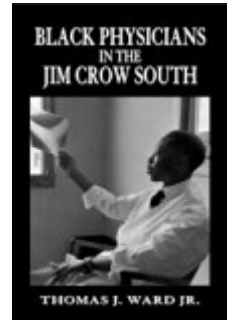


Thomas J. Ward, Jr.. *Black Physicians in the Jim Crow South*. Fayetteville: University of Arkansas Press, 2003. vii + 300 pp. \$34.95, cloth, ISBN 978-1-55728-756-4.



Reviewed by James Seymour

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Black Physicians in the Jim Crow South chronicles the conditions of the black elite during legal segregation from the 1880s to the 1960s. Thomas Ward Jr. combines the professionalization of the medical community, the effects of segregation, and the interplay of race and class in this work. In particular, Ward believes that black doctors provide an excellent means to examine the intersection of race and class, as the black physicians whom he studied exemplify an elite within a subordinate group.

The book is divided into three sections that cover the major aspects of the life of black physicians. The first part, called "Education," covers the condition and status of black medical schools, the efforts to integrate white schools and teaching hospitals, and the efforts to maintain post-graduate knowledge in medical advances.

When legal segregation began, many private black medical colleges existed. After 1910, the recommendations and rankings of the Flexner Report closed many black colleges for being sub-standard, which Ward attributes to the segregated educational and financial system in which African

Americans operated. Only two schools, Howard in Washington, D.C. and Meharry in Nashville, survived these challenges. Because the Flexner Report reduced the number of avenues for black men and women to obtain a physician's degree, the number of black doctors correspondingly declined afterwards. The second chapter describes how black men and women applied to historically white institutions during the 1940s and 1950s, breaking the color barrier.

The third chapter looks at the post-graduate education experiences for black physicians. Again, segregation and racism limited the number and kind of facilities in which blacks could work or take seminars. The dominant white medical establishment geared blacks towards practical medicine, especially hygiene and communicable diseases, while reserving research and clinical work for themselves.

The next section, called "Professional Life," records the standing in southern communities for black physicians. African American doctors had to create a medical practice among a poor community, in which racial stereotypes and discriminatory

practices caused even black patients, especially wealthier ones, to prefer white physicians. To combat this prejudice, black physicians employed racial pride in order to recruit black middle-class and elite patients. While some whites utilized black physicians, often for conditions such as sexually transmitted diseases or abortions they wanted to keep hidden from white doctors, black physicians mostly treated an all-black clientele in direct competition with white doctors.

Hospitals routinely denied black doctors attending privileges, again causing black patients to prefer whites who were allowed to treat them in the hospitals. Even hospitals that handled only black patients hired exclusively white doctors. White boards of trustees saw the hospitals as training facilities for white doctors, plus white administrators feared placing black doctors over white nurses in the segregated South. Some black doctors opened hospitals of their own to combat this problem, but many closed as they struggled for financial survival and to acquire new technologies.

Black physicians clustered in certain areas of the South, living in larger communities such as Washington, D.C. or Nashville, which were also in close proximity to their training centers. This left some areas of densely populated, largely poor regions without enough doctors to treat patients.

Black physicians also faced discrimination from the American Medical Association. The AMA allowed local chapters to decide membership, and AMA membership was required to have admitting privileges at hospitals or attend post-graduate training sessions. Accordingly, whites kept blacks out of the chapters in the South for financial and racial reasons. Even black physicians with AMA membership in the North could not transfer that membership to southern chapters through the 1950s. Blacks created their own professional association, the National Medical Association, that admitted people regardless of race, but this society

had less influence in federal, state and local government policies than the AMA.

The last section, "Community Life," examines the social interactions of the black elite. In this section, Ward examines black physicians' status as elite within a subordinate class. While many black physicians became wealthy, they rarely did so because of their medical practices. Most achieved this status through investments, such as opening pharmacies, working with life insurance companies or investing in real estate.

Black physicians also played leadership roles in their communities. As their practices were rarely financed by whites, they found themselves able to push for rights without economic retaliation. Ward looked at NAACP and political activities by some black doctors to demonstrate their efforts to champion the race. At the same time, their wealth and education placed them above the average southern black, which sometimes meant they found themselves estranged from their own race.

In his study, Ward examined "a handful of representative areas" to "represent a fair cross-section of the Jim Crow South: large urban centers, mid-sized cities, and small towns; the upper South and the lower South; areas with large black populations and areas with smaller black populations" (p. xiii). In this, the book successfully breaks through the barrier that one community reflects the entire southern experience.

Because the work originated as a doctoral dissertation, Ward makes his conclusions frequently and repeatedly, both within and across chapters, so that the same phrases and points appear often. This repetition distracts from the larger narrative he is telling.

With that qualification, *Black Physicians in the Jim Crow South* presents a good analysis of the intersection of race and class in the segregated South. Ward provides a good explanation of the elite group and shows how elite status did not render black physicians immune from the racism

and discrimination of the segregated South. The book should interest readers in medical history as well as southern or African American history.

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