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### Numa P. G. Adams, M.D. 1885-1940

W. Montague Cobb

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NUMA P. G. ADAMS, M.D.

1885-1940

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## NUMA P. G. ADAMS, M.D., 1885-1940

*I have fought a good fight. I have finished my course. I have kept the faith.*

### KISMET

Numa Pompilius Garfield Adams, first Negro dean of an approved medical school, chanced to bear the names of the second king of Rome and three presidents of the United States. In character and achievement he did them honor. Dr. Adams has historical importance by reason of his work during the deanship which he held eleven years. He has now been dead one decade, during which many significant developments have occurred which illuminate his problems and responsive efforts.

It is the fortune of a few to have the value of their every good deed immediately recognized and saluted. The contributions of others are not sensed until long afterward and it sometimes happens that the work of genius goes unheralded for generations.

Around Numa Adams there raged storms of emotional tension and in such an atmosphere he died. Near the end he felt that every man's hand was against him and surely many were. Though his total contribution was of the highest quality, there did not appear at the time of his passing nor since, any tribute worthy of his stature. It has seemed fitting, therefore, to survey him here in a decade of perspective and to inscribe to his memory an issue of the official Journal of the professional group whose cause he most directly represented. To the present portrayal, his current successor, with whom he was closely associated during his tenure, and the responsible officer of the philanthropy with which he worked most closely, have kindly added their personal comments. It is hoped that collectively these may prove a timely memorial to a distinguished member of the medical profession and to a distinguished citizen, at the same time providing inspiration for the young today who face tasks as confused and difficult.

Like all restricted spheres, the Negro world is a small world, frequently cruel to those who,

"fenced-in" by it, serve it best. Howard University used to term itself the "Capstone of Negro Education." Many of the best minds the Negro has produced, have served and are at present on its faculty. Yet it is an ironic fact that the ablest Negroes are seldom able to be appraised at or prove their full capacities unless they somehow escape the limitations of the ghetto. Percy Julian, Ralph Bunche, and William Hastie were each outstanding members of the Howard staff, but each wrought the work which brought his great distinction after departure from the segregated framework. Ernest Just had a chance to leave the "separate" world in an invitation to join the Rockefeller Institute. This he declined in order to render, as he thought, a greater service at Howard. After years of biologic publication which made him the premier Negro scientist yet to appear, his dream of a research professorship had to be denied by the pressure for lower level training activity. In the end this preyed upon his mind and crushed him.

Numa Adams came straight into the heart of the ghetto situation to do a job. Unequipped by gift or inclination for street fighting and without accessory outlets for his creative energies, he was especially vulnerable to the worst in the environment in which he had to work. So it came to be that the Negro world enmeshed Adams in its pettinesses and confusions, destroyed him and promptly forgot him.

### EARLY LIFE

Dr. Adams was a man of slight build, handsome, kindly face and shy, retiring manner. His quiet and sometimes hesitant speech did not proclaim his firm sagacious courage. He was born February 26, 1885 in Delaplane, Va., in Fauquier County, about seventy miles due west of Washington, D. C. He died August 29, 1940 in Billings' Hospital, Chicago, at the early age of fifty-five, a martyr to his job.

In the beautiful valley which was Delaplane, he received his early education in a country school taught and operated by his uncle, Robert Adams. Here he early acquired the habit of patient scholarship which was to characterize his entire career, by "reading dictionary," that is, reading slowly through all the words.

Dr. Adams' grandmother, Mrs. Amanda Adams, was a vital force in his life. She was a highly respected midwife in Delaplane who had assisted old Dr. Green in delivering hundreds of Negro and white babies. She had a vast knowledge of medicinal herbs which she collected and dispensed to the people of her community. Young Numa assisted her in collecting these herbs and learned from her about their medicinal properties, real or fancied. He started his own collection of herbs. This sturdy old lady inspired the beginning of his scientific curiosity and with her unwavering faith in his capacity and constant urging in all his endeavors, was a source of strength as long as she lived.

Love of his native Delaplane was rooted strong in Numa Adams. During the periods of greatest stress in the strenuous years at Howard Medical School, he and his wife would drive up into the mountains to this scene of his childhood and walk for hours through the woods over familiar ground so rich in memories. By some strange magic he seemed to gather strength there to come back and carry on. One of his unfulfilled dreams was to purchase that land, build a home on it and live out his days in the beautiful, peaceful valley.

In 1898, when Numa was thirteen, the family moved to Steelton, Pa. He entered the public schools there, a shy, awkward country boy, and promptly met the derision of his city-wise fellow students. In his first days, he was called upon to stand and sing from a music book. The black dots were meaningless to him and his attempt brought forth roars of laughter from his classmates. He sat down in tears.

The teacher, Rev. Henry Howard Summers, gave the class a stiff rebuke and said assuringly, "Sonny can sing, Sonny has a good voice." At home Numa sat up half the night until he had made some sense out of the strange language of musical notation and next day sang before the

class to win their approbation. After such a trying introduction to formal musical education it is interesting and significant that Dr. Adams later bought a second-hand cornet, learned to play it with the help of a storekeeper, and with this instrument earned his way through high school, college and medical school as a professional musician in various orchestras.

The Rev. Summers, "Pop" Summers, as he was fondly known, was a Howard University graduate and later went to Wilberforce University where in 1937 he was teaching all the Greek, history of religion, philosophy, and theology, offered in that institution. The deep insight, warm sympathy and understanding of Rev. Summers helped young Numa through the difficult period of adjustment in Steelton. The friendship between him and Numa was the nearest thing Dr. Adams knew to a father-son relationship.

#### ANTE DEANSHIP

In 1905, Dr. Adams graduated from the Steelton high school with honors. Remaining in Steelton, he served as substitute teacher in the public schools in 1905-06. The next year, 1906-07, he was a teacher of the seventh grade in the public schools in Carlisle, Pa. He then entered Howard University, from which he received the A.B., *magna cum laude*, in 1911. The following year, 1912, he was awarded the A.M. in chemistry from Columbia University.

While in college at Howard, he served as an assistant in chemistry in the Preparatory Department, 1909-10, and as student assistant in the College of Liberal Arts during his senior year. After receiving his masters degree he served as instructor, assistant professor, and associate professor of chemistry at Howard from 1912-19. In his final year there, 1918-19, he was head of the Department of Chemistry.

On June 3, 1919, Dr. Adams was advanced in rank from assistant professor to associate professor, and his salary increased from \$1220 to \$1500 per annum. Three months later in September 1919, after much thought, he apparently decided that the outlook in his university career was limited and resigned his position as of September 15, 1919. He went to Chicago and entered the Rush Medical College at the beginning

of the Spring Quarter, March 29, 1920. He received the certificate for completion of the four years work December 21, 1923, and was granted the M.D. degree upon completion of his internship at St. Louis City Hospital No. 2 (now Homer G. Phillips), in 1924. While at Rush he won the Smiley Scholarship and was elected to Alpha Omega Alpha, the honorary medical scholastic fraternity, in 1923.

On February 13, 1925, Dr. Adams was licensed to practice medicine and surgery in the state of Illinois. He entered practice in Chicago and shortly became affiliated with the Victory Life Insurance Company where he served as assistant medical director, working with Dr. Julian H. Lewis, who was a vice president of the company and its medical director. In addition, he served from 1927 to 1929 as instructor in neurology and psychiatry in the Provident Hospital School of Nursing.

#### AID FROM THE MUSE

Entrance to medical school had meant continuing to earn a living, as Dr. Adams had married the former Osceola Macarthy in 1915 and they had a three-year-old son. So the cornet was resurrected and he played his way through Rush Medical College as a professional musician.

The musical aggregation with which Dr. Adams worked his way through Howard was a dance band called the Lyric Orchestra. It consisted of seven or eight men, mostly medical and dental students. Other members are well known to the profession. They include: Dr. Julian Waldo Ross, longtime professor of obstetrics and gynecology at Howard, trombonist; Dr. William Giles, now a dentist, pianist; his brother Dr. Charles Giles, clarinetist; Dr. Leo V. English and Dr. William H. Haig. Dr. Adams was with the group three years. They played three to five nights a week at such former Washington landmarks as the True Reformers Hall, the Nineteenth Street Hall and the Odd Fellows Hall. For a night's work from 8 to 12, they would receive from \$1.00 to \$1.50 each, earning sometimes as much as \$2.00 with overtime. He also played with Louis Brown's orchestra at the Penn Gardens at 22nd and Pennsylvania Aves., in Washington.

In Chicago, changing musical fashion required

the saxophone, so Dr. Adams obtained one and learned to play it professionally in three weeks. He played four years in Charley Cooke's orchestra every night at the River View Park. He had a ride of an hour and a half on the "elevated" each way and it was during this time that he had to do most of his studying for medical school. His own hardships did not deter him from trying to persuade the successful leader of his band to go back to school. Charley Cooke did so and earned a Ph.D. in music. Dr. Cooke went on to greater heights and is currently orchestrator for the famous Erno Rapée.

Adams' years of observation of night life made him rich in human understanding so that as a medical dean he was able to handle troubles of students from various indiscretions with more insight and tolerance than is common in academic administrators.

#### LAND OF CHALLENGE

This was the man then who came to Howard Medical School as its first Negro dean, June 4, 1929. The difficulties of the position were enormous in both psychological and material areas. Many Negroes, even, thought the time not ripe. Four outstanding Negro physicians had refused the position. They were Dr. Louis T. Wright of New York, Dr. Wm. Augustus Hinton of Boston, Dr. Charles H. Garvin of Cleveland, and Dr. Julian H. Lewis of Chicago.

A paradoxical situation of the times may be recalled by some. The late twenties was a period in which the reforms in medical education initiated by the famous Flexner Report in 1910 were coming to fruition in the great medical centers which had been erected around the country, chiefly through the aid of major philanthropies. But poor, struggling Howard and Meharry had not received any of this money, and though medical school standards were climbing steadily higher, the two Negro schools were falling further and further behind.

The Negro profession and public did not sense this and the public at large was unaware and indifferent. Curiously, the Negro public and profession nourished themselves on defensive delusions. They purported to believe that despite evident deficiencies, Howard and Meharry had com-

pensating excellences. As a medical freshman the writer remembers upper classmen admitting the inadequacies of their preclinical curriculum and equipment, since the obvious cannot be denied, but boasting that the extensive bedside experience of the clinical years made a Howard graduate able to hold his own in any company. Legendary evidence of this would be cited in instances in New York and other northern cities where graduates of schools like Harvard, Columbia and Pennsylvania were allegedly put to shame.

Strict application of standards would have closed both Howard and Meharry, but the vital area of service they were rendering and the prospect of philanthropic aid produced extensions of time.\* Howard inaugurated a campaign for a building fund of \$250,000, which the General Education Board would match with an equal sum. In 1927, on the invitation of President J. Stanley Durkee and the Board of Trustees of Howard University, Dr. Fred C. Zappfe, then Secretary of the Association of American Medical Colleges, made a critical survey of the School of Medicine and recommendations for its future development. These provided the basis for the program actually followed.

The new medical building was opened in 1927. When Dr. Mordecai W. Johnson became president of the University, two major responsibilities immediately faced him with respect to the Medical School. One was completion of the endowment campaign, which was done successfully. The other was selection of a new dean to succeed the esteemed and venerable Dr. Edward A. Balloch whose retirement was imminent.

Dr. Johnson did not at first attempt to secure a Negro dean and influences were not lacking to show that such a choice would be inadvisable. But after certain developments, he determined upon a Negro for the position. Time will prove this decision to rank as one of the most important contributions of his administration.

It had been for years an entrenched local cliché that Howard Medical School was run from the Cosmos Club. The implication was that although the School's faculty was mixed, the major decisions affecting operations were made informally

by the ranking white members among themselves, often for their own convenience.

The extent to which this was true can, of course, never be known. But it was an observed fact that some prominent white members of the Washington profession had gained their basic clinical experience at Freedmen's Hospital and that there was too limited development of Negro staff for advanced responsibility, while younger men from the neighboring medical schools would sometimes appear in posts where they gained clinical background useful to themselves while they rendered service to the School. It was also true that being poor, Howard had often to take what staff it could get and bizarre schedules would result because the curriculum had to be adjusted to the convenience of the teacher. For example, the writer's course in histology was given from 4:00 to 6:00 o'clock in the afternoon, because the professor was employed in the Government and could not come until after hours.

No honest appraisal would ever attempt to minimize the vast contributions which the founders and a long line of white faculty members had made to the vitality of the institution. It was true, however, that the pristine wholesome spirit of this earlier day remained only in vestige just before Adams' time and was in part replaced by an attitude of patronizing condescension which the writer learned to know first-hand through his own classroom experience as a student.

President Johnson's decision to obtain a Negro dean, therefore, was in no sense racial chauvinism. It was a step of liberation from a tradition archaic in focus and degrading in implications. It made possible for the first time assumption of top responsibility in a medical school by a Negro and paved the way for the accession by Negro physicians to full responsibility for progress and operation of an institution primarily for their development. White physicians who subsequently joined the staff have had to do so in a spirit of co-equal collaboration devoid of the old attitude of benevolent paternalism.

#### HEAVY ASSIGNMENT

Briefly the new dean's job was: 1) to clear the administrative desks of the routine matters which inevitably accumulate in the interim between the retirement of an official and the ap-

\* COBB, W. M., *Progress and Portents for the Negro in Medicine*, N.A.A.C.P., 20 W. 40th St., New York, N.Y., pp. 18-25.

pointment of his permanent successor; 2) to hold together a faculty strong enough to keep the school operating acceptably while the rebuilding program was being effected; 3) to organize the curriculum schedule on a more rational basis; 4) to consolidate and clarify lines of authority between the Medical School and Freedmen's Hospital so that the teaching functions of the Hospital might have primacy; 5) to find promising young physicians of demonstrated ability and character and recruit them for careers on the faculty of the School of Medicine; 6) to secure openings for the postgraduate training of these men in the outstanding medical centers of the country; 7) to find ways of assuring these men remuneration adequate to make a career in teaching and research competitively attractive against the possibilities of private practice; 8) to improve the selection of the entering classes so that a higher caliber graduate would be assured; 9) to produce working conditions in the School which would maintain high morale in both student body and faculty; and 10) to do all these things at once and almost alone. Dr. Adams did indeed begin to advance immediately upon all fronts.

#### EARLY RECEPTION

The local community was geared to expect a fiery Daniel Drake. It did not understand this "quiet man with sober, steady ways," so it proceeded promptly to abuse him. Adams had scarcely arrived when the vociferators of the corridor, cloakroom and curbstone began to show at length how this medical unknown could not possibly be a Moses to lead the institution to the Promised Land. To Adams the practice of medicine had always been a profession and not a business, and income had not been one of his goals. Hence, knowing ones reported that in Chicago he had been regarded as "a smart man starving to death." To these men Adams was but "the carpenter's son" and because he had been at Howard before, there may have been some uneasiness since for this reason he would have a special insight into many conditions which needed correction.

The usual volunteer advisers from the established order were received with cordiality but not an acceptance to their liking. The phalanx of critics now had a nucleus. When he tried to get men of the proper stature to fill temporarily key

posts which were vacant, and at the same time firmly explained to some of the clinicians who were also on the faculties of local sister schools that at Howard the teacher would have to adjust his hours to the curriculum and not the reverse, he became a strange phenomenon who did not have the "right" attitude. The phalanx gained a few passive recruits.

#### FREEDMEN'S TROUBLES

When Adams sought to gain priority in the Hospital for the demands of the teaching responsibilities of the School, he encountered strong resistance. This grew out of peculiar historical circumstances. Freedmen's Hospital was established before Howard University and was a Federal institution under the Department of the Interior. The University on the other hand, was a private institution, which because of custom arising from expediency received its major support from Federal funds. This was not without challenge, however, for until 1928 the Howard appropriation would be stricken-out annually in the House of Representatives on a point of order, and restored in the Senate by tacit understanding as to its special nature.

Moreover, the Medical School until shortly before Adams' time, had, like many other medical schools, a considerable autonomy in respect to the University of which it was a part and its financial situation was always poor. The pre-Adams administrative integration of the Medical School into the University had resulted in certain jolting of personalities the effects of which had not subsided by 1929.

The Hospital administration was directly responsible to the Department of the Interior and in no way subject to the authority of the Medical School. With the passage of time the original purpose of the Hospital, to furnish medical care for southern refugees, ceased to exist and the institution came gradually to serve two additional functions: 1) as the teaching hospital of Howard Medical School; and 2) as the only hospital in the District of Columbia in which Negro physicians could treat private patients. The latter was a unique privilege in a Federal institution, suffered by the Government only because of the still unbroken bars on the staffs of other Washington hospitals.



Rising requirements for the clinical instruction of students increased the demands of the School upon the Hospital and also the standards for staff appointments. This resulted in conflicts between the School and the practitioners who felt that their interests would suffer. Gradually there came to be a loose alignment of the practitioners or "men out in town" with the Hospital administration against the School.

The School had to meet its clinical requirements, but without defined authority, it could make no headway with the mere argument that the only justification for the continued Federal support of the Hospital was as a teaching institution for Howard Medical School. Over this issue there were many long impasses which did nothing to strengthen the teaching program of the School and tended to make Adams unpopular with the local profession.

In 1937, two medical experts, Dr. Winford H. Smith and G. Canby Robinson, after a survey made at the request of the Secretary of the Interior, recommended to him that Freedmen's Hospital be placed under the control of the Board of Trustees of Howard University. This recommendation was vigorously opposed by the Medico-Chirurgical Society of the District of Columbia.\* Finally, after much negotiation, early in 1940, an agreement was reached, formally assigning responsibility for the professional care of patients to the School of Medicine. This culminated an effort which had lasted throughout Dr. Adams' administration. No one today challenges the necessity of the arrangement.

Eight years later, in June 1945, the Medico-Chirurgical Society had moved forward to the official position that,

"The Society favors without reservation the development of Freedmen's Hospital into a teaching institution of the most modern type. . . . The established segregation or Jim Crow plan in hospital facilities is a bar to the equitable distribution of such facilities to Negroes in Washington as elsewhere. There can be no compromise with the necessity of opposing this scheme of things. Separate facilities no matter how good do not compensate for failure of integration. The ghetto no matter how beautiful is still a ghetto."†

#### BUILDING A FACULTY

Into no phase of his work did Dr. Adams throw himself with greater zest than that of recruiting young career members for the faculty. It brought him great satisfaction to watch the new men enter, one by one, fresh with vim and enthusiasm from the postgraduate training they had just completed, to embark upon what he hoped would be a collaborative program of teaching and research so productive as eventually to place Howard in the forefront of American medical schools.

He proceeded in this recruitment in the most idealistic fashion. Quality of person was the prime consideration. Evidence of ability and character were the sole foci of his interest. He was unconcerned with origins, antecedents or connections. Neither did he care where one had received his medical training, so long as he had been well trained.

Somewhat naively he thought personality not of basic importance. He believed that if he could bring together the high caliber trained brains he sought, the inspirational challenge of the job ahead would smother all else.

Dr. Adams combed the country for men of promise. He made tours which covered most of the medical schools in the North and West seeking not only likely candidates for his faculty, but openings in outstanding departments where men might be trained. After initial placements in the training program had been made, he always made it a point whenever, in his travels, he was in an area where one of his men was being trained, to look him up informally to see how things were going and to meet local professional and other groups and explain the goals toward which the School was striving.

The general features and background of the program of training new faculty members for both Howard and Meharry with the aid of General Education Board fellowships, have been described elsewhere.\* In this previous publication essential differences between the philosophy of the approach of Dr. Adams and that of Dr. Mallowney at Meharry were pointed out.

Dr. Mallowney frankly stated in his autobiography that he regarded his tour of duty as presi-

\* V. COBB, W. M. *The First Negro Medical Society*. Associated Publishers, Inc., 1939, pp. 83-97.

† Bull. Med.-Chir. Soc. D. C. v.3. no.3, June 1945.

\* COBB, 1948, *Op. cit.*, pp. 18-25.

dent of Meharry as "semi-missionary work."<sup>†</sup> He further regarded the training of his physicians on fellowships as a sort of "guinea pig" experiment to determine whether or not Negro medical teachers, given equal opportunity, would perform as well as white. It was natural that with such a point of view the Meharry "fellows" in training were not stimulated to obtain advanced degrees. Moreover, one year away was considered enough and in general this was all that was obtained until the inadequacy was apparent.

This entire concept was repulsive to Adams. He already knew that an able Negro when well trained was the equal of any man and he wanted to be able to certify his faculty by objective as well as implied standards. He also knew that a man could not become a trained anatomist or physiologist, etc., by having a visiting status for a year. Therefore, he had to convince the General Education Board that at least two years were necessary, in order to get the additional funds required. In addition, he urged his men to register for the doctorates in their fields, thereby submitting themselves to compulsive discipline and assuring, with the degrees, at least the primary evidence of qualification as experts in specific fields.

The General Education Board granted the additional funds, but with some reluctance, as there seemed to be a view that the same pattern should be followed at both schools. Adams' selection of "fellows" was so apt that every physician trained in a preclinical field earned the Ph.D. in addition to the M.D. and all were successful in the clinical field where the training requirements were somewhat different.

These facts are cited in criticism of no quarter, but to acquaint a wider circle with little known and less understood difficulties which Dr. Adams faced and with one of his monumental accomplishments.

#### CLINICAL TRAINING DIFFICULTIES

After about five years the program for training basic personnel for the preclinical subjects was nearing completion and concentration was turned upon the clinical fields. Here a new obstacle appeared.

While Negro physicians had been accepted for training in outstanding centers in the basic science fields, the belief that they could not be so accepted in fields which required bedside contact with patients was so strong in controlling quarters that at first nothing could be done and a special arrangement was made. In this, paradoxically, the sons of the Prophet could not go to the mountains, but parts of the mountains were detached and brought to the sons of the Prophet.

Under a grant from the General Education Board, two well trained white physicians were brought to Howard, one in medicine and one in surgery, for five years, with the understanding that they would modernize the organization and operation of these departments, train the available younger men and at the end of this time recommend the most promising for the chairs of medicine and surgery, respectively.

This work proceeded apace and shortly the argument that Negroes were unacceptable as trainees in clinical fields collapsed, because two of the Howard physicians were accepted for training in surgery at two of the most distinguished medical centers in the country. These were followed by others in various fields and in different places.\* It is to be borne in mind that Negro interns and residents in several municipal hospitals had long given the lie to "the patients will object" argument.

When the five years were up, the white visiting professors did not wish to leave. They approached Dr. Adams with a plan whereby they would retain the chairmanships of the departments, but on a part-time basis, advancing the newly trained Negro physicians to associate positions. In the face of much pressure, Dr. Adams insisted that the original agreement be adhered to. It was thus that the way was cleared for Dr. Charles R. Drew to become professor of surgery. Had it not been for this decision of Adams, there would have been no Drew at Howard, as we were privileged to know him.

Dr. Adams' dedication to his task was total. During the work of faculty recruitment he never gave hint that it ever occurred to him that he might someday "take the adder into his bosom." Yet, years later when the preclinical phase of the

<sup>†</sup> MULLOWNEY, J. J. America Gives a Chance. Tribune Press, Tampa, Fla., 1940, p. 87 et seq.

\* COBB, 1948, *Op. cit.*, p. 23.

rebuilding program was nearly completed, and the new contingent of energetic younger men was becoming restless and malcontent over unrealized anticipations, he told the writer, "I knew when I was assembling this group of highly trained personnel that I must expect all this. I have learned from other experience that people for whom one has done the most, can be the most unappreciative. And I know that at this time I haven't got a 'friend' in the Medical School."

#### FINANCIAL HANDICAPS

Full-time staff as key personnel for the clinical as well as preclinical years was a basic goal toward which Dr. Adams was striving. To induce the most promising minds available in the Negro profession to eschew the lucrative rewards of clinical practice for a career in teaching and research, Dr. Adams had not only to convince his prospects of a satisfactory future for the school, but to give assurance of reasonable salaries. This was not easy, for though his school had obviously great needs for full-time teachers, it was among the institutions financially least able to afford them.

For the basic science subjects the "fellows" were told that, provided they obtained an advanced degree, they would start at an initial salary of \$3500 per annum and receive increases yearly of \$500 until a maximum of \$6000 was reached. Even this modest scale caused Dr. Adams many headaches. Pressure was brought from Meharry to have the starting salary reduced because they could not match it and unrest would be produced. Again Adams stuck to his guns and all of the appointees started at this level or a little higher. Just as the program was getting started, however, the Great Depression set-in and the annual increments were forgot. The writer recalls that although appointed in 1932 at the basic salary of \$3500, this figure was not actually received for several years because first there was the 8 percent and then the 15 percent reduction in government salaries, which Howard was forced to follow. After eight years the writer received a first increase of \$300 and this salary of \$3800 obtained when Dr. Adams died. It is easy to see how this state of affairs resulted in faculty discontent.

As the country emerged from the depression

the full-time faculty began to see its students after but a few years practice giving overt evidence of prosperity through possession of what had somehow lamentably come to be regarded as a symbol of Negro medical arrival, a Cadillac. There were a few losses to the field of private practice. This failure of realization of promises was not Adams' fault, but he tended to be a convenient focal point for reaction against it. Funds for research, equipment and scientific travel, which are necessities for a progressive scientific center, did not become available as anticipated. Again, though Adams was not to blame, this did not contribute to his popularity.

#### ADMISSION PROBLEMS

It had long been known that the caliber of the average student at Howard and Meharry did not compare favorably with those of the best medical schools, but before the national aptitude tests and other objective evidence which has since come to light, there were few publicly known facts on the point. Many Negro schools were jealous of their reputations and the suggestion that an "A" from them was not equivalent to an "A" from Harvard brought forth expressions of resentment, whether sincere or not. Dr. Adams gave unprecedented attention to the evaluation of college records not only in terms of the records themselves but in terms of what the records meant in the light of the institutions from which they came.

As a result the size of the entering classes began to be reduced. In one year there were only 26 students in the freshman class. This evoked sharp criticism from many areas including his own Board of Trustees and the sister school, Meharry, to the effect that Negro doctors were so badly needed Howard could not afford to have such a small class. Adams' position was that quality was infinitely more important than quantity and that Howard Medical School would be justified if it produced only twenty-five doctors annually, provided they were first-rate doctors. The rumor also was circulated that he was against admitting students from Negro schools and that one would have little chance of entering Howard Medical School unless he graduated from a "white" college. This obvious absurdity also became the basis for "drum-beating." Perhaps the

colloquialism "gum beating" would be more appropriate. However, the last four classes admitted under his deanship, three of which graduated after his death, had no state board failures, a succession which is without duplicate before or since in Howard history. Inscrutable are the ways of the Creator.

#### MINOR CONTRIBUTIONS

One could never discover the number of Adams good works outside of the Medical School, but they were numerous. He could put forward excellent suggestions in an unobtrusive way. For example, when he was being proudly shown the plans for the Homer G. Phillips Hospital in St. Louis, he quietly pointed out that he saw no provision for a library and a first class hospital must have a good library. The plans were re-drawn to include a library. That library has been most productive. The Homer G. Phillips Hospital might well name its library in memory of its most distinguished intern alumnus, Numa P. G. Adams.

#### TUMULT AND SHOUTING

In any period of major transitions, strife is inevitable. Howard University has been no exception, rather it has had more than its share, a fact which has not been to the commercial disadvantage of the weekly press. The great changes and advances which had to be made in the Medical School at the time of Adams' arrival produced their portion of hubbub. But it was from the new and not the old that Dr. Adams met his greatest trials. He had had symptoms in his fatal illness so long before he had recourse to treatment that had he been treated promptly he might still be among us.

He was, however, involved in a protracted proceeding centering on the issue of whether one can play on a team and against it at the same time. Had he caused a recess to obtain medical treatment, his enemies would have said he was running from a fight. That none would ever say of Numa Adams. The issue was never officially settled, but for Dr. Adams it was settled. Had he arisen from his sick bed, the future would have found him, without a word to anyone, pursuing his calling elsewhere.

In the military sense, Adams was expendable.

He was a first wave that cleared the ground and sank the new installations. He was exposed to the heaviest fire and became a casualty. In the most realistic sense, whoever and whatever worthwhile emerges from the Howard Medical Center in this generation will stand on the shoulders of Numa Adams.

#### THE JOY OF THE THINKER

Adams knew little *gloria mundi*. Honorary degrees, medals of honor, certificates of merit, achievement awards, posts of salute and leadership in the great professional organizations, etc., did not come to him. He did not survive long enough to be appreciated in perspective by his contemporaries. On this there need be little lament, for he set small store by such matters. He well recognized that his die was cast in a lonely, thankless role. Yet he was permitted satisfactions in seeing many of the seed he had planted begin to grow and some to flourish. Two expressions, one at the beginning, the other near the end of his deanship and his life, he seemed particularly to have enjoyed.

The first was a testimonial dinner given by the Howard Medical Club of New York in October 1929 in recognition of his accession to the deanship. The affair was held at International House and was attended by the University president, several trustees and notable figures in the medical world. Dr. Peter M. Murray was president of the Club at that time and toastmaster at the dinner.

The second occasion was a luncheon tendered by the faculty of the School of Medicine likewise attended by the president and several trustees of the University in February 1940 at which Dr. Adams was presented with a scroll noting the achievement of ten years in the deanship. It was the writer's honor to have presided at this testimonial.

In temporary oblivion Adams has excellent company in such figures as Mendel, whose manuscript founding the science of heredity was scarcely read for half a century, Vesalius, whose Fabrica was the acknowledged foundation stone of modern medicine, but whose name is not yet entered in the Encyclopedia Britannica which devotes seventeen pages to Napoleon and two and a half to Pasteur, and in Semmelweis whom the medical

profession drove insane through persecution because of his unheeded work on puerperal sepsis.

Adams' great joys were pure satisfactions from having unselfishly and unflinchingly been true to himself. He could have testified to what Justice Oliver Wendell Holmes knew when he wrote:

"Only when you have worked alone—when you have felt around you a black gulf of solitude more isolating than that which surrounds a dying man, and in hope and despair have trusted to your unshaken will—then only will you have achieved. Thus only can you gain the

secret isolated joy of the thinker, who knows that, a hundred years after he is dead and forgotten, men who never heard of him will be moving to the measure of his thought."

On these words the soul of Numa Adams may well rest in peace, for a decade after his death, men who never heard of him, both on the scene where he wrought and elsewhere, are finding that the only way they *can* move solidly forward, is to the measure of his thought.

W. MONTAGUE COBB, M.D.

## SPECIAL TRIBUTES

From—DR. JOSEPH L. JOHNSON

*Dean, Howard University School of Medicine*

I AM keenly aware of my inability to do full justice to the story of a truly great man. Many persons felt that Doctor Adams was not easy to know, but I was not one of them. I came to know Dr. Adams when he was practicing medicine in Chicago, and I was a student there.

To know Numa Adams was to respect, to admire and to love him. He was of a brilliant mind and was always the quiet, unassuming, soft spoken gentleman. One could never know of his greatness from his lips. In the practice of medicine, he always gave his patients primary consideration and interest; the comforts and conveniences for himself were of lesser importance. His patients were impressed by his meticulous care; his thoroughness; his forbearance; his scientific and open honest approach to the solution of their problems. One could not but be impressed by the complete confidence which his patients had in him and the sense of assurance and relief which they showed when their problems were in his hands. It was because of his willingness to share his knowledge and skills with his medical students that I had the opportunity to be in his office, to go with him on calls in the home, and to work with him in the outpatient clinic. This close association put me in position to note the reaction of patients to this competent, unselfish and kindly physician. Well do I remember the Sunday morning clinic which he held at Provident Hospital in Chicago for those who, for economic reasons, could not have a private physician and

who for the same reasons did not feel that they could afford to lose time from their employment. Those people knew Dr. Numa P. G. Adams as I knew him.

It may be many years before the contribution which the late Dean Adams has made to medical education is fully realized and appreciated. When he became Dean of the College of Medicine of Howard University, his objective was to place the institution on a par with the best medical schools in terms of adequate and first rate education and training of physicians. He consistently refused to recognize or accept a standard for the College of Medicine of Howard University and for Negro physicians other than one which was applicable to all medical schools and to all medicine.

In 1929 the task of reorganizing and planning the development of the College of Medicine was extremely difficult. The problems were many and their solution called for careful, painstaking planning and a high degree of courage and integrity. On many occasions, in the best interest of the College of Medicine, he had to make decisions and changes which were unpleasant and even painful to himself. He was highly sensitive to the feeling and inconveniences of others, but weighed his acts in the light of the greater good for the greater number and accepted for himself whatever heartaches were involved. He was one who never shirked his responsibility and who seldom, if ever, explained his decisions and acts for the purpose

of making or retaining the liking or favor of one toward himself.

With but few people did he share his heartaches and problems. This probably contributed to the difficulty which some colleagues had in knowing him. He was not given to flattery or deceit, but could always be relied upon to speak—if he spoke—honestly and forthrightly according to his beliefs. He believed firmly that the qualities of greatness in individuals would speak for themselves and take their rightful place in any program of development for the common good, and needed no publicity agent. He chose to err, if need be, on the side of silence rather than risk the onus of unsound or unwarranted publicity directed toward self glorification.

My experience in knowing Numa P. G. Adams was one of the richest of my life and one for which I am deeply grateful. I had the good fortune of contact and fellowship with a gentleman, a scholar and a man possessed of the qualities of greatness. Because Doctor Adams served eleven years as Dean of the College of Medicine of Howard University, medicine among

Negroes has moved forward at a greater pace. The number of highly trained men among Negroes, both in medical education and in the practice of the medical specialties, for many years to come will have a relationship to the work of the late Dean Adams.

Not only was it stimulating to be associated with Numa Adams because of his intellect and honor, but the association was enjoyable because of his sense of wit and humor. When Dr. Adams was relaxing it was rich entertainment to hear him relate humorous incidents of his experience. Whether at the concert, the lecture, the sport event, motoring or other occasion he was excellent company.

The task of his successor as Dean of the College of Medicine at Howard University, as difficult as it has been, was made much easier because of the framework constructed by Dr. Adams. As one who is now entrusted with the responsibilities which were once his, and as a friend and colleague, I shall cherish his memory as a great benefactor to society in general, and to medical education in particular.

From—DR. ROBERT A. LAMBERT†

*Formerly Associate Medical Director, The Rockefeller Foundation*

UNDER a broad program directed towards the improvement of American medical education, Howard was one of some twenty university medical schools whose development was promoted by the General Education Board in the decade following World War I through capital grants for buildings or endowment. As a part of the Board's Southern program, aid to Howard was continued into the thirties and forties, chiefly in the form of fellowships and grants for specific purposes.

It was through my connection with the Rockefeller Boards that I came to know Dr. Adams shortly after his appointment to the deanship at Howard. Our correspondence and my diary notes from 1929 to 1940, covering more than a score

of interviews, comprise a substantial volume. A recent review of this material has heightened my regard for Dr. Adams both as a man of deep spirituality and as a wise and efficient administrator.

In planning the development of Howard Medical School, Dr. Adams recognized the primary importance of manpower. A strengthening of the faculty thus became one of his major objectives. With the strong backing of President Mordecai Johnson, he began at once the search for leaders in the way of departmental chiefs. In 1930 such leaders were scarce as indeed they are today. For a majority of the professorial posts, Dr. Adams was compelled to seek young men with potentialities rather than experienced people of demonstrated ability. This required special skill in the evaluation of candidates along with tact and diplomacy in carrying through the well laid plans.

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In strengthening the faculty Dr. Adams shared President Johnson's view that the basic laboratory subjects be given first attention, and a comprehensive program to that end was worked out. The program included additional training of men chosen for headships of departments along with the careful selection and training of an adequate junior staff. Looking back over the record, I am impressed with the remarkable success in attaining this objective toward the realization of which Dr. Adams devoted a large part of his time and energy during the first five years of the deanship.

Development of the clinical departments presented greater difficulties since that involved the transition from part time teaching, carried on by busy practitioners, to the present system under which the responsible teachers of major clinical subjects devote themselves primarily to their academic duties. To effect the transition in medicine and surgery, Dr. Adams found it expedient to bring into the school two experienced teachers on limited term appointments. This project, in which the General Education Board cooperated, gave time for promising young candidates to mature. Dr. Adams kept a watchful eye for such potentially valuable human material. My 1934 diary records the statement that Dr. Adams was interested in Dr. Drew, "graduate of Amherst, M. D. from McGill, now serving an internship at Montreal General Hospital". Two years later, after the young man had been brought to Howard for closer observation, Dr. Adams requested a fellowship for Dr. Drew's further training at Columbia Medical Center, in preparation for the chair in surgery. This is simply one example of Dr. Adams' perspicacity and his patience in wait-

ing for the right man to fill an important post.

In his relations with foundations, Dr. Adams was modest and conservative in his requests and scrupulously careful in the expenditure of funds made available. I recall well the first grant from the General Education Board which he negotiated,—\$5000 for the medical library, chiefly for purchase of back volumes of journals and reference books. When after six months less than half the grant had been expended, it was decided to enquire into the cause of the delay. The enquiry revealed that Dr. Adams had made a painstaking study of the library's pressing needs as well as a most thorough search for the most economical source of the desired material, to the end that the money be used to greatest advantage. That proved to be Dr. Adams' way in handling any and all funds entrusted to his disposition.

Through my long experience with the Rockefeller Boards, I never had a more satisfying task than that of cooperating with Dean Adams and President Johnson in the upbuilding of Howard Medical School. The cooperation included the award of a number of fellowships and the guidance of trainees in their studies at other institutions. It is noteworthy that there was not a single failure among the fellows,—an exceptional happening in the annals of the Rockefeller Boards.

My estimate of Dr. Adams may be summarily expressed in the designation,—man of wisdom, fine sensibility, clear judgement, patient determination, and courageous action.

To have been closely associated with such a man for more than a decade was one of the compensations of service with a great foundation.