



Commentary

Medical Messiahs: African American Women in Mississippi Medicine, 1900-1940

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Introduction

Mississippi is a predominately rural state, with few metropolitan centers. During the slave era, it was one of two states whose population consisted of slave majority. In 1850, there were 309,878 slaves including 154,626 female slaves and 930 free Blacks including 456 free Black women. In 1860, these numbers increased. The state comprised of 436,631 slaves and 773 free Blacks, including 217,330 female slaves and 401 free Black women. It would be the people within these populations who contended with the many diseases and illnesses within the slave institution. Kenneth F. Kiple and Virginia Himmelsteib King examined the trajectory of diseases that inflicted slaves in both the West Indies and American South, presenting a detail explanation of the medical dilemmas plaguing the enslaved masses while connecting slave health as part of a larger diaspora rather than regional isolations [1]. The Mississippi 1860 mortality schedule indicated that slave's deaths fell into five major categories: respiratory, intestinal, organic, accidental, and natural. In the post-slavery era, African American women would play key roles to address the same medical conditions their enslaved ancestors encountered.

From slavery to freedom, Black women served a crucial role and sustained presence in the black health narrative. They not only developed spaces for African Americans to the receive medical care, but also gave African American women opportunities to have medical priority. *Medical Messiahs: African American Women in Mississippi Medicine, 1900-1940*, examines how African American women through midwifing, nursing, private practices, and formal institutions shaped Mississippi's medical frontier for African Americans in the early twentieth century. Darlene Clark Hine explained in her essay, "Co-Laborers in the Work of the Lord: Nineteenth Century Black Women Physicians," that black women seeking entry into the medical profession faced gender and racial barriers evidenced by the low number of practicing professionals by 1900, compared to their racial and gender counterparts [2]. Clark Hine's point was validated by Regina Morantz-Sanchez's review of Ellen S. More's *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* which focused on the gender and racial discrimination faced by both white and black women, stating "Wherever possible she includes material on black women physicians from the early decades of the 20th century to the present" [3].

Like Clark Hine, More's struggle to find information on black women physicians pointed to the existence barriers

Clark Hine referenced in her work; however, focusing on the racial and gender barriers overshadows the role African American women medical practitioners played providing health services to the people of their race. The perspective taken by these scholars omits the many women not only practicing medicine but also creating the necessary institutions for black women to practice medicine and receive medical care. With the number of Black women graduating from medical schools such as Meharry Medical College and Howard University College of Medicine and the countless number of Black women providing medical care without "proper" medical training, their stories are waiting to be told. This article utilized primary source information including newspapers, census, court documents, and the United States Deceased Physician Files, 1864-1968 (AMA), to understand African American women doctors' impact from a bottom-up perspective; thereby, demonstrating both the presence of Black women doctors and how they catered to their people's need for medical treatment without allowing the focus to settle on the barriers that existed within the broader medical institution.

Scholars of Black medicine such as Michele E. Lee used a bottom-up approach in her work, *Working the Roots: Over 400 Years of Traditional African- American Healing*, to capture the informal medical networks African Americans built throughout the South to provide healing to their family and community. As Lee stated, "Our ancestors had vast medical knowledge and spiritual strength that gave us the resilience to survive our predicament in slavery and colonization" [4]. Lee's work focused on the everyday person, though not licensed to practice medicine, used their medical knowledge, passed down generationally, to serve as stewards of healthcare in their respective homes and communities. Lee's work shifts from the discussion of African Americans through the lens of medical and institutional racism, which Harriet A. Washington and Harriet E. Amos Doss brilliantly examined from a macro and micro perspective in *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* and "The Enslaved Women Surgical Patients of J. Marion Sims in Antebellum Alabama." These works examined the fight for medical agency over black bodies, while important for a contemporary understanding of intersectional discrimination in contemporary medicine, this article seeks to show that while such larger debates took place, African Americans possessed such medical agency, using it to benefit their race.

Midwifing

Midwifing represented a quasi-formal institution which black women made their mark. Kiple and King discussed the debate that emerged during slavery regarding the role of physician or midwife during childbirth. White physicians believed they were better equipped, both intellectually and medically, than the slave midwife who they blamed for mortality among infants and mothers as well as long-term illnesses resulting from childbirth [5-7]. Slaveowners found themselves more so at the mercy of their slave women because they preferred to have a midwife than a physician as Jenny M. Luke stated in, *Delivered by Midwives: African American Midwifery in the Twentieth Century South*, "Slave women, of course preferred to seek the advice of midwives and were more comfortable in their shared broad perception of health and wellness" [8,9]. Enslaved midwives and enslaved women challenged white physicians as it pertained to childbirth and maternal care. Deidra Cooper Owens explained the contested space these two groups occupied and fought for positing. White physician's belief they held more knowledge and had access to enslaved women for experimentation conflicted with midwives' desire to continuing practicing their craft [10].

African American women continued to practice midwifing throughout the South following emancipation. In Mississippi, the number of women who performed midwifing duties are not exactly quantifiable as not all women who served as midwives listed it as their occupation. Between 1870 and 1900, 65 known women worked in the midwife profession. Between 1900 and 1940 the number of black midwives varied, with its peak coming in 1940 with ninety-two self-identified midwives. Since most children, black and white, were born at home, midwifing represented a necessary institution. The presence of these women was not underestimated by the communities they served. Midwives made a name for themselves for their services in their respective communities. Mary Ann Walker, "antebellum colored mid-wife," of Noxubee County performed midwife duties during and after slavery and witnessed both successful and successful births as well as the various types of illnesses that came to infant children and mothers [11]. Georgiana Taylor, born in May 1860 in Mississippi, spent her life in Natchez, Mississippi. By 1900, Georgiana obtained an education and worked as a midwife. When she died in November 1911, she was described as "a well known colored midwife...she was highly respected colored woman, well liked by white as well as members of her own race" [12]. Lucinda Daniels, born on July 22, 1856 in Columbus, Georgia, married Civil War veteran, Watson Daniels. Upon her 1922 death, Lucinda was described as "a well-known colored nurse and mid-wife and her faithful services have highly been appreciated by many Vicksburg and Warren county families" [13].

While midwifing remained unregulated throughout the late 19th century, By the early 20th century, midwifing became more of a formal institution. The relative agency that black midwives enjoyed deteriorated in the early twentieth-century as greater measures arose to regulate midwifing through increased educational and safety standards swept the

Southern United States, targeting black midwives [14]. The Mississippi State Board of Health sought to educate African American midwives in the "rules of obstetrics and sanitation" as means to prevent infant death since African Americans often used midwifing services over physicians and midwives lack of education regarding sanitation led to high volume deaths [15]. The same battle within the contested spaces that existed during slavery remained alive during the twentieth century, with white physicians asserting their position to control black midwives, this time with rule of law backing them. The white medical officials operating these organizations held a limited view of infant mortality, often limiting its cause to sanitary inadequacies [16].

At the local level, African American midwives participated in organizing efforts, largely pushed by county or state initiatives. A December 1919 publication of *The Starkville News* reported that 150 midwives in Oktibbeha County organized under Dr. F.B. Long. Those seeking to practice midwifing had to join the association and pay a five-dollar fee. Only members could continue work within the profession [17]. In 1921 Dr. W.E. Noblin of Yazoo County organized African American midwives, requiring them to pass an examination to become a licensed midwife. Noblin echoed antebellum accusations that untrained midwives caused irreparable harm to mothers and children's death or injury. 160 African American women held licenses in Yazoo County. At an association meeting, 80 midwives had their equipment examined only to be told they had to purchase new grips or risked license revocation [18]. Louise Minter, African American county agent for Sunflower County, reported on the success of the midwife conference held December 4-6 at the Indianola courthouse. The conference, whose theme was "Cleanliness," had 52 midwives in attendance who received training and demonstrations from medical professionals from Jackson and Inverness [19].

Despite the intrusion of government, white doctors had little contact with African American midwives. The Black midwife still controlled parts of a now formal institution serving as the first and often only medical practitioner. African American women could still rely on a Black midwife to assist her in delivery. In Hinds County, Frankie Owens-Brown "never turned people down for midwifery services because they could not pay" [20]. The midwife's presence is evident in the number of children surviving childbirth as well as by those children and mothers who were not as fortunate. On August 3, 1927, Lottie Lee, midwife, attended to her great-grandson for three days until he died on August 6th from bowel hemorrhage. Lottie signed the death certificate and indicated that "no doctor attending" [21]. Sarah Vanlandingham of Attala County delivered several children in the Williamsville and Center communities including ten of her eleven grandchildren. Her lone existing midwife book indicated that a high rate of successful births. Midwives served a valuable role as providers of medical care and assistance to the women of their race. Their role as "deliverers of life" cannot be underestimated within the larger picture of Black women in medicine. These women likely attended and helped more people than any other type of medical practitioner during the same period.



Sarah Vanlandingham, Midwife (Dr. Evan Howard Ashford photo collection).

While most midwives traveled to expecting mothers, Virginia Ford created a midwifing institution within the larger institution. Virginia Scott Ford, daughter of Green and Mary Scott, was born in Madison County. As a nurse in the Home Industry, Virginia operated The Scott Ford House on Cohea Street, which provided African American women midwife services. This institution serviced women on the lower end of the economic scale [22]. Whether informal or formal, African American midwives created the necessary foundations to as Dollie Gathings, granddaughter of Frankie Owen-Brown stated regarding midwifing, “Doing the work of God, helping these women to get these children into the world” [23].



The Scott Ford Houses on Cohea Street, now falling apart, were once home to a former slave and her daughter, a midwife. Photo by Ko Bragg, <https://www.jacksonfreepress.com/news/2017/nov/08/midwives-tale-saving-scott-ford-houses/>

Nursing

Like midwifing, nursing providing African American women the opportunity to provide medical assistance. Unlike midwifing, nursing operated as more formalized institution and nurses had less autonomy than the midwife as they generally operated near white medical professionals. The earliest record of African American nurses in Mississippi can be traced to 1855 when Dr. William J. Holmes Jr. bought his “water cure” to Spring Ridge in Hinds County. His advertisement in the *Vicksburg Daily Whig* mentioned that his establishment included “colored Nurses” [24]. Henry J. Holmes Jr. worked with his father, who owned slaves; therefore, there is a possibility that Holmes used his female slaves as nurses to work with the white nurses. In the post-slavery period, Black nurses were in high demand. On August 31, 1877, the Howard Association, formed during the 1855 yell-fever epidemic, received a request from Canton requesting nurses to combat the rise in yellow fever cases. The request asked for “six colored nurses, if possible and five white” [25].

In the 20th century, African American nurses remained in-demand. In 1908, Shepard Spencer Hudson, hospital board of directors chairman in Vicksburg, requested training for “two colored female nurses” who would care for colored patients [26]. The motive for the hiring likely stemmed from preventing white nurses attending to black patients as the time period reflected deep racial animosity toward African Americans, led by governor, James K. Vardaman. Shepard’s advertisement reflected the racial barriers Black women faced within the medical profession. Whereas the midwife’s race was not entirely a negating factor, nurse contact to patients were largely dictated by their race. In Ethel John’s 1925 report on Black Nursing exposed the role race and class played in the nursing profession. Johns stated regarding race, “if the influence of race conflict could be eliminated from the situation the problem of the negro [sic] nurse would not differ greatly from that of the relatively inferior type of white nurse, and a common solution might possibly be found for both.” Regarding class, Johns stated, “superior negro [sic] women” preferred social work and teaching as opposed to nursing was due to the fact that “in the South especially [nursing] is classed with personal service, a morass from which the negro [sic] woman ... is trying to extricate herself” [27]. Such statements while true when viewing the broader institution including attitudes held towards nursing do not consider the role nurses played within a community. Despite the occupation being viewed in a lesser manner as educators or other non-domestic occupations (at least according to Johns) nursing, like midwifing was just as important within the Black community. If a teacher, minister, or businessperson became pregnant or ill, someone had to treat them. Every community needed people to perform occupations of all types. Nursing was just as important as the “respectable occupations” because its impact within the Black community.

In 1923, the State Department of Health employed Eliza Farish Pillars. Pillars, a 1912 graduate of Meharry College’s School of Nursing-Hubbard Hospital, became the first African American woman registered nurse employed by the State Department of Health. Eliza, daughter of Walter and Ella

Farish, was born in Jackson, Mississippi. She came from a middle-class background as her father, Walter, owned a grocery store. She received her early education at Smith Robinson, Utica Institute, and Walden University. Eliza returned to Jackson, where she worked in the Charity Hospital. Charity Hospital treated African American patients; however, did not allow black physicians to practice. Eliza served as Mary Osborne's assistant at the State Department of Health. Her primary duty at the time was working with African American midwives, teaching them better hygiene techniques as well as pre-and post-natal care [28,29]. Eliza's presence in Mississippi's State Department of Health cannot be underestimated. She was not merely a token, but an individual given tremendous responsibility especially as it pertained to the newly regulating midwifing institution. Through nursing, Eliza shaped a portion of Mississippi's medical agenda. Eliza opened the door for future nursing generations. She showed that African American nurses could positively impact not only their community but also the institution itself. Individuals such as Beatrice Holmes, Gertrude Hughes, Mary Johnson, Gertrude Perkins, and Nettie Perkins worked with the State Board of Health as registered nurses [30]. Eliza's impact would extend beyond her lifetime evidenced by the Eliza Pillars Registered Nurses Association.



Eliza Farish Pillars with Dr. Felix J. Underwood, Executive Officer of the Mississippi State Board of Health and Flora Goode, President of the State Board of Health, Clarion-Ledger, January 21, 1951. (Photo by Ken Patterson)

Private Practices

In 1900, Dr. Sidney Dillon Redmond formed the Mississippi Medical and Surgical Association for African American physicians. The organization provided a medical and academic space for doctors to discuss medical issues pertaining to the race. Members are participants within the organization included some of the leading Black doctors of the time namely: James M. May, Claude W. Raines, Lloyd T. Miller, Hiram E. Conner, Simon Miller, Henry Herschel Proctor, Albert Wood Dumas Sr., Westley Howard, John B. Banks, and C.S. Waters, Theodoric Vinson James, Daniel W. Sherrod were some of the state's leading doctors at the beginning of the 20th century. African American women are

conspicuously absent from the list above. Anyone surmising that there were no Black women doctors in Mississippi would be wrong. Black women served as medical doctors, some being licensed and others not. In 1900, the census identified five African American women doctors/physicians. These women included Hie Colter (Lincoln County), Emma Francis (Madison County), Patsy Parks Seals (Bolivar County), Dusky Brown Gates (Coahoma County), and Susie Guy (Warren County). Born during slavery, these women possessed varying education level with Patsy Seals and Susie Guy having both reading and writing ability. Patsy's occupation indicated that she was a doctress, while Susie's title contained the M.D. suffix. Perhaps the exclusion of women from the association had more to do with those medically trained and those without training although not all Black women were without a medical license. The exclusion could be a combination of educational and gender bias. Regardless of the reasoning, African American women more so operated as independent agents, creating the necessary institutions to provide medical care.

As medical issues such as tuberculosis, rheumatism, and appendectomy and abdominal operational procedures emanated from the papers given by medical doctors during the Mississippi Medical and Surgical Association annual meetings, one issue that received little attention was cancer. What the established medical community overlooked; others had their finger on the pulse of the everyday person. Emma Francis was the first known woman to be noted for curing a cancer patient. In 1900, Eliza Marshall (nee Scott) wrote to *The Canton Times* a testimonial giving her thanks to Emma. Marshall wrote regarding Francis, "please allow me to thank you for the successful treatment of an eating cancer from which I have been suffering with for four years. I am now sound and well, and heartily recommend you to any suffering with cancer" [31]. Emma Francis was a former slave living in Canton. Emma traveled throughout providing medical treatment to the ill [32]. Although records indicated she possessed no formal literacy skills, she was regarded as "well versed in the art of healing...There is nothing known or unknown to medical science that she could not give the remedy for"[33]. Eliza's testimonial provided insight into the illnesses plaguing black women at the turn of the century [34].

The significance of Eliza's situation was that her illness was treated by a black woman. Emma reflected the type of medical doctor that likely used natural herbs to treat illnesses. For example, Sally McCloud, aged 86, explained her use of boneset, calamus, and yellow root and elaborated that at her age she had never had cancer [4]. Based on death certificates, listing cancer as cause of death, Eliza represented a unique case of living an extended period following her cancer treatment. In the case of Fannie, age 42, underwent an operation for breast cancer in 1918 and lived several years after surgery [35]. In the Central Mississippi region, uterine, ovarian, liver, intestinal, rectum and bladder cancer claimed the lives of several African American women. Some underwent surgery; however, did not live long after their procedures; however, whether these women received treatment from other Black women doctors is not known.

African Americans fought several battles in the 20th century; however, one battle, abortion rights were not part of

the civil rights arsenal. Scholars such as Dorothy Roberts and Jennifer Morgan provided the cause and effect framework from which abortion as a reproductive option for Black women stemmed. As slave owners sought greater financial from exploiting Black women's reproduction, slave women utilized abortion as resistance to bodily domination [8,36]. Their works humanize their Black women's experience in a way that scientific efforts to understand Black women's abortion views, the studies attempt fail [37,38]. Abortion provided a space for Black women and Black women doctors to take center stage shaping the reproductive debate.

African American women doctors related to their patients in a manner that no male doctor could relate. In the case of Dr. Georgia Proctor, she found herself on the right side of history but the wrong side of the law. Georgia Proctor, daughter of George Thomas Covington and Sarah Annie Simpson, was born on July 25, 1887 in Bowling Green, Kentucky. Both parents were of mixed ancestry, and her father worked as a blacksmith. Georgia received her early education in Bowling Green. Georgia married Henry Herschel Proctor of Russellville, Kentucky in Sumner, Tennessee. Both Henry and Georgia earned their medical degrees from Meharry Medical College on February 26, 1902 [39]. The family moved to Vicksburg, where they established their practices Georgia made some inroads into the male-dominated Mississippi Medical and Surgical Association when she gave a presentation at the 1908 conference [40].

In January 1911, Dr. Proctor performed an abortion on Carrie Hallbach, who died shortly afterward on February 3, 1911, from abortion-related complications [41]. Abortion was a criminal act; thereby, making its practice an underground activity. The facts surrounding the case as reported in newspapers do not provide the most concise picture of how the trial unfolded. Mary Cook testified that Georgia met with Carrie and gave her medicine and used instruments in the abortion process. There was a month between the initial abortion procedure and Carrie's death. Dr. B.B. Martin testified that "the woman had died as a result of septic poisoning following the performance of an abortion on the patient" [42]. Dr. Martin attended Carrie in the abortion aftermath and explained that Carrie said "she knew she was going to die." It was this realization that prompted Carrie to reveal that her condition was caused by an abortion [43]. Carrie's identity beyond her name is unknown as the judge would not allow any information regarding her character to be discussed. Carrie's actions indicated that she possessed the economic capability to pay for a medical abortion and the subsequent care as she was not only attended by Dr. Martin but also Dr. S. Myers, who Dr. Martin asked for consultation [44]. Seeing that Carrie went to a medical doctor shows her intellectual understanding to have the procedure done by a professional. In a period before language such as pro-life or pro-choice dominated the abortion issue, Georgia's actions likely indicate she sought to provide medical care to black women in need.

The full weight of the law hit Dr. Proctor. She was charged with performing an abortion and murder. Georgia pleads not guilty. Despite eyewitness and expert testimony, the jury found Georgia not guilty. However, the verdict was not the end of Georgia's troubles. The state appealed to the

Mississippi Supreme Court who heard the case during the October 1912 term. The state argued, "Section 1235 of the Code of 1906, makes the offense abortion the crime of manslaughter, and thus makes it a felony. The state thus having made the offense of abortion a felony, the death of a woman in such a case constitutes murder" [45]. The Supreme Court upheld the not guilty verdict from the first case on the grounds that Georgia's intended purpose to cause a miscarriage was not successful; therefore, she was not guilty of murder because the death was not directly a result of the abortion [46]. Both court cases brings forth several questions. Was the central concern about the health of black women or did the state seek to make an example of Georgia by using Carrie Hallbach's death to send the message not only to African American women but also white women that abortion would be criminally prosecuted to the fullest degree? [47].

Dr. Georgia Proctor's abortion case had ramifications on African American women in Mississippi seeking abortions. Mississippi made it clear that abortion would not be tolerated regardless of race or gender when Dr. Frank Lee, a white physician, received twenty years in the state penitentiary after he performed an abortion on an African American woman who died as a result [48]. Abortion, regardless of its illegality, continued to happen throughout the state. Records indicate that such instances occurred without medical supervision. In 1918, 18-year old Lucy, died four days following what was labeled a criminal abortion. In 1921, 31-year old Harriet's death was attributed to an abortion she had three months prior to her death. In 1936, 22-year old Julia died of septicemia, eight days after a "traumatic abortion." In 1937 and 1939, two abortion-related deaths detailed the methods black women used. 16-year L.T.'s death stemmed from inducing an abortion by administering contractions. 17-year old Ora's death resulted from inserting a wire into her cervix when she was nearly three months pregnant. Ora's official cause of death was criminal abortion. Women like Dr. Georgia Proctor at least gave African American women an opportunity to carry out their decisions to abort a pregnancy with medical care of another woman. The absence of such women in addition to restrictive laws forced black women to resort to self-help and in the cases of these five women, the result was not positive. Dr. Proctor placed abortion at the forefront of both black women's health as well as placing the debate over reproductive rights into the public consciousness.

Formal Institutions

African American doctors existed in Mississippi; however, few established practices. Within this group existed women doctors. How one defines doctor History of such doctors and practices mostly include black men such as Dr. Sidney Dillon Redmond, who operated a hospital on Farish Street beginning in 1909, and male created institutions, such as Dr. O.F. Smith's Sallie Harris Clinic, Dr. C.B. Christian's Jefferson Memorial Hospital, and C.T. Huddleston's Afro-American Sons and Daughters Hospital [49]. African American women built formal institutions necessary to create spaces for black women to receive medical treatment. In some situations, African American women physicians sought to exclusively service black women.

On December 12, 1898, Reverend Charles B. Anderson of Greenville established the Colored Circle of King's Daughters [50]. The Kings Daughters Circle stemmed from the International Order of King's Daughters and Sons, a Christian organization seeking the "development of spiritual life and the stimulation of Christian activities." The organization was founded in New York in 1886 by Margaret Bottome [51]. From this organization, Mrs. R.S. Lewis set out to build an institution dedicated to assisting the less fortunate of her race. In March 1905, she rented a house and with persistent fundraising, aided by the community and Board of Aldermen, she secured the financial backing to maintain the space that became the Colored King's Daughters Hospital [52].



Colored Kings Daughters Hospital in 1910, Patrick Henry Thompson and Isaac Chadwick Crawford Multum in Parvo, 1912.

Black women worked tirelessly to provide funding and supplies for the hospital. The original leadership of the organization changed from Mary Lang (president), Kissie (Finney) Wade (vice-president), Anna Hill (recording secretary), Leffie Jackson (financial secretary), and Henrietta Mayfield (treasurer) to Sallie (Wilson) Raines (president), Lucy Brown (vice-president), Delilah (King) Daniels (secretary), and Essie Forbs [53]. Under Rains leadership, the circle actively sought and collected the necessary funding and supplied needed. With the aid of an impassioned plea for donations in April 1905, the circle collected donations totaling \$105.35. On January 1, 1907, a Linen Benefit took place, which night gowns, night shirts, towels, and pillowcase donations were sought for the hospital [54,55]. The hospital had one known African American doctor, Dr. James H. Turner. The number of black women receiving care is not known; however, of the twelve deaths reported between 1905 and 1906, five were women [56]. Through the efforts of African American women, they provided member of their race necessary medical care in Mississippi's delta region.

Dr. Lucille Miller served as one of the first black women to establish herself as medical powerhouse. Born in Woodville, Mississippi, located in Wilkinson County, Lucille was daughter to Reverend William H. and Annie Turner Weathers. She grew up in a religious household and earned a degree from New Orleans University. After leaving the teaching profession, she enrolled in Meharry Medical College.



Sallie Raines, Patrick Thompson and Isaac Crawford, Multum in Parvo, 1912.

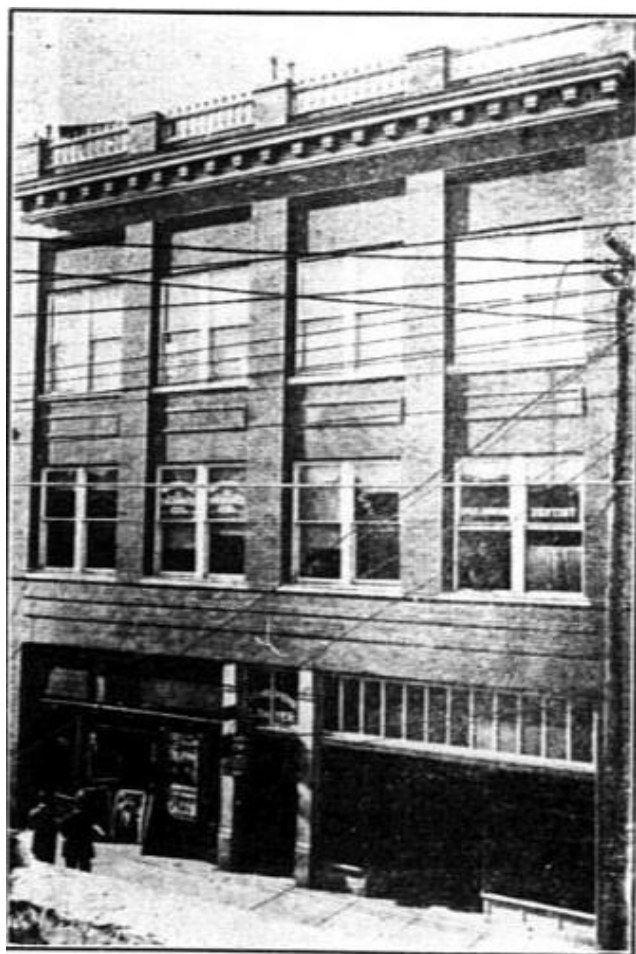
In February 1900, she graduated as the only woman in her class of fifty-one students. Lucille became the first woman in Mississippi "to apply for and receive Medical license entitling her to practice medicine and surgery equal with all other physicians" [57]. Lucille lived on Farish Street, the now-historic Black district, where Lucille provided medical care to those "who prefer a woman physician. Miller likely worked in Dr. Redmond's hospital, given it was the only black hospital in the area prior to 1910. Miller asserted her gender into the medical practice. By advertising to those who desired a woman to treat them indicated a level of understanding that women lacked options when it came to their medical care. On November 3, 1912, Emmett and Lillie Robinson bought their one-year-old daughter, Callie Maria, to see Dr. Miller. Callie suffered from malaria. Unfortunately, the child's illness could not be cured, and Callie died the same day. Dr. Miller signed the child's death certificate [58].



Dr. Lucille F. Miller, Patrick Thompson and Isaac Crawford, Multum in Parvo, 1912.

The year 1919 became an important year for black women physicians. Two black women, Eliza Farish and Lucille Miller opened their respective hospitals in downtown Jackson. The state capital gave African American women greater access to both medical access and treatment. Farish Street became a prime location for such institutions to exist.

African American doctors provided surgery, prenatal care, birth delivery, and vaccines to name a few services [22]. Eliza Pillars opened the Mercy Hospital, acting as both its director and manager, first located at 850 North Farish Street, then at 128 East Davis Street. Eliza transformed Dr. Redmond's abandoned building into Mercy Hospital, noted as a "high class hospital" and Eliza was regarded as "one of the most competent trained nurses in the country" [59]. Eliza's hospital gave other black medical professionals the opportunity to practice medicine, including Laura Kelly and her sister, Anna Farish, who later co-managed the hospital [60]. White physicians including E.A. Gordin also performed surgeries at the hospital. African Americans received medical treatment which included treating Joe Nichols fractured skull following being struck in the head by a piece of time from 12-stories above and amputating Will Dunn's leg following a mill incident in Canton [61].



Site of the Mercy Hospital, owned and operated by Eliza Farish Pillars, previously owned by Dr. Sidney D. Redmond, Patrick Henry Thompson and Isaac Chadwick Crawford, *Multum in Parvo*, 1912.

In August 1919, Dr. Lucille Miller and husband, Dr. Simon Miller, purchased the Alexander Property, adjacent to property they owned. The acquired property consisted of buildings and a vacant lot. The Millers planned to build a multi-story, multi-purpose building. The building would operate a hospital and nursing school in addition to

commercial businesses. Lucille and Simon paid \$14,000 for the property to build their \$25,000 building [62]. By 1920, the Miller's resided at 138 Farish Street; working as doctors on their own account.

While medical studies often focus on medical practice, individuals worked in other areas of the medical profession that were equally important. While Black doctors provided their race with medical treatment, Black pharmacists provided the medicine and other services. Scottie Pearl Lee expanded upon her family's drug store to create a business that covered different aspects of Black health. Scottie, daughter of George Lee, was born on August 10, 1889 in Jackson, Mississippi. Scottie's mother died when she was a child, and her father remarried Mollie Harlan Wilson, who raised Scottie as her child. The family relocated to Mound Bayou in Bolivar County. George Lee worked as a lawyer and was active in Republican politics. Mollie operated a drug store. She attended school in Knoxville, Tennessee before attending taking courses at both Howard University and Meharry Medical College. In April 1911, Scottie graduated from Meharry's Pharmaceutical College. She became a member of the Nation Medical Association. Scottie described as "one of the most progressive colored women in the country," worked as a solicitor for the Mound Bayou Hospital. Through the drug store, Dr. Lee operated a hair college, teaching scalp treatment and hair growing [63].



Dr. Scottie Pearl "S.P." Lee, Patrick Henry Thompson and Isaac Chadwick Crawford, *Multum in Parvo*, 1912.

African American women demonstrated their value to the medical field, showing what they could achieve as individual and collective units. These women used institution building to chart their path within the male dominated medical field. The institutions they built demonstrated how African American women transformed the medical landscape, showing that Black women were just as important to the medical salvation of their race as any white or black man.

Conclusion

From their slave beginning, African American women in and from Mississippi transformed the medical landscape for

their gender and race. The limitations that existed could not stop them from making headway in a white and male dominated profession. As African Americans continued to deal with racialized medical practices and unheralded discriminations, they found ways to bring healthcare to the masses. African American women followed their own intuition and sought ways to uplift their fellow sisters and brothers, while working alongside and independently from the same groups keeping them from full inclusion. As medical subjects, African American women's medical history takes a different perspective. To the people these medical professionals served, they were medical messiahs, giving them hope for a better and longer life.

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