

The Forgotten History of Defunct Black Medical Schools in the 19th and 20th Centuries and the Impact of the Flexner Report

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There are currently four medical schools dedicated primarily to training African-American physicians. Two of these schools were established in the last 40 years. For a generation prior to that, only Howard University College of Medicine and Meharry Medical College existed. Forgotten is the history of black medical schools established in the 19th and early 20th centuries, most of which are now defunct.

While barriers to the medical education of African Americans in majority institutions have largely disappeared, the continued education of students at our four present-day black medical schools is again threatened. It is incumbent upon us not to allow these modern-day threats to destroy an important resource and legacy in the annals of African-American people.

This paper explores medical education in the 19th and 20th centuries, the creation of black medical schools and the forces that lead to the demise of many of these institutions. In recalling this history, we acknowledge the almost-impossible odds faced by these pioneers and learn from their mistakes and failures.

Key words: black medical schools ■ Flexner Report

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INTRODUCTION

The negro needs good schools rather many schools ..." Abraham Flexner wrote these words in the early 20th century. In 1910, The Carnegie Foundation commissioned Flexner to study medical education in the United States and Canada. As many as 14 black medical schools existed in the late 19th century

(Table 1). In 1910, when Flexner wrote his report, only seven such schools had survived. Flexner further wrote, "Of the seven medical schools for negroes in the United States, five are at this moment in no position to make any contribution of value ..." He continued stating, "Flint at New Orleans, Leonard at Raleigh, the Knoxville, Memphis and Louisville schools are ineffectual." The force of this report is evident in the failure of these five schools and the survival of the remaining two, Howard and Meharry. For Flexner asserted, "Meharry at Nashville and Howard at Washington are worth developing ..." The recommendation for this survival is put into context with further analysis of Flexner's words when he stated, "The negro must be educated not only for his sake, but for ours" and "Ten million of them live in close contact with 60 million whites."¹ The impact of this report reverberated for over a half a century.

In the years following the report, the number of black physicians decreased while the number of white physicians increased.² It was not until 1966 that another black medical school was founded, when The Charles R. Drew Medical School was established in Los Angeles, CA (Table 2).

Early African-American Physicians

After 350 years of enslavement, the struggle for education of newly freed black people should give us pause as we reflect on sheer determination and desire in improving their lot. Nowhere is this story more enlightening than in the history of medical education of African Americans. The barriers to medical education were many. Despite such barriers, at least 14 black medical schools or departments of medicine were established in the decades following the end of slavery. The most successful of these schools was The Leonard Medical College at Shaw University in Raleigh, NC. One of the graduates of the medical schools was Herbert Erwin Sr., MD. Erwin's son, Howard Erwin, was quoted in the *Gastonia Observer* in 1990. Erwin recalled his father talking of using candles to study because the school required lights out at 9 or 10 o'clock.³

The medical education for the “Negro” student before the 20th century was largely due to the efforts of religious organizations such as the American Baptist Home Mission Society and The Freedman’s Aid Society of the Methodist Episcopal Church. Some of the missions, such as Meharry Medical College in Nashville, TN, supported the development of medical schools for blacks.²

During slavery, some free Negro students either traveled to Europe or trained at a small cadre of eastern or midwestern universities. Notable among these were the University of Pennsylvania, the University of Michigan, Harvard University, Yale University, Indiana University and Northwestern University.⁴

Other than receiving a formal medical education, training was by apprenticeship. The first African-American physician learned from this method. James Durham (Derham), a former slave who was born in Philadelphia, PA in 1762, is thought to be the first black doctor in this country. Durham learned medicine from two different physician–slave owners who taught him the art of mixing medicines and working with patients. He bought his freedom at the age of 21 and began practicing medicine in New Orleans, LA. In 1789, the city of New Orleans limited his practice because he did not have a formal medical degree.^{5,6}

The first black physician to earn a formal medical degree was James McCune Smith, who studied in Europe at the University of Glasgow.⁵ The first African-American woman to graduate from an American medical school was Rebecca Lee Crumpler. Crumpler graduated from The New England Female Medical College in 1864.⁷

The Flexner Report

Before the turn of the 20th century, medical education for African Americans was haphazard, inconsistent and of uneven quality. Black medical schools were either church-related missionary institutions or proprietary operations.² In fact, several early graduates of missionary-related schools established proprietary schools.²

The schools were often underfunded, had limited faculty, poor facilities and lack of access to large numbers of patients.^{2,3} That some proprietary schools were pure commercial endeavors and little more than diploma mills further complicated and compromised the medical education of African Americans.² Flexner spoke derisively of schools that began in October and graduated a class the following spring.¹ This phenomenon was decried by Henry S. Pritchett, president of The Carnegie Foundation for the Advancement of Teaching. In the introduction to the Flexner Report, Pritchett stated “Overproduction of ill-trained men is due in the main to the existence of a very large number of commercial schools, sustained in many cases by advertising methods through which a mass of unprepared youth is drawn out of industrial occupations into the study of medicine.”¹ Pritchett also stated, “For 25 years past, there has been an enormous overproduction of uneducated and ill-trained medical practitioners.”¹

It was in this climate that the move to change medical education began. Well before the Flexner Report, the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) began to exert pressure to improve medical education. In 1904, the AMA created the Council on Medical Education (CME). The CME had evaluated medical schools several times before The Carnegie Foundation commissioned the Flexner Report. In 1907, the CME described proprietary schools as menaces and urged their nonrecognition.²

In seeking to reform the educational process, the AMA and its CME had two main goals:

- To standardize educational requirements for acceptance into medical school
- To create a medical school curriculum consisting of years of basic science and laboratory work followed by two years of clinical exposure in teaching hospitals

Flexner felt that Johns Hopkins Medical School

Table 1. Defunct black medical schools in the United States

1. Lincoln University, 1870–1874, Oxford, PA
2. Straight University Medical Department, 1873–1874, New Orleans, LA
3. Leonard Medical School Shaw University, 1882–1918, Raleigh, NC
4. New Orleans University Medical College (Flint Medical College), 1889–1911, New Orleans, LA
5. Louisville National Medical College, 1888–1912, Louisville, KY
6. Hannibal Medical College, 1889–1896, Memphis, TN
7. Knoxville College Medical Department, 1895–1900, Knoxville, TN
8. Knoxville Medical College, 1900–1910, Knoxville, TN
9. State University Medical Department, 1899–1903, Louisville, KY
10. Chattanooga National Medical College, 1899–1904, Chattanooga, TN
11. University of West Tennessee College of Physician and Surgeons, 1900–1923, Jackson, TN; 1900–1907, Memphis, TN; 1907–1923
12. Medico-Chirurgical and Theological College of Christ’s Institution, 1900–1908?, Baltimore, MD

exhibited “unprecedented academic virtue” and should be emulated.¹ Hopkins’ adequate endowment, genuine university affiliation, well-equipped laboratories and its own hospital were among the virtues Flexner sought to impose on all medical schools.¹

Over an 18-month period, Flexner visited 155 American medical schools and made recommendations to improve medical education. Flexner examined five aspects of medical education:

1. The medical school entrance requirement
2. The size and training quality of the faculty
3. The size of endowment and tuition
4. The quality of laboratories
5. The availability of teaching hospitals and their clinical teaching staff

The Flexner Report, which was published in 1910, proposed “development of the requisite number of properly supported institutions and the speedy demise of all others.”¹

Shaw University—Leonard Medical School

Established in 1882, the Leonard Medical School was the medical department of Shaw University in Raleigh. Leonard was named in honor of a white benefactor, Judson Wade Leonard. Leonard Medical School was the most successful of the defunct black medical schools, graduating almost 400 doctors of medicine. Leonard Medical School—like its parent, Shaw University—emphasized strict discipline and Christian values. The medical school closed in 1918, largely a causality of the Flexner Report.^{8,9}

However, problems for Leonard began prior to Flexner. In periodic reviews by the CME, Leonard always received a rating of “C” compared to Howard and Meharry, which received “B”s. After the Flexner Report, the situation spiraled downward. In 1914, 32 junior and senior students transferred to a proprietary medical school (the University of West Tennessee) as the university reduced Leonard to a two-year school and finally closed four years later.^{4,8}

Lincoln University Medical Department

Lincoln University’s medical department was notable in that it was the only black medical school in the north. It had an auspicious beginning in September 1870, with three students and four faculty. Located in rural southeastern Pennsylvania, it was doomed by a combination of unfavorable geographic location and underfunding. For unexplained reasons, in its short life span, Lincoln never conferred any medical degrees. It matriculated six students, four of which were eventually awarded medical diplomas at other schools—two at Howard University and two at Yale University. After

failing an attempted move of the medical department to Philadelphia, the board officially abandoned the program in 1876.¹⁰

Straight University Medical Department

Straight University was founded in New Orleans, LA, by the Congregationalist Church in 1869. The school was named after Seymour Straight, a merchant who was an early supporter of the university. In 1873, the medical department was inaugurated and operated for about one year. The school’s fate was inextricably tied into Reconstruction Era politics. Issues of race, money and religion further complicated this. The dean was James T. Newman, whose medical education credentials are uncertain. Despite his leadership, Newman could not save the medical department. The medical department closed in 1874 without ever graduating a physician.¹¹

Flint Medical College of New Orleans University

In 1873, the Freedman’s Aid Society of the Methodist Episcopal Church founded New Orleans University. In 1889, the university established the Flint Medical College. The medical school closed in 1911 after graduating approximately 116 physicians. It is notable that Straight College and New Orleans University merged to form Dillard University in 1930.⁵⁻¹²

Knoxville College Medical Department

Knoxville College was initially established in Nashville by the Freedman’s Bureau of the United Presbyterian Church. It moved to Knoxville in 1875. The Department of Medicine was established in 1895. The board of the Freedman’s Bureau of the United Presbyterian closed the school in 1900, after graduating two physicians. The school was later reorganized off campus as the Knoxville Medical College but closed again in 1910.¹³

Hannibal Medical College

Hannibal Medical College was established in Memphis, TN in 1889 by Tarleton C. Cottrell. The school, which never achieved the success or popular acclaim of other proprietary medical schools of the day such as Louisville National Medical College, probably never graduated any more than five physicians. It appears to only have operated for four years. There is great controversy surrounding the

Table 2. Current black medical schools in the United States

- Howard University College of Medicine, 1868, Washington, DC
- Meharry Medical College, 1876, Nashville, TN
- Charles R. Drew Medical School, 1966, Los Angeles, CA
- Morehouse School of Medicine, 1975, Atlanta, GA

school in that the founder claimed to have graduated from a nonexistent medical school called Bethel Medical College of Southwestern University in Little Rock, AR. Controversy also exists regarding the degree-granting process for three of the five known graduates.

The fate of Hannibal was similar to the fate of other proprietary schools of the day. Specifically, lax entrance requirements, lack of academic rigor, poorly qualified faculty and inadequate physical plants contributed to its demise in 1896, seven years after opening.⁴

Chattanooga National Medical College

Chattanooga Medical College (CNMC), a proprietary school, was established in Chattanooga, TN, by a graduate of an earlier proprietary black medical school. Thomas William Haigler, a graduate of Louisville National Medical College, founded CNMC in 1899. Although the school probably graduated at least 16 students, it failed to ever become a viable institution and closed abruptly in its fifth year of operation.⁴

Louisville National Medical College

Louisville National Medical College (LNMC) was a propriety medical college established in 1888 by William Henry Fitzbutler. Fitzbutler was the first black graduate of the University of Michigan College of Medicine. Fitzbutler and two other African-American physicians were the founding faculty. Among the proprietary medical schools, LNMC was one of the most successful but suffered from increasing financial pressure brought on by requirements for equipment, etc. The school had no campus, inadequate study spaces and poor library facilities. With little ability to improve its financial state, the final blow came in 1910, with the Flexner Report. Flexner felt that schools such as LNMC were of little value. The school closed in 1912, after graduating over 100 physicians.⁴

University of West Tennessee College of Physician and Surgeons

The University of West Tennessee was established in Jackson, TN in 1900 and later moved to Memphis in 1907. The school founder was Miles Vandahurst Lynk, an 1891 graduate of Meharry Medical College. Lynk was also instrumental in the founding of the National Medical Association, a professional organization that served black physicians who were not allowed to join its white counterpart, the American Medical Association.

In 1914, the school accepted advanced-standing students from another black medical school. Thirty junior and senior students transferred from Leonard Medical School, which eventually closed in 1918. Of note, neither Howard University nor Meharry Medical College would accept Leonard students. The school suffered from low educational standards and student achievements. Such was the case that 46 states plus Tennessee

refused to recognize graduates from the University of West Tennessee. The school closed in 1923, having granted 155 medical diplomas.⁴

Medico-Chirurgical and Theological College of Christ's Institution

This school was organized in 1910 and probably disbanded in 1908. However, very little information exists on its fate.²

CONCLUSION

Flexner's goal was to reduce the number of medical schools and increase the quality of teaching. After the report, there was a broad-scale closure of medical schools. These included majority medical schools, female medical schools and most of the black medical schools. Only Howard University College of Medicine and Meharry Medical College survived. Two additional black medical schools have since been established—Charles R. Drew Medical School in Los Angeles and Morehouse Medical College in Atlanta, GA. These schools have maintained their academic standards but face some of the same pressures that lead to the closure of earlier black medical institutions.

Charles Epps Jr., MD, former dean of Howard University College of Medicine, asserts for the continued existence and strengthening of our four black medical schools. These schools tend to train primary physicians in higher percentages who tend to practice among the underserved.¹⁴ One of the greatest challenges of today's black medical schools is economics. Black medical schools find it difficult to compete with well-funded majority universities with a long-standing commitment to train African Americans, such as the University of Michigan.¹⁵ The result may be the siphoning of well-qualified, highly competitive African-American students who choose "rich" schools for pragmatic economic reasons. This places an extra burden on today's black medical schools of appealing to a higher social calling as they seek to fulfill their historic missions. While they search for greater endowments to become more attractive, they must continue to position themselves as the training grounds for those who will serve the underserved.

In summary, with black medical schools under siege today and facing a crisis of adequate funding and endowments to attract the best and the brightest African Americans, it is vitally important that we remember the history of those failed medical schools and heed the lessons of their failures.

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REFERENCES

1. Flexner A. Medical Education in the United States and Canada: a Report to The Carnegie Foundation for the Advancement of Teaching. New York, NY; 1910.
2. Savitt TL. Abraham Flexner and the Black Medical Schools. In: Baransky B and Gevitz N, eds. Beyond Flexner: Medical Education in the 20th Century. Baransky B and Gevitz N, eds. New York, NY: Greenwood Press; 1992:5-218.
3. *Charlotte Observer*, Monday, February 12, 1990.
4. Savitt TL. Four African-American Proprietary Medical Colleges: 1888-1923. *J Hist Med Allied Sci*. 2000;55:203-255.
5. Cobb WM. Progress and Portents for the Negro in Medicine. National Association for the Advancement of Colored People. New York; 1948.
6. Curtis JL. Blacks, Medical Schools, and Society. Ann Arbor, MI: The University of Michigan Press; 1971.
7. Epps CH, Johnson DG, Vaughn AL. African-American Medical Pioneers. Rockville, MD: Betz Publishing Co.; 1994.
8. Savitt TL. The Education of Black Physicians at Shaw University, 1882-1918. In: Hatley FJ, ed. Black Americans in North Carolina and the South. Chapel Hill, NC: University of North Carolina Press; 1984.
9. Savitt, TL. Training the "Concentrated, Skillful, Christian Physician:" Documents Illustrating Student Life at Leonard Medical School, 1882-1918. *North Carolina Hist Rev*. 1998;LXXV:250-276.
10. Savitt TL. Lincoln University Medical department—a Forgotten 19th Century Black Medical School. *J Hist Med Allied Sci*. 1985;40:42-65.
11. Savitt TL. Straight University Medical Department: the Short Life of a Black Medical School in Reconstruction, New Orleans. Louisiana History. Spring 2000;vol XLI.
12. Savitt TL. Entering a White Profession: Black Physicians In the New South 1880-1920. *Bull Hist Med*. 1987;61:507-540.
13. Savitt TL. Money Versus Mission at an African-American Medical School: Knoxville College Medical Department, 1895-1900. *Bull Hist Med*. 2001; 75:680-716.
14. Epps CH. Perspectives From the Historic African American Medical Institutions. *Clin Orthop*. 1999;362:95-101.
15. Markel H. The University of Michigan Medical School, 1850-2000: an Example Worthy of Imitation. *JAMA*. 2000;283:915-920. ■

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