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Medico-Chi: Whence and Whither?

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Medico-Chi: Whence and Whither?*

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INVENTORY

WITH this meeting the oldest Negro medical society enters upon its sixty-first year, under its thirty-fifth recorded president, with a larger active membership, 173 physicians, a larger though still meager treasury, and more problems, duties and opportunities than ever before. To be your duly elected leader at such a time is a great honor and humbling responsibility. Although today our body has much hard work to do to develop a fully functioning organization, many men down the years have given devoted service to this Society from which we have all profited. I should like to begin with warm tribute to my recent predecessors and to all whose unselfish labors have brought us thus far along the way.

The strategic location of this Society in the national capital, the nature of its origin and development, and the size and quality of its membership make its potential influence for good unrivalled among bodies of its kind. This potentiality, however, has never been realized or even approached. At the end of sixty years we owned no property, published no periodical, supported no lectureships, subsidized no research, sponsored no scholarships, made no awards, conducted no inventories of local health problems, had no continuous post-graduate training program for our members, promoted no legislation, fostered no special enterprises of any kind, and did not constitute the authoritative voice in respect to the health problems of the Negro in the District of Columbia that we have been frequently expected to be.

Survival has been our greatest single achievement, but it is significant that this survival has been through adherence to the primary purpose of the Society, that of securing to Negro physicians "the advantages of regular meetings for medical improvement." The scientific program has properly never ceased to be the prime feature of our meetings, and a large number of these programs have been of excellent quality. Our failure, however, to develop adequately along the secondary but vital lines just mentioned, has caused us to be regarded by some segments of the community, particularly civic-minded laymen, as a large, poorly organized, inert, professional group of limited social vision, with a long name which many people, including some of our members, cannot pronounce correctly.

The purpose of these remarks will be to point out principal causes and indicated remedies for our major defections and to enlist your aid in the formulation and execution of a program which will develop our Society into the dynamic, constructive force in our professional and community life that it ought to be.

OLD FAULTS AND RECENT CORRECTIVES

An adequate general picture of the special handicaps of the segregated society and other factors which have tended to retard the progress of this organization, has been given in our published history.¹ The records of our discussions show constant awareness of these, so that recognition of shortcomings is not a present essential. Neither has there been lack of desire or willingness to perform our full duties. On occasion special jobs

* Address of the Incoming President, Medico-Chirurgical Society of the District of Columbia, Inc., January 25, 1945. Revised for publication, March 15, 1945.

¹ Cobb, W. M., 1939. *The First Negro Medical Society*. Associated Publishers, Inc., Washington, D. C.¹⁰ 169 pp.

have been done in commendable fashion, as, for example, in the post-graduate seminars which have been held in conjunction with other agencies and in the recent unique cooperation of our members with the National Selective Service in the conduct of physical examinations of inductees.

The greatest single retarding influence that this Society has suffered from has been the lack of continuity of effort and program from one administration to the next. An energetic and enthusiastic leadership may expend great effort in planning and initiating an ambitious and promising program, but when the reins are passed at the expiration of term, carry-over values tend to be lost.

Both the human element and our organizational machinery have been responsible here. Recently you have made some changes in an attempt to correct this situation. You have limited the term of the president to one year, so that if you make a bad choice, you will not have to endure it long. You have adopted the president-elect system, in order to provide opportunity for your next president to become intimately acquainted with the workings and problems of the Society in the year preceding his taking office, that he might the better map the course for his own term. You have further specified that the past-president shall be a regular member of the Board of Governors, so that the Society may continue to profit from his experience and counsel. The overlapping terms of the elected members of the Board of Governors already provided for continuity of experience in that body. You have raised the annual dues from the nominal sum of five dollars, which never afforded resources adequate for underwriting a program of real significance, to ten dollars. This has proved so wise a measure that without it the beginning already made on this year's program would not have been possible. For these constructive efforts the Society is indebted to the administration of Dr. Howard M. Payne.

AIMS AND ORGANIZATION FOR 1945

In the past it seems to have taken from six to eighteen months for this Society to get a new program organized and under way. Present circumstances would not seem to justify the hope that more could be done in 1945 than to institute

a few measures which will develop our organization into a going concern, so equipped that our successors may easily keep it going, and at progressively increased pace.

Our plan of organization is prescribed by our revised Constitution which we hope to have printed and distributed as soon as certain details of authenticity and change receive your attention. This provides for six officers, a board of governors, a board of censors and seven standing committees, on programs, finance, public health and industrial medicine, medical education and hospitals, public relations and publicity, medical resources and economics, and social functions, respectively. To cover the work of the current year there have been added three full committees, on post-war medicine, legislation and nominations, respectively, and five sub-committees, two, on house and on budget under the finance committee, and three, on tuberculosis, on venereal disease and on child welfare, under the public health committee. This panel today puts 6 of you to work as officers, 12 as governors, 3 as censors and 65 as committee members, a total of 63 individuals, or 37.3 per cent of the membership, after deduction for persons serving in more than one capacity. All problems envisioned for this year fall under some category of this organizational arrangement.

The details of this initial deployment of our members appear in our first printed directory which has been mailed to each of you. The directory contains in addition to the officers, boards and committees, a list of members complete with addresses and phone numbers, the officers of our women's auxiliary and our schedule of meetings for the year. A considerable effort was made to ensure the effectiveness of the several committees by ascertaining in advance the interest and willingness to cooperate of each prospective chairman and, as far as possible, of each committee member. We hope a team has been put on the field which will prove able to integrate the energies of every member into our activities.

The first meeting of the Board of Governors on January 9, attended by the full Board and 12 of 14 committee chairmen, was a good start. Most of the committee chairmen presented written outlines of their plans for the year and all in suitable form were approved by the Board. You will be

advised as rapidly as possible of the details of these plans through our Bulletin.

BULLETIN

One of the most important actions of the Board at its first meeting was the reestablishment of our Bulletin. In 1941 after long representations for its need, you authorized a "Bulletin of the Medico-Chirurgical Society of the District of Columbia" of which one issue was published in July 1941 under the editorship of the speaker. This described in detail the participation of the Society up to that time in the work of examining inductees for the National Selective Service.

Your new Bulletin will be prepared under a temporary editorship, authorized for one year. At the end of that time it is hoped a permanent plan for editorial stewardship will be instituted. The regular issues of the Bulletin should come to your hands shortly before our monthly meetings. Nothing has been more needed than a regular medium of communication for report of activities, exchange of information and formulation of opinion, such as the Bulletin will provide. May your contributions enable it to grow into a small journal of real significance.

PROGRAM FOR 1945

In planning for the year, first thought was for our scientific programs, since these have been the prime reason for both our being and survival. No function still should take precedence over that of propagation of scientific information and we remain the most generalized local medium for the purpose. The various conferences and staff meetings of the Medical School and of the Hospital are of great educational benefit to those who attend them, but these discussions are of specialized nature and do not reach all of the profession. They cannot and are not designed to serve the general educational purposes of the programs of a medical society.

Your Committee on Programs will aim at comprehensive coverage of medical topics over the shortest possible period and at giving each meeting some spice of variety by showing a film in addition to the customary scientific papers. It is hoped an adequate vehicle will be provided for the presentation of both clinical experience and origi-

nal research, employing the best modern techniques in demonstration.

In 1939 you established two annual lectureships, a Charles Sumner Lecture in the spring and a Founders Lecture in the fall, but no further steps were taken and neither lecture has yet been given. At its January 9 meeting, your Board provided for honoraria and expenses for these lectures. It will be our earnest effort to present speakers of high professional distinction on these featured occasions.

THE CRANBROOK EXHIBIT

As a special service in race education you presented for the citizens of Washington over the period March 2-12, the Cranbrook exhibit on "The Races of Mankind." This 22 panel travelling exhibit describes for the general public all the essential scientific facts about the nature of race, cultural achievement and the fallacies of race superiority theories. It was designed by Dr. Robert T. Hatt, director of the Cranbrook Institute, Bloomfield Hills, Mich., with well known anthropologists as consultants, and is the best work of its kind yet created.

The Detroit race riots were the immediate stimulus for the preparation of this educational medium, which was shown in that city for several weeks. The exhibit was then purchased by the American Missionary Association, at the instance of Dr. Charles S. Johnson, of Fisk University, director of the Association's Race Relations Division. Subsequent showings have been in Nashville, Atlanta, New York and Brooklyn. In Washington a downtown location in a public building was sought for the showing but not obtained. The display was made in the foyer of the Howard University Medical School, which is ideal for exhibition purposes. The exhibit was viewed by approximately 5000 persons of whom the majority were public school pupils. There is no doubt that this first effort of its kind by the Society was appreciated by the public to which it was addressed.

FINANCIAL PROGRAM

Our present roster should provide an annual income from dues of approximately \$1500. This sum is more than adequate to finance our routine printing and secretarial expenses, the Bulletin, the

special lectureships and scientific exhibits of the kind now in prospect and such social functions as may be anticipated. It is not sufficient, however, to permit significant progress toward the accumulation of a house fund or toward providing salary for the full time secretary that is needed.

Present provisions set aside the sum of \$100 a year in a house fund. In 10 years we should have \$1000, and by the middle of the next century \$10,000, which should be adequate for the purchase of a modest dwelling by our great grandchildren in the profession, provided property values and economic pattern remain essentially the same as today. It is our hope that the membership will act definitively upon this matter this year. Our house sub-committee has been asked to present a plan whereby a building may be purchased within our own lifetimes. We hope that on the basis of the representations made you will be able to decide once and for all whether or not you want a home, and if you do that you will enter upon a practicable program for obtaining one.

The Finance Committee will later present a survey of future financial needs, suggesting in what measure we should make expenditures for new constructive purposes, such as scientific awards, charitable contributions, etc. We trust that this report will receive concrete action so that future annual budgets which will enable us to continue good things we are doing and to expand in all indicated directions.

PUBLIC RELATIONS

In the sphere of public relations your committees on public health, medical education and hospitals, and public relations and publicity have outlined vigorous programs. These embrace a much needed education project relating to venereal disease, public health questions, acquainting the public with the Society, acquainting the doctor with his own Society, and positive action against the various forms of racial discrimination in the city, which relate to health matters.

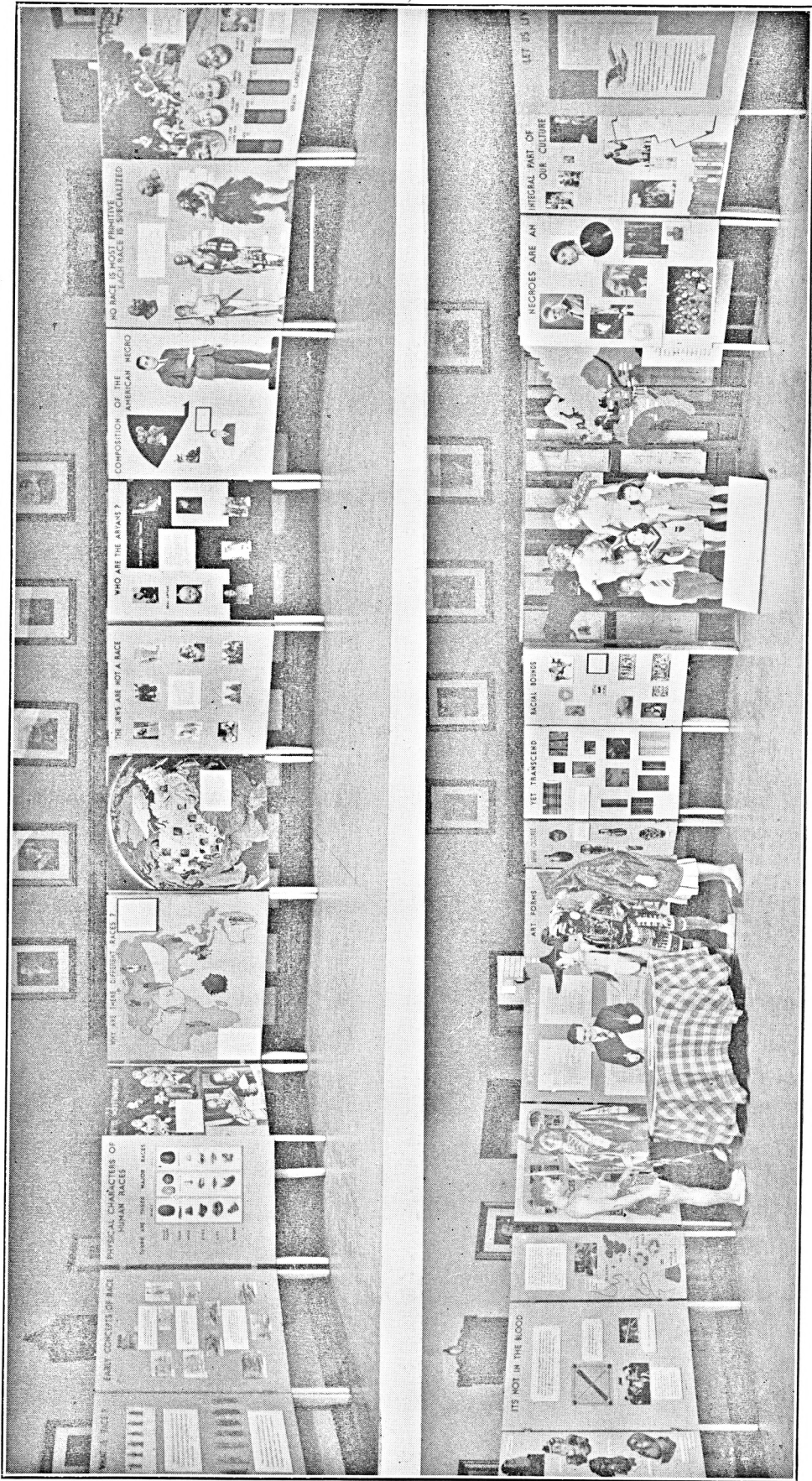
Relations without our own medical center are better than at any time in our history. Through the fortunate circumstance of Dean Lawlah's policy of encouraging any local medical activity to center about the medical school, our meetings are held in the Howard University School of Medicine,

and by special courtesy, the institution will serve as our permanent address for such time as needed. Similarly, our liaison with Freedmen's Hospital through its superintendent, Dr. Hall, as an elected member of our Board of Governors, is direct and cordial. Since the common goal is the advancement of medical science and service, these friendly and cooperative relationships should prevail indefinitely.

A vital phase of our public relations is broadly concerned with recognition and status. In respect to the Medical Society of the District of Columbia and the American Medical Association the *status quo* since our origin still obtains, with no discernible prospect of change, in the light of recent explorations. Being barred from membership in the District Medical Society, we are barred from membership in the American Medical Association and so from qualification for any professional benefits to which membership in either of these two organizations is prerequisite. No improvement in this situation is to be expected from any source other than carefully planned correctives, based upon accurate analysis, initiated by ourselves.

A conference on March 5 called at our instance between representatives of our Society and the Health Officer of the District of Columbia to improve mutual understanding and extend cooperative relationships between the Health Department and the Society has led us to anticipate constructive results insofar as the Health Department is concerned.

Our position was that although we did not accept the segregation pattern which characterizes the Nation's Capital, we were compelled to work within its framework, and therefore desired to be approached by the Health Department in all matters affecting the health of the local community in the same manner and at the same time as the District Medical Society was approached. We recognized increases in the number of Negro school physicians and municipal nurses as salutary, but affirmed our particular interest in the integration of Negro professional personnel at all levels in the health facilities of the District of Columbia, particularly of physicians in the municipal hospitals. The complex nature of the Government of the District of Columbia and prevalent social attitudes indicate that little will be accomplished in this direction unless we "carry the ball" for



The Cranbrook exhibit, "The Races of Mankind," on display under auspices of the Medico-Chirurgical Society of the District of Columbia, Inc., March 2-12, 1945, in the Howard University School of Medicine. The exhibit describes for the general public all the essential scientific facts about the nature of race, cultural achievement and the fallacies of race superiority theories.

ourselves in what must be prolonged, unremitting and intelligent action.

There has been reason to emphasize that the Society should take particular care, in its dealings with other organizations, to do its own thinking and select its own representatives in each sphere. An active interest and participation in the Society's affairs by the full membership is the best assurance of sound procedure here.

MEMBERS IN SERVICE

Our thirteen members in the armed forces all hold commissions in the Army Medical Corps. Maj. Hildrus A. Poindexter was recently awarded the bronze star for the excellence of his work in preventive medicine on various assignments in India and numerous Pacific Islands. Maj. Arthur Hugh Simmons for over two years has commanded the 268th Station Hospital, last known to be in New Guinea. Maj. Phillip T. Johnson commands the Physical Therapy unit at Fort Huachuca, Ariz. Maj. DeRuyter Butler and Lorenzo Berry, Capt. Cervera Little and Theodore Pinckney, and Lieut. Richard Irving are also stationed at this post. Capt. Harold Whitted, just discharged, was in the early action at Bougainville. Capt. T. E. Corprew is in France, and Capt. Webster Sewell in the Far East. Maj. Charles I. West, U. S. Public Service, is Medical Officer of a special commission now in Liberia and Capt. Reginald James, U. S. Public Health Service, is stationed locally.

POST-WAR MEDICINE

A major part of our activity for the year should involve study and discussion of the practice of medicine and medical problems in the post-war world. We believe it is important for every member of this body to become familiar with the principal features and implications of the original Wagner-Murray-Dingell Bill (S. 1161, HR 2861) as well as the more recent developments published in the reports of the Pepper Committee (J.A.M.A., Jan. 6, 1945), and the Hill-Burton Hospital Construction bill (S.191). No one doubts that there are going to be pervasive changes in our social order after the War which definitely affect the nature of practice and the income of doctors. These changes will be necessary because the social and economic arrangements by which medical service is made available have not kept pace with progress in medical technology.² It has been shown

that 92 per cent of the American population need assistance in meeting the costs of medical care and that the United States has lagged behind the rest of what is customarily called the civilized world in failing to create a health insurance system. Before the war, 50 countries had some form of health or sickness insurance.³

The larger medical bodies of the country have already formed opinions and taken positions in respect to many of the changes now proposed. We cannot afford to accept second-hand, the opinions and positions of the American Medical Association or any other body as our own. Particularly we must know in each case how new proposals or acts will affect the Negro people and profession. It is significant to Negroes that all of the important national health legislation now pending is so drafted as to make it appear that the Federal funds will be allocated and more or less directly supervised through the agencies of the States. What degree of equity will eventually be achieved will depend again upon the degree to which we interest ourselves in our own behalf. The only way we can form proper opinions is to study these matters, analyze and discuss them and do our share of contributing to constructive change by championing in the proper quarters changes which we believe for the common good and working against those which after examination we believe detrimental.

CONCLUSION

Standing on the shoulders of our predecessors we are attempting this year to perfect machinery for efficient business routine. A bulletin has been instituted, a comprehensive scientific program planned, two special lectureships authorized, a scientific exhibit sponsored, an ambitious public education program projected, and a serious attack on professional discrimination against Negroes undertaken. We hope that you will find these activities and objectives worthy of your full cooperation and support. If we do not participate actively and effectively in solution of the professional problems of this crucial period, we shall fail our responsibility.

² Berge, W. 1945. Justice and the future of medicine. *Pub. Health Rep.*, 60: 1-16.

³ The new Wagner-Murray-Dingell Bill (Report by National Committee on Social Legislation, National Lawyers Guild). 1944. *Lawyers Guild Rev.*, 3: (27 pp.)