Tallman has introduced us to a fascinating character who undoes many of the long-held assumptions about African Americans in the rural Midwest at the turn of the century. Tallman’s rural focus is a great addition to the history of abortion and race in the Progressive Era. This book will surely inspire others to take up the story of Dr. Flippin’s life as well as the topic of rural abortion. In short, this work is well worth the effort, and would be a worthwhile addition to courses in the history of medicine or race in the Gilded Age and Progressive Era.

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