

THE FIELD OF SERVICE FOR THE NEGRO PHYSICIAN IN THE SOUTH

By

M.A. Thomas, A.B., M.D. (Col.)

Sixteen states in the South with a population of 9,420,880 Negroes, are available to Negro physicians for the practice of medicine. This represents 23.1 per cent of the total Southern population and approximately 80 per cent of the Negroes of the United States. ⁽¹⁾

The great exodus of Negroes from rural districts to the cities began five years before the depression struck the cities. By 1924 nearly 200,000 Negroes in Georgia alone had gone to urban areas to secure a livelihood. ⁽³⁾ These migrant Negroes former an economic problem as well as an additional health problem. They became the marginal workers, last hired, and first fired. Before long the city bread lines increased, and coincidentally the morbidity and mortality rates began to soar.

Negroes, even before 1924, experienced a disproportionately heavy share of tuberculosis and syphilis, but the coming of families into the cities working when employment could be secured in industrial pursuits, and living in crowded quarters, furnished increased opportunity for dissemination for the pathogens of these social diseases. The tuberculosis death rate among Negroes in some cities reached a high peak in the years of 1928 and 1929. In recent years intensive campaigns were being waged against tuberculosis, the Negro death rate was not favorably influenced as was that in the white rate. In Atlanta, representative of

FEB 19 1934

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Southern cities, Negro tuberculosis death in 1932 were 161 per 100, (6) 000, while the white rate was 21., or a ratio of almost 8:1.

The occurrence of tuberculosis in the Negro with greater frequency than in the white group is a subject for research. Probably biological factors play some part in this phenomenon. Dr. C.St. C.Guild of the National Tuberculosis Association said "I could make out a good case either way, for or against biological susceptibility," while other writers, among them Edwin Embree, in discussing the susceptibility of Negroes to tuberculosis, expressed the opinion that slight discrepancies between illnesses among the colored and white are due to living (5) conditions rather than biological reasons.

In addition to the increase of the mortality and morbidity rates in tuberculosis and syphilis experienced by the newly urbanized colored family, they became a more ready victim to such conditions as heart disease, pneumonia, gonococcal infections, whooping cough and puerperal sepsis. Occasionally their old cronies, typhoid, malaria and pellagra paid them a visit in their new homes.

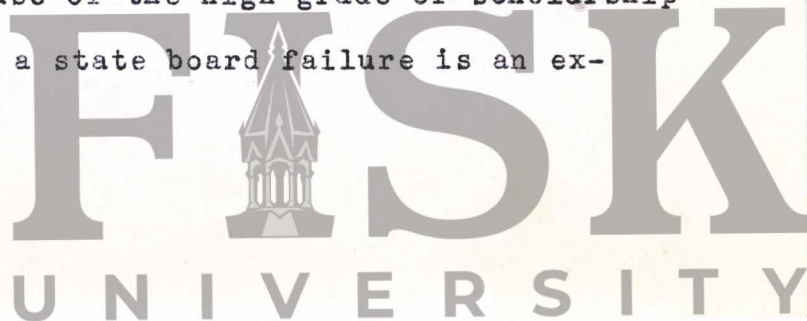
A good many of these individuals had three major diseases simultaneously, syphilis, tuberculosis and heart disease. It is estimated that approximately 10 per cent of Negro tuberculous patients at the Georgia State Tuberculosis Sanatorium have syphilis. By subtracting from the natural resources of the body, thus lowering resistance, syphilis may predispose to tuberculosis. All that is needed to set off the spark of a great conflagration is a positive sputum and an intimate family

contact.

As for medical attention, the city Negro has had the advantage of public hospitalization, public out-door nurse service, numerous public clinics and private doctors, while the rural Negro did not fare so well in this respect. However with the expansion of county health departments in the South, for the past few years, any program carried out to combat disease has greatly helped the Negro.

In order to find his greatest field of service in the South, the Negro physician must view the whole perspective of current as well as threatened diseases, their prevention, early diagnosis and treatment. He must become familiar with the methods, modes and habits peculiar to Negro life, in relation to health. He must appreciate the position of the masses serving as contact agent between the higher and lower stratum (boulevard and alley) of society; since micro-organisms are not keenly discriminating in their associations and once transmitted will thrive anywhere there is a favorable medium.

Let us next inspect this modern black health crusader called the Negro physician, for he who would enter the field of service must himself be prepared. To-day while there are only two Negro medical schools in operation, these are furnishing approximately 85 per cent of Negro physicians, leaving 15 per cent as graduates of white schools. The ratings of these two schools are Class A and because of the high grade of scholarship required for graduation now, a state board failure is an ex-



ception. The majority take an internship of a year but only a few continue their studies sufficiently to become proficient in the specialties. Perhaps he should not make the mistake of over specialization as has, to some extent, been done by the white group of the medical profession.

The Negro physician should become at least passingly familiar with the many scientific and educational streams flowing through our complex civilization. He should become especially acquainted with the pneumothorax treatment for tuberculosis and be able to skin test for the childhood type of this disease, because of the prevalence of this disease among Negroes. He should be a syphilologist, a cardiologist, an all around internist and probably an obstetrician if engaged in general practice. Moreover he should keep abreast of the times. This means the attending of medical meetings, reading current literature with practical application of gleanings therefrom. He should do all the post graduate work possible. He should have some knowledge of preventive medicine and sociology; this, in order to cooperate with the official federal, state, county and municipal health departments and other organizations.

I do not feel that a discussion of medical service among Negroes is complete without mention of the National Negro Health movement. Dr. Booker T. Washington sensed the possibility of such a movement for the race as a whole. In the year of 1915 Tuskegee Institute issued a proclamation to this effect; that the Negro laymen and profession set aside one week a year for clean-up activities and the dis-

semination of health information by lectures, sermons and literature. This movement naturally grew into other phases of health activities such as clinics for periodic health examinations, inoculations and vaccinations, treatment and practical demonstrations of keeping fit.

(4)

An extension of the Negro Health Work movement is found in the yearly clinics held at the Tuskegee Institute Hospital, the Florida Agricultural and Mechanical College Hospital and at the Log Cabin Center, Hancock County, Georgia. These clinics are held largely for the benefit of the adjacent rural population, but attract both physicians and patients from far and near. Once a year the rural folk have an opportunity to meet the best Negro medical talent and the physician has a first hand opportunity to know and appreciate the farmer's health problems.

Negro physicians should set up to practice in small towns accessible to the rural districts, in larger numbers, with the United States government taking the initiative in developing rural life, through the home subsistence plan and encouraging agricultural projects, rural practice will undoubtedly become more attractive in the near future. There is also a field of service in surgery. We have some good Negro surgeons and they need apprentice doctors under their guidance. The younger men should make themselves available for this chance, such as the giving of anesthetics and doing laboratory work even without expectancy of financial remuneration. There were accor-

ding to the Rosenwald Fund Hospital report in 1929, 122 Negro Hospitals located in 16 Southern and 12 Northern states. These hospitals had a bed capacity of 11,667. The above mentioned experience on the part of the young physician would help to raise the standards of some of these institutions

With the growing of the evening tide, prospects are good for the appointment of Negro physicians to penetrate the hedges and highways, where the health of our race is concerned. Instances are already on record; a Negro physician has served two years on the staff of the State Tuberculosis Sanatorium, Alto, Georgia, with preceptibel good results; a Negro physician is on the staff of the largest hospital in Thomasville, Georgia; another is on the staff of the County Hospital in Spartanburg, South Carolina. Unquestionably many opportunities for service will be revealed to the Negro doctor who is prepared.

In these times of transition, plans which do not include a measurable degree of security for all, cannot produce health results for any particular group. It is only natural that the greater part of the task of helping solve the health problems of the Negro falls upon the shoulders of the Negro physician in the South.