Opening the Doors of the Great Republic: Sex, Race, and Organized Medicine in Mississippi

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"The great republic of medicine knows and has known no national boundaries." — Sir William Osler

INTRODUCTION

A "great republic" is what the father of modern medicine, Sir William Osler (1849-1919), called our profession, describing it as a meritocracy based on egalitarian principles, a product of the Greek intellect and its emphasis on rational science. Making reference to the ancient god of medicine and healing, Osler asserted further: "Distinctions of race, nationality, colour, and creed are unknown within the portals of the temple of Aesculapius." Despite this noble tradition, he acknowledged in 1902 that the profession, made up of humans prone to delusions and frailty, often fell short of its ideals and was riddled with "a bigoted, intolerant spirit" he called "chauvinism," from which physicians must emancipate themselves.

Here in Mississippi, our profession's journey to free itself of the shackles of race and sex discrimination has been long and difficult. Closing doors rather than opening them was the original focus of our profession's energies in the state, often for the right reasons, to exclude quacks and charlatans who claimed to be physicians. (There also was an extensive effort to exclude homeopaths and osteopaths for decades, but that is a story for another day.) What follows is a brief exploration, far from complete, of the role sex and race played over the last 157 years in organized medicine in Mississippi.

BOARD OF MEDICAL CENSORS (1819)

Neither race nor sex was noted in any of the early documents of our profession in the state. The first state law regarding the practice of medicine was passed on the heels of statehood in 1819, "An act to regulate the admission of physicians and surgeons to the practice of medicine and surgery in the state of Mississippi." This progressive and well-drafted legislative act, approved on February 12, 1819, established the Board of Medical Censors, which would grant licenses to practice medicine. The act made no mention of sex or race, although female or black applicants were probably not even suspected to be on the horizon by the drafters of the legislation. Approval would be based on "satisfactory evidence of qualifications being produced" including "the test of examination before the board." This was the standard mode eventually utilized by other states and even countries to ensure competency of their physicians. Mississippi physicians today still have to pass the three-step United States Medical Licensing Exam and provide evidence of their qualifications and training to our state licensure board in order to be licensed.

FIRST BY-LAWS (1856)

The first by-laws of our association (written in 1856) also made no mention of race or sex in membership rules. Article 2 stated, "Any regular physician of good standing who shall have graduated at any respectable medical institution, and all physicians who have received the honorary degree of M.D. from a medical school of such character, and who recognize and are governed by the principles and standard authorities of the profession, and conform to its code, as put forth by the American Medical Association, shall be eligible to membership, and none others, save by a unanimous vote of the Association present." That said, the original preamble referred to the profession as "medical men," which again underscores the antebellum assumption that the term physician implied the male sex.

MEDICAL LICENSURE (1882)

Perhaps the most important document of our profession in the state is the law which established our current medical licensure system, the 1882 "Act to Regulate the Practice of Medicine in the State of Mississippi." Drafted by MSMA leadership of the period and approved on March 3, 1882, the act was the first great political accomplishment of our association. Despite its creation in the Reconstruction period, there is no reference to sex or race in the document. At the time, there were black physicians practicing in the state and female physicians were growing in number rationally. This act did require an "examination in writing" to be conducted by the State Board of Health. Also included was strong language against "peripatetic quacks and traveling charlatans."
Licensure as a physician would depend on professional training, in both medical schools and hospitals, with references to character. This law would allow many to “grandfather” in with lesser training and also allow those who had not graduated from medical school but did pass the exam a route to practice. However, the act was well-crafted and opened the doors to qualified physicians of any sex or race to practice medicine in the state of Mississippi.  

**WOMEN AND OUR MSMA**

Our association was progressive and even ahead of its peers in integrating women, at least white women, into our ranks and even leadership. More than fifty years after the first female in the United States received a medical degree (Elizabeth Blackwell, 1849), our MSMA admitted into its ranks its first female member and the state’s first licensed female physician in 1901, May Farinholt Jones, MD (1866-1940). A native of Virginia and a graduate of the Woman’s Medical College of Baltimore in 1897, Jones became the first woman to take and pass the state medical board examination. She specialized in student health medicine, becoming the physician for the all-female Mississippi State College for Women (now MUW) in Columbus and later physician for the State Teachers College (now USM) at Hattiesburg in 1912. In 1919, she went to the Mississippi State Sanatorium for Tuberculosis, where she finished out her career in 1929. This brilliant pioneer was not only admitted, but was embraced by our association, being asked to address members at annual session as well as to take on state association leadership roles. She delivered excellent scientific lectures, beginning soon after her admission and throughout her career, on subjects from typhoid fever to influenza. The lectures were lively and keenly intellectual. No doubt she had a gifted mind and went on to be an excellent physician. MSMA leaders recognized this brilliance. Our own MSMA became one of the first state associations in the country to place a female member in a high office when in 1903 she was elected as second Vice President of the association, the third highest office in the association. Strangely, after assuming this high office, she held no other major office, although she regularly attended and frequently addressed the annual sessions with medical talks.  

Women, whose membership numbers remained relatively low for decades, would remain involved in leadership roles in our association, largely at the component society level, until the 1990s, when female leadership became almost as common as numbers swelled. Dr. Candace Keller served as the first female MSMA president in 2000-1, soon followed by Drs. Dwalla South and Helen Turner. Other significant female leaders included Dr. Mary Gayle Armstrong, who served as first female chair of the AMA delegation, and Dr. Freda M. Bush, who not only served on the AMA delegation but also as president of the Mississippi Board of Medical Licensure.

**RACE AND MEDICINE**

**No AMA Membership**

Race, however, in this Deep South state, would be more difficult to overcome for our association. In that grim and difficult period immediately following the Civil War, the first black physicians appeared in Mississippi, with the first observed at Vicksburg in 1865. Entry into the profession was slow for blacks, and by 1890, only 34 black physicians and surgeons practiced in the state, and none appears to have been a member of MSMA. Racial exclusion of blacks was not a Mississippi phenomenon, but rather a national one. At this time, the American Medical Association (AMA) denied admission to blacks. In 1895, the National Medical Association was established largely by Southern African-American physicians at a time when “separate but equal” segregation and Jim Crow laws and customs dominated the country. This was both at state and national levels, with various black professionals from teachers to physicians forming separate professional societies. In the wake of the landmark Supreme Court case *Plessy v. Ferguson* (1896), which originated in nearby Louisiana, racial segregation would be legally sanctioned by the federal courts, asserting the flawed concept of

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**THE NEGRO DOCTORS.**

**First Meeting Held and State Organization Formed.**

The colored doctors of Mississippi are holding their first annual convention in this city.

The chief organizer of the association of negro physicians was Dr. S. D. Redmond, of this city, who conceived the idea of holding an annual gathering of the recognized practitioners for the discussion of topics of importance to the profession.

There is a very good attendance at the convention, nearly every negro doctor in the State being present, and quite a number of able and creditable papers were read at today's session. Tonight the visiting doctors will be entertained by the local members of the profession.

The *Clarion-Ledger* announced the organization of the Mississippi Medical and Surgical Association on May 17, 1901. The MSMA would welcome and praise its creation.
Dr. Sidney Dillon Redmond (1871-1948) — also known as S. D. Redmond of Jackson, was a physician, lawyer, and delegate to the Republican National Convention from Mississippi.

“Separate but equal” as legitimate public policy, making segregation the law of the national landscape until repudiated in the Brown v. Board of Education decision of 1954.

**MEDICO-CHIRURGICAL ASSOCIATION OF MISSISSIPPI**

At about the time the MSMA was bringing Mississippi’s first licensed female physician into the organization as a member, fifteen of the state’s black physicians, who were not allowed in the then-segregated MSMA, formed the Medico-Chirurgical Association of Mississippi. (“Chirurgical” is an archaic, traditional term for “surgical.”) On the last page of the May 17, 1901, *Daily Clarion-Ledger*, an article was entitled, “The Negro Doctors: First Meeting Held and State Organization Formed.” It stated, “The colored doctors of Mississippi are holding their first annual convention in this city. The chief organizer of the association of negro physicians was Dr. S. D. Redmond, of this city, who conceived the idea of holding an annual gathering of the recognized practitioners for the discussion of topics of importance to the profession. There is a very good attendance at the convention, nearly every negro doctor in the State being present, and quite a number of able and creditable papers were read at today’s session. Tonight the visiting doctors will be entertained by the local members of the profession.” A few days later, the same newspaper printed a follow-up article, stating, “The Medico-Chirurgical Association of Mississippi has just concluded its first session in this city and made a very creditable showing. The association was one of the most intelligent bodies of colored men that ever assembled in this city. The discussions were entered into with much enthusiasm and were very interesting from a professional view, reflecting great credit upon the participants. The following officers were elected: Dr. S. D. Redmond, president; Dr. A. M. Dumas, of Natchez, vice-president; Dr. L. T. Miller of Yazoo City, second vice-president; Dr. E. W. Moore, of Columbus, recording secretary; Dr. J. M. May, Westside, corresponding secretary; Dr. S. A. Miller, Canton, treasurer. The next meeting will be held in Vicksburg.”

What were white doctors thinking when this separate racial organization was established? The MSMA’s official publication, the monthly *Mississippi Medical Record*, made positive mention of the Medico-Chirurgical Association’s founding. In its July 1901 issue, Editor H. H. Haralson wrote, “Fifteen negro physicians organized the Medico-Chirurgical Association of Mississippi, at Jackson, Miss., on May 17. In the past 30 years, six medical schools for negroes have been established, and a total of 941 graduated students has been the result. The organization of a medical society is a step higher and must deserve all the credit given it.”

**DR. SIDNEY D. REDMOND AND DR. L.T. MILLER**

These articles indicate several things. One, that the
organization was established in May 1901, not 1900, as has been sometimes asserted. Two, that its lead instigator (who would become its first president) was the brilliant Dr. Sidney Dillon Redmond (1871-1948), a physician and lawyer in Jackson. Redmond had begun the practice of medicine several years before and married Ida Revels, a daughter of U. S. Senator Hiram Revels, the first black senator in the country. Redmond would become chairman of the state Republican Party for a long period and at his death was reputed to be the wealthiest black man in the state.12 Also, noteworthy is another of the leaders in the society’s establishment, Dr. L. T. Miller of Yazoo City, easily the most prominent African-American physician of his era. In the 1920s Miller and businessman Tom J. Huddleston built the first black owned and operated hospital in the state, the Afro-American Sons and Daughters Hospital in Yazoo City.13 Within Mississippi’s closed racial society, professional oases, such as this society, were created by black physicians. Eventually the association would become the “Mississippi Medical and Surgical Association,” which remains a vital professional association focused on the needs of the black physician and the black community. It is of significance that the voice of the MSMA of 1901 welcomed this peer in organized medicine positively, despite the gross racism of the period. Yes, separate but equal ruled the land, and the official MSMA publication at least acknowledged that its black peers were performing a vital service for medicine in the state.

**Separate but not Really Equal**

Wrote Neil McMillen in *Dark Journey*, “Black physicians, dentists, and pharmacists, functioning as they did almost entirely within a separate black world, generally encountered less white hostility than their counterparts in law. If some white professionals accepted their responsibilities to serve the sick without regard to race or remuneration, others clearly preferred to practice only among their own people and were more than willing to share their impoverished black patients with Negro colleagues. Yet until after 1890 there were few black health professionals in Mississippi... By 1930 there were seventy-one black doctors in the state, more than twice as many as in 1890.”14 By 1953, Mississippi had 1497 physicians, of which 53 were black (almost twenty less black physicians over two decades). Also, of the 1497 physicians in 1953, 1091 were members in good standing of the MSMA, with 1089 being members in good standing also of the AMA.15

**MSMA Membership**

The surviving constitutions and bylaws of the MSMA do not appear to have mentioned “race” until 1954. In the 1893 version, membership status was granted to those who were graduates of medical schools, residents of Mississippi, and licentiates to practice medicine in the state, who were of good moral and professional reputation. Although black physicians satisfied these descriptions, racial exclusion appears to have been easily accomplished by the process of selection, which also required every member to be proposed in writing by three members of the association and referred to the officers of the association for “final action.”16 In an attempt to lessen the centralized powers of selection, the House of Delegates reorganized the association in 1903 based on AMA recommendations to place more power in the state societies at the component/local society level. Passed in 1902, laying on the table until 1903, as a constitutional change, the new constitution increased opportunities for membership, at least for white members, stating, “The members of this association shall be the members of component county medical societies.”17 This reorganization proved helpful to expanding the grassroots membership of the organization, placing power in hands of the regular members and out of the hands of the entrenched power structure of leaders heading the association. At times this would be both positive and negative for increasing diversity. However, local component societies maintained the “status quo” of Mississippi. Racial segregation in medicine would be maintained, despite this constitutional change, for the next 51 years.

**AMA Membership and Local Politics**

The AMA had long been accepting blacks as members, but only if they were members of their local affiliates. Placing power in these local affiliates to determine membership dates to the end of the nineteenth century when the AMA began this movement to stimulate membership at the local level, ironically to increase diversity of membership and break up power oligarchs controlling the state associations. However, such a system had a tragic outcome for blacks in the South, largely eliminating their involvement at the national level. In the 1940s, one black Tennessee physician joined the AMA during a several year period of work in Indiana, but when he returned to Tennessee he lost his AMA membership because he was racially excluded from joining the Tennessee Medical Association and his local society. In the AMA’s construct, he was not a member in good standing of the local AMA affiliate, thus not eligible for membership in the national organization.18

The push to challenge this injustice for most of the nation’s black physicians began in 1947 when the National Medical Association appealed to the AMA for the inclusion of all licensed black physicians into the AMA, even if they were not allowed in their local affiliates. Later Mississippian Robert Smith, who was mentioned in an earlier article in the *JMSMA*, would continue this push. This led to efforts by the AMA House of Delegates to end medical segregation. In 1948, New York’s society introduced a resolution asking the AMA to amend its constitution to prohibit any affiliate from excluding a qualified physician on account of race. Although
this resolution was defeated, national pressure on state affiliates to change their racist policies had begun. By 1950, state affiliates in Oklahoma, Maryland, Delaware, Missouri, and even Florida, had dropped their racial policies for membership, although at local society levels, racial segregation continued in many communities for years to come. In 1950 and again in 1952 the AMA House of Delegates passed resolutions encouraging affiliate societies to review any racial policies of exclusion.19

**Scientific Membership in the South**

The pressure from the AMA and from within their own state associations led several of the Southern medical associations to create limited "scientific" memberships. These "scientific" memberships included black physicians in the lectures and educational programs of associations, but excluded them from voting and social events. Despite this demeaning status, this membership did allow black members to be in official "good standing" with their local societies even in the Deep South, thus allowing black membership in the AMA. (Although one Mississippi "scientific" member recalled in his memoir that such membership did not allow AMA membership.) This would be our own MSMA's approach in 1954. Nationally, this special category designation, this limited membership based on race, was not unique to Mississippi, and various states approached integration in similar ways. North Carolina, like Mississippi, utilized a "scientific" membership for black members until the 1960s, while Louisiana would entertain no status for blacks within its state association until the mid-1960s. Perhaps the most progressive on racial inclusion was our neighbor Alabama, whose physicians voted to end racial exclusion at its county societies in 1953.20

Mississippi's first step away from Jim Crow medicine would occur at the 1954 MSMA annual session, when Dr. H. C. Ricks presented to the House of Delegates the recommendations of the Committee on Constitution and By-Laws to create a subsection in the constitution creating "Scientific Membership." The by-laws change stated: "Negro physicians meeting the professional qualifications set forth in Chapter 1, Section 1, may be elected to scientific membership by component societies. The rights and privileges of scientific membership shall be limited to participation in the scientific work of the association and such members shall not vote or hold office. Scientific members shall pay no dues to component societies or the State Association. In addition, to these provisions, the privileges of scientific membership shall be subject to rulings of the Council."21 Although passed in 1954, like all by-laws changes, this alteration would not take effect immediately, lying over a year, being approved again in 1955 without ceremony, then taking effect at the beginning of 1956. Over the next few years, the word "Negro" would also be deleted from the description of Scientific Membership, removing any direct reference to race in the constitution and by-laws.22 Bizarrely, the "scientific" status, despite the inherent stigma, was for that time a creative approach by the "progressive" members of the association to admit African-Americans within Mississippi's brutal, closed racial society, which was violently resistant to
any integration of any type whatsoever. Even this archaic and demeaning approach to inclusion was met with resistance by many of the more conservative and racist members of the association. This was, of course, a very different Mississippi and at a very different and difficult time. Within days of the approval of this by-law change, which occurred May 13, 1954, Brown v. Board of Education would be handed down (May 17) by the U.S. Supreme Court, which overturned the long held national policy of separate but equal. The state itself shifted further into a reactionary mode with state government battling any and all civil rights initiatives and any and all integration efforts. Emmett Till would be murdered the next year, and in 1956, the state Legislature would create the Sovereignty Commission to battle all integration overtures within the state. The “closed society” of Mississippi, inflamed and radicalized, had begun battling what many perceived as its second civil war. What is amazing is that in this racially charged climate, in what many considered the most racist and segregated state in the union, any effort to include African-American physicians in the membership would be successful. But it was, and there is no doubt that the creation of this shameful category of membership would be a positive “next step” on the long road to end Jim Crow medicine. This action began the racial integration of our association.

Oswald Garrison Smith, MD, the First Scientific Member

The first African-American to be admitted/elected into the MSMA, although in this limited “scientific” status, was Oswald Garrison Smith (1915-2002) of Clarksdale. (See this month’s “Images in Mississippi Medicine” on page 214.) He was born September 4, 1915 in Vicksburg, the son of Mr. and Mrs. Perry Monroe Smith. He attended the public schools of Mound Bayou and attended Bolivar County Training School there. His parents later moved to Shelby. He attended Tennessee State College for 3 years and later graduated with an MD from Meharry Medical College on May 28, 1940. He passed the Tennessee State Medical Board on June 15, 1940, and interned a year at Homer G. Phillips Hospital in St. Louis (a respected training black hospital), then passed W. Virginia State Boards in 1942.21 He served in the 45th Engineer Regiment as an officer in the medical corps, serving in the Burma jungle at Tagop, the 335th Station Hospital in the China/Burma/India theatre of war, a large hospital constituted of black physicians and nurses.24

The Sphinx, the official organ of Alpha Phi Alpha Fraternity, recognized the national significance of Smith’s entry into the MSMA. In this historic African-American fraternity publication, Smith’s achievement was glowingly reported in an article entitled “Medical History Made in the Delta.” The article reads: “Brilliant young Brother (Dr.) Oswald G. Smith of Clarksdale, Miss., became the first Negro to be admitted to membership in the local chapter of the American Medical Association. Recognition given Dr. Smith came as the result of his distinctive achievement in the field of medicine and public service ‘beyond the call of his professional duty.’” (This public service “beyond the call” of duty was not explained further, but apparently Smith achieved a local hero status due to his medical work prior to his admission.) The article further commented that the local Delta chapter of the fraternity held a public program honoring Dr. Smith for this achievement. It noted, “The city-wide tribute was carried out at Metropolitan Baptist Church, Clarksdale, and a capacity audience was present.” At this large public ceremony, attorneys from Memphis came to speak on Smith’s accomplishment, and local officials even presented him with a plaque to “climax the program.”25

Smith’s sharp academic intellect is more than evident in his surviving medical writings. During his period in Clarksdale, he published an article, “Oral Anemia Therapy with Roetinic,” in the Journal of the National Medical Association. Smith even contributed an article to the official publication of our association, The Mississippi Doctor, in March 1959, entitled “Clinical evaluation of anivert in symptoms associated with Meniere’s syndrome.” Four years after his historic selection, Smith left Mississippi to continue his postgraduate training at the Bronx VA Hospital in Bronx, NY, finishing in June 1961. (At the time, he would not have been accepted for post-graduate training at the University Medical Center in Jackson due to its own state enforced segregation policies.) He would never return to practice in the state, although for years he retained his “scientific” status in the organization. He moved eventually to Rockville Centre, NY, engaged in the practice of anesthesiology. He died on October 15, 2002 at the age of 87 years, with his last place of residence being South Orange, Essex County, New Jersey.26

Other Scientific Members

Several prominent black physicians would soon join Dr. Smith as scientific members. By 1958, these physicians included: Philip Moise George of Mound Bayou, Milas S. Love of Gulfport, and Gilbert R. Mason of Biloxi. By 1961, Helen Barnes of Greenwood and Matthew J. Page of Green ville, and by 1965 James B. Sealrell, Jr. of Greenville. Sadly, the association’s segregated status up until the mid-1960s is plainly obvious just by looking at the official MSMA directories. “Colored” doctors are listed in a separate category from the rest of the membership, whether they were scientific members or not.27

Gilbert Mason, MD - Second Scientific Member

The second “scientific” African-American member of our MSMA appears to have been Dr. Gilbert Mason (1928-2006) of Biloxi. Dr. Mason was a native of Jackson who graduated from Howard University Medical School in 1954. He began

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HELEN BARNES, MD, SCIENTIFIC MEMBER

The first African-American woman to be a scientific member and a full member was Dr. Helen Barnes of Jackson. (For more on Dr. Barnes, see J Miss State Med Assn. 2012;53(10):352) When she arrived in the hot summer of 1960 to a segregated Greenwood, Mississippi, the first person she went to see was past MSMA President Dr. Howard A. Nelson, a surgeon who was also a progressive leader of our association. Nelson slipped her without fanfare into the Delta Medical Society as a scientific member. She recalls his apology at her exclusion from the social functions, telling her this was “the best he could do for now” in segregated Mississippi in 1960, and he added, “Things will change.” Although she remembers clearly the brutal racism of the period, she also recalls the genuine camaraderie with white physician peers and friends who would “carpool” with her driving to various Delta medical meetings.36

HOWARD NELSON, MD, MSMA PRESIDENT

Howard Nelson appears to have been among the leaders of the MSMA in the 1950s and 1960s who encouraged racial inclusion at the state level. He would serve not only as president but on the board of trustees, as speaker, and even as AMA delegate. In all of these roles he, more than any other white member in our association, appears to have been sensitive to this issue and fought, however silently behind the scenes, for the end of racial exclusion. As leader of Mississippi’s two man AMA delegation in 1968, Nelson stood up before the annual meeting of the AMA House of Delegates and publicly supported a Massachusetts Medical Society resolution to expel from the AMA “any constituent society” that excluded physicians on racial or religious grounds, an important endorsement which stunned the audience at the time and

his practice of family medicine in Biloxi in 1955, becoming a MSMA scientific member soon afterwards, he remembered. He soon was recognized as one of the state’s leading crusaders for racial equality, organizing in 1959 the Mississippi Gulf Coast “beach wade-ins,” the state’s first civil disobedience in the Civil Rights era. When he arrived in Mississippi in 1955, he resented racial exclusion from the MSMA and jumped at the chance to integrate it, even in a limited status. Mason overlooked the humiliation of the second class membership and joined as an “S” member. “My attitude was get your foot in the door. Go, see, be seen, and find out what’s going on. So every time the Mississippi State Medical Association or the Coast Counties Medical Society met, I showed up if I possibly could. As the only black physician in attendance, I was in many a lonely place,” he remembered in his memoir. 35

Mason took comfort in his evolving friendships with white physicians and remembered in 1959 when four white members of the Coast Counties Medical Society (Dr. Frank Gruich, Dr. Charles Floyd, Dr. A. K. Martinolich, and Dr. D. L. Clippinger) formally protested his exclusion from a scientific gathering because the speaker was a gubernatorial candidate who requested no blacks be in the audience. The four whites joined Dr. Mason in demanding his right as a scientific member to be at this part of the meeting. The executive committee did not budge and even threatened to go after Mason’s medical license if he did not leave. He recalled: “At this point, my four white colleagues arose almost as one body in righteous indignation and said, “If you put Dr. Mason out, we go, too.’...So we ‘eft, all five of us, one black and four courageous whites, in Mississippi in 1959. Those gentlemen, those champions of human rights and justice, those four white physicians recognized me, a black man, as a fellow physician. In the face of humiliation and ridicule from their own colleagues, they came out with me.”36

Dr. Howard Nelson of Greenwood served as MSMA president, speaker, AMA delegate, and on the board of trustees. He also long served his component society as its secretary. He was among the more progressive MSMA leadership and attempted to include blacks in the membership beginning in 1954.
helped overturn a reference committee’s recommendation to take no action. 24 In the Delta, where Nelson practiced, and in other pockets of black physician concentration, such as Jackson and the Gulf Coast, white physicians knew first-hand the quality of their black peers. In these communities, black physicians provided essential medical services not only for their underserved patients but also for their overburdened and overworked white peers.

AARON SHIRLEY, MD

No visionary component society secretary like Howard Nelson embraced Dr. Aaron Shirley upon his arrival in Vicksburg in 1960. Not only was Shirley not invited to join the local medical society due to his race (“I was colored in those days,” he remembers) but such exclusion dramatically impacted his practice of medicine. Why? “The Vicksburg hospitals had in their bylaws that one had to be a member of State Medical to receive admitting privileges,” he recalls. He aptly describes this, “a method to restrict hospital privileges based on race,” without directly stating such. Such treatment he considered “insulting” and beneath professionalism, and due to such past insults, he has never joined this association. In 1980, as the battle to redesign the State Board of Health and the Board of Medical Licensure heated up, Dr. Shirley criticized Governor William Winter’s proposal to maintain MSMA’s power to nominate physicians to serve on the Board of Licensure. When asked before a legislative committee why he wasn’t a member of state medical, Dr. Shirley commented then, “I’ve chosen not to join... There are philosophical differences. The philosophy of the Mississippi Medical and Surgical Association is we owe it to our patients to take stands on issues. We take positions on issues that affect poor people. The Mississippi State Medical Association does not take those kinds of positions.” Three decades later, he still feels the same way, he told me recently. 12

ROBERT SMITH, MD

Another prominent and courageous medical civil rights pioneer was Dr. Robert Smith of Jackson. Dr. Smith played a critical role in the establishment of the Medical Committee for Human Rights, which included more than 100 health professionals who worked in Mississippi to battle for public health and social justice. With Smith’s leadership, the group contributed significantly to ending segregation in Southern hospitals and even picketed the AMA annual meetings to protest the persisting segregation policies of the Southern AMA affiliates. I plan a future article in the JMSMA focused on details of Dr. Smith’s important work. 13

THE END OF SCIENTIFIC MEMBERSHIP

Scientific Membership would last only a decade. Pressure on white Mississippi physicians and hospitals to end Jim Crow medicine continued. With the ruling on the landmark federal case Simkins v. Cone (1963), the passage of Civil Rights Act of 1964, and the coming of Medicare, medical segregation’s days were numbered. Things were changing for the better in Mississippi. At the 1965 MSMA annual session, the Board of Trustees proposed the elimination of the Scientific Membership, effectively eliminating any “separate” status for black members. Speaking to the House of Delegates in 1965, Dr. John B. Howell, Jr. stated: “The Board of Trustees believes it appropriate to discontinue the degree of membership in our association designated ‘Scientific Membership.’ There are sufficient active and exempt categories of membership to accommodate all applicants who may be elected by the several component medical societies.” After recommending this deletion from the by-laws, the board further recommended “that this proposal be referred to each component medical society for consideration and discussion during the 1965-6 association year and presented to this House of Delegates for final action at the 98th Annual Session in 1966.” And without objection, this report of the Board of Trustees was received, to lie on the table for one year as constitutionally required, since it was a by-laws change. It would be approved in final status in 1966, apparently taking effect immediately.

FULL MEMBERSHIP FOR BLACK PHYSICIANS

Dr. Gilbert Mason, who had been the most prominent scientific member, remembered his election in the spring of 1966 as a full voting member of his local society and the MSMA, along with Dr. Milas Love, also a highly regarded black physician and scientific member on the Coast. Remembering his sense of accomplishment, Mason recalled: “After eleven years of persistence, the walls came tumbling down. I was finally free to benefit from full association with other professionals on an equal basis.” Mason and Love appear to be the first blacks to receive full voting membership in the MSMA. In 1972, Mason would become the first black delegate ever elected by a component society to represent it at the MSMA House of Delegates annual meeting. 34

Since 1966, the role and prominence of black physicians have dramatically increased. Although no African-American has been elected MSMA president, Dr. Claude Brunson currently serves in the most powerful office of the association, that of Chairman of the Board of Trustees. Over the years, blacks have also been elected to various offices, committees, and councils, including as members of Board of Trustees, as vice speaker, as AMA delegates, and as members of the Board of Medical Licensure.

THE AMA APOLOGY OF 2008

In July 2008, the AMA officially apologized for its “history of racial inequality toward African-American physicians” and pledged to continue “its current efforts to increase the ranks of minority physicians and their participation in the AMA.” The late Dr. Ron Davis, then AMA Immediate Past
President, wrote in a commentary published in the July 16, 2008, JAMA: “The AMA failed, across the span of a century, to live up to the high standards that define the noble profession of medicine.” The apology was among several initiatives the AMA pursued to reduce racial disparities in medicine and to recruit more blacks to become doctors and to join the AMA.25

In the wake of the AMA apology, in the fall of 2008, the board of the Mississippi Academy of Family Physicians (MAFP) followed the AMA’s actions by officially expressing “regret over times in the past that any member of this Academy may have fostered racial inequity, whether it was by engaging in actions that promoted racial inequity or by inaction in not supporting racial equity” and “committed itself to promote equity in this state, racial or otherwise, striving to lead the nation in improving our citizens’ emotional, social and spiritual health as is mandated in our mission statement.” The MAFP further took the step to honor its first African-American member, Dr. Gilbert R. Mason, Sr., with a posthumous “Humanitarian Award,” which was presented to Mason’s physician son at an Academy dinner in the fall of 2012.26

WE HAD HEROES

What is clear these many years later is that there were courageous black heroes and white heroes in Mississippi’s battle to end Jim Crow medicine. Names in our association like Oswald Smith, Gilbert Mason, Robert Smith, Milas Love, Helen Barnes, Matthew Page, Philip George, James Yeldell, Frank Gruich, Charles Floyd, Andrew Martinolich, David Clippinger, and Howard Nelson, along with many others, should be remembered with appreciation. These men and women battled successfully to make our MSMA live up to its professional ideals and principles. They not only changed Mississippi medicine forever but in doing so also contributed significantly to the end of racial apartheid in our state.

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REFERENCES

11. Haralson, HH, ed. Mississippi Medical Record.1901:5(7):244.
13. Ibid 121.
19. Ibid. 203-211.
23. "Oswald G. Smith." Student file, Meharry Medical College Library Archives Department.
27. MSMA Directories of Mississippi Physicians. 1956-65.
29. Ibid., 40-41.
36. Board Minutes, MAFP, Fall 2008 meeting; (Another supporting reference is MAFP Press Release. Mississippi Academy of Family Physicians Honor Dr. Gilbert R. Mason, Sr. with Award. Nov. 15, 2012.)