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OPPORTUNITIES FOR POSTGRADUATE STUDY FOR NEGRO PRACTICING PHYSICIANS IN THE SOUTH

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There has been an increasing acknowledgment during the past thirty years of the need for keeping the general practitioners of this country abreast of medical advances so that there will not be too wide a hiatus between the development of new principles and technics and their actual application. This concern has been manifested by the American Medical Association since 1913 through its Council on Medical Education and culminated in a comprehensive study¹ of the educational programs of every state during the years 1937 to 1940. This need has also been emphasized by the Commission on Graduate Medical Education in its recent report,² and just recently the executive committee of the National Board of Medical Examiners has appointed a committee to study the question as to the best method of providing some kind of recognition for the progressive, up to date, efficient and well trained general practitioner.³

Even though such interest has been manifested by these organizations and by many medical schools and medical societies, practicing physicians have not apparently been too concerned about improving themselves. This is true for both Negro and white groups. The 1938 report of the Council on Medical Education and Hospitals of the American Medical Association⁴ stated that in twelve states with fairly accurate records only

1. Council on Medical Education and Hospitals: Graduate Medical Education in the U. S.: 1. Continuation Study for Practicing Physicians, 1937 to 1940, Chicago, American Medical Association, 1940.

2. Graduate Medical Education, Report of the Commission on Graduate Medical Education, Chicago, The University of Chicago Press, 1940.

3. National Board Appoints Committee on Certification of General Practitioner, editorial, *The Diplomate* 13: 114 (March) 1941.

4. Council on Medical Education and Hospitals: Medical Education in the United States, 1937-1938, *J. A. M. A.* 111: 801 (Aug. 27) 1938.

25 per cent of the practicing physicians engaged in some form of graduate work during the year. In a study⁵ of five hundred and twenty-five Negro physicians, it was shown that only 40 per cent had engaged in such activities during a ten year period. This certainly shows a deplorable situation.

Many may be the reasons for this apparent indifference on the part of physicians, but the lack of available opportunities for such experiences may be one of the more important determining causes. This is particularly true for the two thousand five hundred odd Negro physicians practicing in the South, where first class hospitals are not numerous, where contacts with specialists are meager and where educational opportunities have been traditionally limited. In addition, many of these practitioners are the only ones in their communities, and all too often their net incomes are far below the average for the country as a whole. This study, therefore, is concerned with the extent and development of postgraduate activities designed wholly or in part for Negro physicians in the South.

METHOD

Letters and questionnaires were sent to various organizations located in seventeen Southern states and the District of Columbia. This included twenty-six medical schools, seventeen constituent state medical societies of the American Medical Association, forty-five constituent local and state medical societies of the National Medical Association and twenty-six Negro hospitals fully or provisionally approved. After a number of requests, sixty-nine, or 60 per cent, of the one hundred fourteen organizations returned their questionnaires. The sixty-nine respondents included twenty-five medical schools two of which were the Negro institutions Howard and Meharry, sixteen white state medical organizations, fifteen Negro medical societies and thirteen Negro hospitals. The questionnaires received were analyzed and certain pertinent data about the postgraduate activities in each state for which there is information available have been recorded in the accompanying table. A fuller description of the post-graduate activities in these states will be the subject of a subsequent paper.

5. Cornely, P. B.: Postgraduate Medical Education and the Negro Physician, *J. Nat. M. A.* **30**: 18-22 (Feb.) 1938.

ORGANIZATION AND ADMINISTRATION OF PROGRAMS

Only twelve of the seventeen Southern states and the District of Columbia have developed formal post-graduate programs for Negro physicians which are in existence at present and which are held with some degree of regularity. The five states which do not appear to foster regularly such activities are Delaware, Maryland, Mississippi, Oklahoma and West Virginia. Occasionally, however, organizations in some of these states have offered courses. The Maryland State Tuberculosis Association in 1940 cooperated with the District Tuberculosis Association and the Medico-Chirurgical Society of Washington in sponsoring a three day seminar for Negro physicians, and to this came twenty-three Maryland physicians. Such cooperation is being repeated in 1941. In 1936 the Mississippi State Board of Health, with the aid of the U. S. Children's Bureau, offered a two week course in maternal and child care throughout the year, on the circuit plan, for the Negro physicians in the state. Fifty-five of the fifty-eight Negro physicians in Mississippi attended these courses.⁶ In addition, the state health department in cooperation with the Commonwealth Fund sent a Negro physician to Homer G. Phillips Hospital for a ten week course.

There were in the twelve states and the District of Columbia twenty-six opportunities for Negro practicing physicians to engage in continuation study. Of these, nine were sponsored by seven Negro organizations and seventeen by fifteen white groups. Included in the Negro agencies were three hospitals, two medical societies and two medical schools, while the fifteen white groups comprised four medical societies, five medical schools, one board of health and five tuberculosis societies.⁷ Thus it is seen that white organizations, particularly the medical schools and voluntary health agencies, have been more active in this field of endeavor than Negro groups. Of particular significance is the fact that four Southern state medical societies, namely Arkansas, Florida, Louisiana and Tennessee, have opened certain of their postgraduate facilities to Negro physicians. The attitude of the Florida Medical

6. Such a project was also put into operation in 1937 in Georgia and in 1938 in Alabama.

7. These sponsoring agencies, as may be noted in the table, were helped by a variety of other institutions and groups.

Continuation Courses for Negro Practicing Physicians in the South, 1939-1940

State	Sponsoring Agencies	Date of Initiation	Subjects	Duration of Course	How Often Given	Registration Fee	Yearly Attendance	Contributing Agencies and Funds
Alabama								
Tuskegee.....	John A. Andrew Clinical Society	1912	General	1 week	Annually	\$5	200-250	John A. Andrew Clinical Society; Tuskegee Institute
Arkansas								
(State circuit).	State medical society and State board of health	1935	Obstetrics and pediatrics	1 day weekly, 6 times	Annually	None	Not given	State medical society, state board of health, U.S. Children's Bureau
District of Columbia								
Washington...	D. C. Tuberculosis Assn., Social Hygiene Society, Maryland, Tuberculosis Assn., Medico-Chirurgical Society, Howard University College of Medicine	1940	Tuberculosis, syphilis, obstetrics, pediatrics	3 days	Annually	None	159	Same as sponsoring agencies
Washington...	Howard University College of Medicine	1937	Venereal diseases	3 months	4 times annually	\$20	20 (limited)	College of Medicine, U. S. Public Health Service, District of Columbia Health Department, and Freedmen's Hospital
Florida								
Orlando.....	Florida Tuberculosis and Health Assn.	1939	Tuberculosis	1 week	Offered only once	None	10	Tuberculosis Association and state tuberculosis sanatorium
Jacksonville...	Florida Tuberculosis and Health Assn.	1940	Tuberculosis, syphilis, obstetrics, pediatrics	3 days	Annually	None	35	Tuberculosis Association, National Tuberculosis Assn., state board of health, and Julius Rosenwald Fund
Jacksonville...	Florida Medical Association, Inc.	1940	General	1 week	Annually	\$5	20-30	Florida Medical Association, Inc.
Tallahassee....	Florida A. & M. Clinical Association	1929	General	3 days	Annually	\$3	50-75	Clinical Association, Florida A. & M. College

Georgia									
Augusta.....	University of Georgia School of Medicine	1935	General	2 weeks	Annually	\$1 for certificate	25-50	Julius Rosenwald Fund for first two years, and School of Medicine	
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Kentucky									
Louisville.....	University of Louisville School of Medicine	1936	Medicine, pediat- rics, obstetrics	2 months	Annually	None	Limited to 8 M.D.'s	School of Medicine	
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Louisiana									
New Orleans...	Flint Goodridge Hos- pital	1936	General	2 weeks	Annually	\$5	40	Flint Goodridge Hos- pital, National Tubercu- losis Assn., private contribution	
New Orleans...	Flint Goodridge Hos- pital	1938	General	Monthly seminars	Through- out the year	None	20	Hospital	
New Orleans...	Flint Goodridge Hos- pital	1938	Tuberculosis	Biweekly lectures	Through- out year	None	25% of M.D.'s in city	Hospital	
State circuit...	Louisiana State Medi- cal Society	1936	Obstetrics, pediat- rics, cancer	Five 2 hour sessions	Annually	None	5-15	Medical Society, State Board of Health	
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Missouri									
St. Louis.....	St. Louis University School of Medicine	1937	Internal medicine, general surgery, ob- stetrics, pediatrics, physical diagnosis	4 weeks	Annually	\$15-\$20	25-40	School of Medicine, St. Mary's Infirmary	
St. Louis.....	Homer G. Phillips Hos- pital	1937	Obstetrics, tuber- culosis, syphilis	4 days	Annually	None	60-115	Hospital, Julius Rosenwald Fund, St. Louis Health Depart- ment and Federal Government	
St. Louis.....	Tuberculosis and Health Society of St. Louis	1939	Obstetrics, tuber- culosis, syphilis, pediatrics	3 days	Annually	None	90-142	Tuberculosis and Health Society, Mis- souri Tuberculosis Assn., Mound City Medical Forum, and St. Louis Health Department	
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North Carolina									
Durham.....	Duke University	1935	Venereal disease, obstetrics, gyne- cology, pediatrics, tuberculosis	3 days	Annually	\$5	25-40	Duke University, Lin- coln Hospital, North Carolina State De- partment of Educa- tion	

Continuation Courses for Negro Practicing Physicians in the South, 1939-1940—Continued

State	Sponsoring Agencies	Date of Initiation	Subjects	Duration of Course	How Often Given	Registration Fee	Yearly Attendance	Contributing Agencies and Funds
South Carolina								
Orangeburg....	South Carolina State Tuberculosis Assn.	1941	Syphilis, tuberculosis, obstetrics, pediatrics	3 days	Annually	None	38	State Tuberculosis Assn., National Tuberculosis Assn., State Board of Health, Palmetto Medical Assn., U. S. Public Health Service
Charleston....	Charleston Tuberculosis Assn.	Not given	Tuberculosis	Not given	Annually	None	Total of 50 physicians have attended all courses	Tuberculosis Association, Pine Haven Sanatorium
Tennessee								
Nashville.....	Meharry Medical College	1938	General	2 weeks	Annually	\$10	10-14	Medical College
Nashville.....	Meharry Medical College	1940	Pediatrics	2 weeks	Annually	None	Not given	South Carolina State Health Department and Medical College
State circuit...	Tennessee State Medical Association	1937	Obstetrics and pediatrics	Weekly lecture for 16 weeks in each of 10 districts	Through-out year	\$5	57-84	State Medical Society, Commonwealth Fund, Medical Schools of Vanderbilt and University of Tennessee
Texas								
Prairie View...	Texas Tuberculosis Assn.	1937	Tuberculosis, syphilis, obstetrics, pediatrics	4 days	Annually	None	50-114	Tuberculosis Association, National Tuberculosis Association, State Board of Health, and Prairie View College
Virginia								
Richmond.....	Medical College of Virginia	1931	General	2 weeks	Annually	\$10	18-42	Medical College and General Education Board

Association, Inc., is commendatory and deserves a place of prominence. Up to 1940, Negro physicians were not admitted to the one week postgraduate seminar held annually by the society since 1933. In 1940 the last two days of the seminar were opened to Negro physicians and in 1941 the whole course was made available to all duly licensed Negro physicians on the same basis as white physicians. This arrangement has proved satisfactory and should certainly be given a trial by other state medical societies.

Attention must be called to the fact that in only three of the twenty-six opportunities available were the courses of an itinerant nature so that the instruction was taken to the physician in or near his local community. Practically all the courses, therefore, were held in definitely located centers, so that interested physicians had to commute daily or absent themselves from their practice for the duration of the course. This state of affairs compares unfavorably with the situation for white physicians. According to the report of the American Medical Association,⁸ of the one hundred and ten opportunities for postgraduate medical education available in forty-three states, fifty were held in proximity to the physician's home.

SUBJECTS AND INSTRUCTIONS

The subjects offered in these courses may be grouped in five categories. The most common was general subjects of medicine, which was included in eleven of the twenty-six courses. This was followed by obstetrics and gynecology, pediatrics and tuberculosis, which were included either separately or in various combinations in ten, and venereal diseases in eight programs. Next to the general subjects in medicine, the most common combination presented was that of tuberculosis, syphilis, pediatrics and obstetrics. These two types of offerings were the selection in seventeen of the twenty-six courses. It would thus appear that the choice of topics has been based primarily on their importance as disease problems among Negro groups and not particularly on the needs of general practitioners. Nor is there an attempt to organize these courses so that at the end of a certain period of years, let us say four or five, physicians who have regularly attended the courses will

8. Council on Medical Education and Hospitals: Graduate Medical Education in the U. S., p. 23.

feel that they have been educationally refreshed in all sections of their knowledge. In these twenty-six programs, preclinical courses have seldom been included, and such special subjects as malaria, endemic typhus, nutrition and diet, degenerative diseases such as cancer, heart disease and diabetes, which are of importance in the South and in the Negro group, are infrequently touched on.

The instruction in these programs has been through lectures, discussions and clinics. It appears from this analysis that better than half of these offerings have unfortunately depended on lectures and discussions for their teaching procedure. Here again much needs to be done in the organization and presentation of these courses so that they will be most attractive to general practitioners. It has all too often been assumed that men in practice may be taught successfully by the same methods as undergraduates in medicine. This is to be questioned, since even the teaching of medical students is not on too firm a footing.

The duration of the courses varied from three days to a year. The majority of the courses were under one week in length, since ten, or almost half, were in this division. The remainder fell into the following categories: four of one week's duration, six of two weeks, three of one to three months and two throughout the year, and for one no information was given. The two which were offered throughout the year consisted of monthly or biweekly seminars for local physicians.

FINANCIAL SUPPORT AND PHYSICIANS' INTEREST

A variety of organizations have given financial aid and provided personnel and facilities for these meetings. Among these may be mentioned the United States Public Health Service, the United States Children's Bureau, the Julius Rosenwald Fund, the National Tuberculosis Association, the Commonwealth Fund, the General Education Board of New York City and the various local and state official and nonofficial groups. As a result of this, it is found that fourteen, or more than half, of these programs were offered to Negro physicians free of charge. The remaining twelve had extremely moderate registration fees as follows: one of \$1, one of \$3, six of \$5, two of \$10, one of \$15 and one of \$20. From this standpoint, it would appear that

Negro physicians have no complaint to offer. The same situation obtains for white physicians where itinerant courses are concerned. Of the fifty courses offered in 1938-1939, thirty-seven charged no registration fee, while the remainder had fees varying from \$2 to \$15. However, for continuation courses featuring clinical material and held at one center, white physicians had to pay larger sums, since in forty-nine of the sixty programs fees varied from \$5 to \$400.⁹

It is difficult to obtain an accurate idea of the total attendance of Negro physicians practicing in the South who participated in these courses in one particular year. In some of the questionnaires the attendance reported included other professional groups such as those of dentists and nurses, while in others the attendance included physicians practicing in Northern states. The total attendance as reported by these states numbered approximately 1,200 physicians for the year 1939-1940. On the basis of this, it could be assumed that possibly from 800 to 1,000 Negro physicians practicing in the South attended courses offered in that year. This would mean that from 30 to 40 per cent of the Negro physicians in this geographic area availed themselves of these educational opportunities. This percentage compares favorably with the already quoted percentage of 25 for white physicians for the year 1938. Although this comparison is good, it must be admitted that there is a sizable percentage of physicians who are not making any effort to improve themselves continually.

COMMENT

This analysis shows that even though many Southern states have developed postgraduate programs for Negro physicians, the number of these activities is admittedly insufficient; yet facilities and personnel are available in the South which could be developed to the advantage of these practitioners. This applies both to Negro and to white organizations, and certainly the eventual solution of this problem depends on the active and whole hearted cooperation of these two groups. What then are possible approaches to this problem? The following suggestions may be put forth:

1. Negro hospitals, particularly those which have been approved by the American Medical Association

9. Council on Medical Education and Hospitals: Graduate Medical Education in the U. S., p. 42.

and the American College of Surgeons, should develop refresher courses for physicians in their locality. The example of Flint Goodridge Hospital of Dillard University is one worthy of emulation.

2. The medical schools in the South should become more concerned about the postgraduate education of Negro physicians. Of the twenty-five medical schools in this area, only five are at present offering courses for Negroes. Certainly it would appear that the other twenty schools would develop programs comparable to those of the Medical College of Virginia, the St. Louis University School of Medicine and Duke University School of Medicine.

3. The examples which have been set by the state medical association of Florida and those of Arkansas, Louisiana and Tennessee should gradually cause other Southern state and county medical societies to open some of their postgraduate activities to Negro physicians. Just as the Florida Medical Association, Inc., gradually opened its postgraduate seminar to Negro physicians in the state, so other associations could experiment in this direction.

4. Negro medical societies also have a responsibility in this sphere which thus far they have neglected. These organizations should develop annual refresher courses of three to five days' duration for their membership. By pooling the resources of their communities, this could be done without too great an outlay of money. The appointment of strong and active postgraduate committees to explore possibilities and formulate plans would be steps in the right direction.

5. The postgraduate programs which are at present in operation should be reevaluated so that the educational needs of the general practitioner are met more fully. Refresher courses would serve a more useful purpose if they were so organized that they would cover definite units of study yearly and bring up to date such basic knowledge as bacteriology, pathology and physiology, in addition to reviewing new technic, methods of treatment and diagnosis in the fields of internal medicine, obstetrics, minor surgery, venereal diseases and the like. Only in this manner will refresher courses have a purposeful meaning.

SUMMARY

1. Twelve of the seventeen Southern states and the District of Columbia have at present postgraduate programs, which are held with some degree of regularity, designed as a whole or in part for Negro physicians.
2. There are in these twelve states and the District of Columbia twenty-six opportunities for Negro physicians to engage in continuation study. Nine of these have been sponsored by seven Negro organizations and seventeen by fifteen white groups.
3. General subjects in medicine are the most popular, since these were offered in eleven of the twenty-six courses. Obstetrics, pediatrics, tuberculosis and syphilis are the other topics most commonly included.
4. The courses vary in length from three days to a year, but almost half are under a week's duration.
5. The majority of the courses are offered free of charge, and those which require a fee have a nominal one varying from \$1 to \$20.
6. Approximately 30 to 40 per cent of the physicians practicing in the South availed themselves of these educational opportunities in 1939-1940.