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The Black Physician in African American Fiction (1890s – 1930s)

Performing a White Profession in a Racist Country

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INTRODUCTION

The present study aims to explore the figure of the black physician in significant African American literary texts written between the 1890s and the early 1930s. The publication of these works coincided with the birth and development of the black medical profession in the United States, but also with the strengthening of racism and discrimination in the whole country. The second half of the nineteenth century saw the rise of modern professional medicine, and authoritative men of science exploited their privileged position to ‘objectively’ measure, categorize, differentiate ‘races,’ and to turn old stereotypes about blacks’ inferiority and ignorance into scientific facts.¹ These latter often tried to explain “why “the Negro” was a lesser species than the Caucasian and used comparative anatomy to justify slavery and then segregation.”² In a period marked by violence, oppression and racial prejudice, the rise of black physicians represented an important novelty for the entire black population. These middle-class professionals “endured and overcame racism, exclusion, and discrimination in their struggle to achieve medical and social equality.”³ They were often seen as esteemed and trustworthy figures, the “upper tens”⁴ of African American society whose principal goal was to improve the health and the social conditions of the people in their community. They were the “elite segment of a subjugated caste,”⁵ which “offered the promise of wealth and status and carried the prestige of higher education.”⁶

The fictional depictions of the African American physician I have analyzed resist prejudiced representations of black people and explicitly show the pseudoscientific and illogic nature of racist theories. The characterization of the black doctor as a talented, ambitious, and expert man goes against all those white people that did not believe blacks intelligent and competent enough to be equal to them. Perhaps more than other professions like the teacher, the minister and the lawyer, this kind was then considered an elite profession and thought to be the only one that allowed to protect and ameliorate black communities as well as challenge white supremacy.

While the early history of black doctors in the United States has been explored in various historical texts – in Todd Savitt’s “Entering a White Profession: Black Physicians in the New South,

¹ Joelle Moen et al. *African American Collections and the Legacy of Race Science in the Works of Charles Waddell Chesnutt, James Weldon Johnson, and Zora Neale Hurston*, p. 56.

² *Ibid.*, p. 48.

³ Thomas J. Ward. *Black Physicians in the Jim Crow South*, p. 298.

⁴ *Ibid.*, p. xix.

⁵ *Ibid.*, p. 296.

⁶ *Ibid.*

1880-1920” (1987), in Michael Byrd and Linda Clayton’s *An American Health Dilemma* (2000), and in Thomas Ward’s *Black Physicians in the Jim Crow South* (2003) among others – few critical studies are devoted to analyzing the representation of this figure in fiction. An interesting study is Stephanie Browner’s “Social Surgery: Physicians on the Color Line,” a chapter of her book *Profound Science and Elegant Literature: Imagining Doctors in Nineteenth-Century America* (2013), which examines three works published between 1892 and 1901: *Iola Leroy*, “Beryl Weston’s Ambition,” and *The Marrow of Tradition*. Drawing from Browner’s work, my thesis extends the analysis to literary texts written between 1892 and 1931 by Frances Harper, Katherine Tillman, Pauline Hopkins, Charles Chesnutt, Walter White, and George Schuyler.

The first chapter traces the birth and the advancement of the African American medical profession in the United States and within the social-historical context of the late nineteenth- and early twentieth-centuries. The second chapter examines Booker T. Washington and W.E.B. Du Bois, two prominent African American thinkers and leaders whose influential ideas of black education and racial uplift probably affected the aspiration of black physicians and the social expectations placed on these figures by the black community. The third chapter introduces the close reading of literary texts. After briefly examining the relations between the medical and the literary fields with specific reference to the American context, it deals with the representation of black doctors in African American fiction. The last two chapters provide the analysis of six works of fiction where the portrayal of the black physician is significant and deserves particular attention. The classification of these texts is based on the different interpretations that their authors give of this character and of the reality in which he lives and works. The fourth chapter analyzes three texts where the black physician is described as the utopian leader and moral guide of the African American community: Frances Harper’s *Iola Leroy* (1892), Katherine Tillman’s “Beryl Weston’s Ambition” (1893), and Pauline Hopkins’ *Of One Blood* (1902-1903). The fifth and last chapter focuses instead on three novels in which the black doctor is depicted as a disillusioned man whose fate reveals the discrimination and oppression that dominate his country: Charles Chesnutt’s *The Marrow of Tradition* (1901), Walter White’s *The Fire in the Flint* (1924) and George Schuyler’s *Black No More* (1931).

CHAPTER ONE

The Birth and Development of the African American Medical Profession

1.1. Introduction

The elaboration of racial differences and categories through medical discourses constitutes a long and painful part of the history of the United States. Conventional Western medicine – or most known as allopathic medicine⁷ – has often been used as a means to justify the physical and intellectual inferiority of those that were considered ignorant and immoral ‘races.’ In particular, medical science affected American society through the formulation of pseudoscientific and racist theories that mainly concerned African Americans but also other “people of color.”⁸ Indeed, between the 19th and the 20th centuries, black people were the principal victims of a ‘science’ that wanted to prove their inferiority and their innate difference from whites and from the Western civilization in general. Their bodies were more visible and more measurable than others. They were victims of unauthorized medical research, they were excluded or had limited access to the public health system, and their bodies were often objectified to carry out infamous and unethical experiments.⁹ Their features were humiliated, caricaturized, and made the site of absolute degradation. They were assigned fixed biological traits and qualities that claimed to determine their violent behavior, their savage temperament, and their mental deficiency.¹⁰ At that time, racist theories were socially accepted and were often exploited to mark the nation’s boundaries of “normative American-ness.”¹¹ They were thought to be incontestable scientific truths and proofs that could “build stable, healthy worlds in which disease was eradicable and social troubles manageable.”¹²

⁷ Throughout the 18th and the 19th centuries, in the United States there were two parallel traditions of medical practice: folk and allopathic medicine. The former was also known as traditional medicine and it was mainly based on homeopathic and herbal treatments. The latter – now known as professional medicine – is a science that treats diseases and symptoms using drugs or surgery. By the end of the 19th century, the coexistence of allopathic and folk medicine in the U.S began to collapse, and the former took over the latter (Stephanie P. Browner, *Profound Science and Elegant Literature*, p.2).

⁸ Laurie B. Green; John Mckiernan-González; Martin A. Summers. *Precarious Prescriptions: Contested Histories of Race and Health in North America*, p. VIII.

⁹ *Ibid.*, p. VII.

¹⁰ For more information on medical racism see James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (1981), Stephen J. Gould, *The Mismeasure of Man* (1997), Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2006), Terence Keel, *Divine Variations - How Christian Thought Became Racial Science* (2013) or John M. Hoberman, *Black and Blue: The Origins and Consequences of Medical Racism* (2016).

¹¹ Laurie B. Green; John Mckiernan-González; Martin A. Summers, p. XI.

¹² Stephanie P. Browner. *Profound Science and Elegant Literature*, p. 5.

In a context where medicine and public health were “arenas and practices of race making,”¹³ the birth of the black medical profession represented a crucial turning point in American society and culture. As a matter of fact, the rise of the African American physician at the turn of the 19th century fostered a new challenge and an attempt to deconstruct theories and popular images of racial degeneracy. It represented an important form of agency and of resistance to white supremacy and racism. Furthermore, the professional education and subsequent practice of the black doctor constituted a threat to the (seemingly) indisputable status of the white physician. The latter was at that time seen and “venerated as a man of profound science, (...) polite accomplishments, and virtue,”¹⁴ who used to identify himself with progresses in science and with a specialized scientific training.¹⁵ Everyone respected him, and his culture and virtue reflected an “updated version of the eighteenth century English gentleman.”¹⁶ This admiration for the medical figure was the result of a period in which the concept of the human body changed considerably. Indeed, in the 19th century the body became the physical place where logical and final answers could be found through the powerful means of surgery and dissection. It was seen as “a material object that could be known through direct and repeated observations that yielded not just idiosyncratic interpretations of an individual patient (...), but facts about all bodies.”¹⁷ Due to this new conceptualization, physicians were recognized as prominent figures and performed their medical practice on specific human bodies in order to explore their nature and to identify the supposed site of difference. This definition was further developed in the early 1900s, which launched the modern era of scientific research, a period “where subjects were seen as objects whose conditions could not only be measured but also manipulated.”¹⁸ This initiated a new method of evaluation that often led to a ‘fully-objective’ and ‘scientific based’ categorization of ‘races.’¹⁹

Therefore, the birth and development of the African American medical profession constituted a real menace to those white physicians that dissected and measured bodies to classify people. In “I Studied and Practiced Medicine without Molestation,” Gretchen Long argues that by their very existence, these new doctors “challenged and refuted a central tenet of proslavery thought: that African Americans were unable to grasp intellectual ideas such as those of biomedical science and were implicitly unable to comport themselves with dispassionate composure required of

¹³ Laurie B. Green; John Mckiernan-González; Martin A. Summers, p. XI.

¹⁴ Browner, p. 2.

¹⁵ *Ibid.*

¹⁶ *Ibid.*, p. 6.

¹⁷ *Ibid.*, p. 5.

¹⁸ Antonia Darder. “Racism in a Medically Segregated World,” p. 4.

¹⁹ *Ibid.*

professionals.”²⁰ Through their specialized education and their following practice, black doctors posed a threat to false scientific theories and performed a knowledge – the medical one – that at the time saw them as inferior, immoral, backward and savage people. Moreover, these aspiring practitioners took over the long tradition of Old South conjurers’ activity and their use of alternative remedies. They challenged the ignorant and uneducated fictional doctor in minstrel shows and in other popular caricatures of African Americans.²¹ Thanks to the powerful means of education, they also tried to uplift their race and attempted to find a remedy to the serious question of racism.

1.2 Black Physicians on the Color Line

The birth and advancement of the African American medical profession between the Civil War, the Reconstruction Era, the Gilded Age and the first decades of the 20th century, constituted a long and arduous path made of many achievements and obstacles.²² In this time frame, black doctors “transformed themselves from a tiny cadre of professional curiosities (...) to full-fledged health professionals.”²³ They made a significant contribution to the poor health status of their black people, and by 1910 they “made up more than 2 percent of US physicians.”²⁴ Due to their education and knowledge, these black professionals were generally respected by their patients, but white practitioners “set a pattern of separate and segregated medical professional development between 1870 and 1890”²⁵ that is still evident today. Indeed, black doctors were isolated from white medical societies, had little or no collaboration with their colleagues, and their reputation could not be compared with that of white physicians, especially in the Jim Crow South.²⁶

It is in these segregated Southern States that black doctors “found themselves at the crux of the American dilemma between race and class.”²⁷ On the one hand, these professionals possessed wealth, education, and independence; they were often seen as the guides of their poor black communities and they had a strong impact on African American life, especially in Southern urban areas.²⁸ They also were a source of pride for their people, and some of them were involved in political

²⁰ Gretchen Long. “‘I Studied and Practiced Medicine without Molestation’: African American Doctors in the First Years of Freedom” In *Precaious Prescriptions: Contested Histories of Race and Health in North America*; Laurie B. Green; John Mckiernan-González; Martin A. Summers, p. 60.

²¹ *Ibid.*, p. 61.

²² W. M. Byrd and Linda A. Clayton. *An American Health Dilemma - A Medical History of African Americans and the Problem of Race, Beginnings to 1900*, p. 384.

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ *Ibid.*, p. 384.

²⁶ Ward, p. IX.

²⁷ *Ibid.*

²⁸ As Thomas Ward makes clear in the preface to his book, at that time there were few black doctors in the Jim Crow South. Therefore, critics paid little attention to rural areas because it was in cities and towns that African American doctors had better opportunities and access to hospital facilities (Ward, p. XIV).

and business activities that established them as race leaders.²⁹ On the other, however, these black physicians were apparently isolated and unaffected by southern society's discrimination. As a matter of fact, they often encountered violence, racism, poverty, and other social obstacles. They were subject to prejudice, not only on the part of whites but also on the part of some blacks, who did not trust their medical knowledge and ability. Moreover, aspiring doctors were hindered by "separate and unequal schooling that effectively eliminated most from the possibility of a medical career even before they were out of their teens."³⁰

Despite the difficulties they met, we cannot forget the importance that these people had for the entire black population. Through their associations, institutions and professional organizations, black doctors had a huge impact on the black health system. Thanks to their struggles, "African American leaders and the lay population would be made aware of and kept informed about the Black Health Crisis and the slave health deficit that was its foundation."³¹ It is thus interesting to observe and analyze the birth and progress of this new medical profession, a story that has been overlooked by scholars and medical historians for a long time.

1.2.1 The Importance of the Civil War for the Birth of the Black Medical Profession

Little is known about the presence of black physicians during the American Civil War. At least eight documented African American doctors³² were recruited in the Union Army: a tiny presence, if compared to the effective number of the enlisted black troops. During the Civil War, the health status of black soldiers was worse than that of whites in the Northern Army, and the differences in death rates emphasized the already existing gap between the two races. The numerous losses and the precarious health conditions that black soldiers had to suffer could be attributed to the scarcity of African American volunteers in field hospitals. It was assumed that "[i]f higher numbers of black physicians had been recruited to the Medical Department and assigned to Black units, the health outcome of the Black Union Army soldiers most likely would have improved."³³ The few African American doctors that were accepted in the Medical Corps were often derided and discriminated by their white colleagues. In *An American Health Dilemma*, Byrd and Clayton explain that these physicians used to be "physically attacked and abused in public when wearing their uniforms, received enlisted men's pay though they were officers, and were assigned exclusively to Black units

²⁹ Ward, p. XI.

³⁰ Ward, p. XXI.

³¹ W. M. Byrd and Linda A. Clayton, *An American Health Dilemma - A Medical History of African Americans and the Problem of Race, Beginnings to 1900*, p. 384.

³² *Ibid.*, p. 385.

³³ *Ibid.*, p. 335.

unless an oversight had occurred.”³⁴ Black doctors could not touch white bodies. Their medical service was limited to US Colored troops, and little or no collaboration existed between black and white physicians. These latter often refused to work under the supervision of ‘Negro doctors.’ And yet, despite all the harassments, humiliations and prejudices, these black people worked with honor and distinction.

They were all of African American descent, but they had studied or graduated from white medical institutions in the antebellum period.³⁵ Indeed, in the years that preceded the Civil War, there were neither black schools nor medical colleges, and most black physicians had practiced medicine by apprenticeship.³⁶ During these training periods, aspiring black doctors and their white counterparts would follow their mentor’s recommendations and attend his medical examinations. In addition to these apprenticeships, while many white physicians could attend some medical schools where they were provided with a more specialized education, black students did not receive the same treatment. They were accepted “in only about ten percent of all schools in the United States.”³⁷ These aspiring doctors were well-educated, but they never practiced medicine because of the restrictions and the hostile environment they met.³⁸ Although the effective number of African American medical graduates was limited, former Doctor Robert Slawson explains that it was easier to find graduates than apprentices, probably because a degree was seen as a better title.³⁹ The first black medical student to receive a degree in the United States was David Jones Peck, who graduated from Chicago’s Rush Medical College in 1847.⁴⁰ Before then – Thomas Ward explains in *Black Physicians in the Jim Crow South* – most black doctors were educated outside of the United States and they got their medical degrees abroad.⁴¹ Nevertheless, in the years that followed the end of the Civil War, no less than twenty-three black students received a medical degree from American colleges.⁴²

While in Northern states black people had better – even if limited – opportunities to get a diploma, the situation in rural areas was different. In the antebellum South, African Americans received a less formal and less specialized education. Some of them used to work in a white doctor’s home, assist him when he treated his patients, and sometimes were allowed to compound medicines.

³⁴ *Ibid.*, p. 342.

³⁵ In *An American Health Dilemma*, Byrd and Clayton explain that these few aspiring black doctors were trained in these medical institutions “on condition that they would emigrate to Africa to practice” (p. 388).

³⁶ Robert, J. Slawson. “African American Physicians in the Civil War Era,” *National Museum of Civil War Medicine*, Posted: February 5th, 2016. www.civilwarmed.org/africanamericandr/.

³⁷ *Ibid.*

³⁸ W. M. Byrd and Linda A. Clayton, p. 391.

³⁹ *Ibid.*

⁴⁰ Washington Baker. “African American Physicians and Organized Medicine, 1846-1968: Origins of a Racial Divide,” p. 307.

⁴¹ Ward, p. 5.

⁴² *Ibid.*

They followed his advice and would later apply what they had learnt to look after their own family and friends. However, the number of these aspiring black physicians was limited to a tiny percentage. As a matter of fact, before the outburst of the Civil War most healers were considered practitioners of an alternative medicine. The latter was especially common among slaves, and it was mainly based on the “knowledge of local plants with healing properties and on familiarity with the values, beliefs, and relationships within the slave community.”⁴³ In *The History of the Negro in Medicine*, historian Herbert Morais explains that African American self-care was characterized by “the medicinal value of a wide assortment of mineral, plant and herb concoctions, with the result that ‘rootdocterin’ occupied a prominent place in the therapeutic arsenal of many a southern plantation.”⁴⁴ Black conjurers’ activity was defined by ignorance and superstition, but their peculiar methods were accepted by the whole slave community. Conjure men and women were well-known and according to American sociologist Kelly Miller, they often “gained such wide celebrity among their own race as to attract the attention of the whites.”⁴⁵ These healers claimed to possess mystical and supernatural powers, which made them respectable and admirable people.⁴⁶ Such was their popularity that “[i]n many instances, the conjurer had more control over the slaves than the master had.”⁴⁷ This non-professional figure – or better called spiritualist – played many roles in the slave community: he or she was the “healer of the sick, the interpreter of the Unknown, the comforter of the sorrowing, the supernatural avenger of the wrong.”⁴⁸

Up to that moment, the black physician “had appeared as an occasional or exceptional individual, but hardly as forming a professional class.”⁴⁹ In the antebellum period, he still constituted a marginal figure if compared to the noteworthy evolution, progresses and achievements undertaken in the following years. It was the aftermath of the Civil War that laid the foundations for the emergence of the African American medical profession. The War and its dramatic outcomes determined the urgent need to find a solution to black people’s health status. Between the War of Secession and the 1890s, African American health conditions worsened considerably, and “significant and measurable improvements (...) did not occur until just before World War I.”⁵⁰ The Civil War deteriorated what may be called the *slave health deficit*, an expression coined by Byrd and

⁴³ Gretchen Long. “‘I Studied and Practiced Medicine without Molestation’: African American Doctors in the First Years of Freedom,” p. 45.

⁴⁴ Patricia Spiegel and Jennifer Travis. *Melancholia, Medicine, and the Machine: Health and Healing in the Works of Charles W. Chesnutt, Jessie Redmon Fauset, Nella Larsen, and Kate Chopin*, p. 23.

⁴⁵ Kelly Miller. “The Historic Background of the Negro Physician,” p.101.

⁴⁶ Walter Rucker. “Conjure, Magic, and Power: The Influence of Afro-Atlantic Religious Practices on Slave Resistance and Rebellion,” p. 84.

⁴⁷ *Ibid.*

⁴⁸ Walter Rucker, p. 85.

⁴⁹ Kelly Miller, p. 106.

⁵⁰ W. M. Byrd and Linda A. Clayton, p. 328.

Clayton to refer to African American health inequalities.⁵¹ The national conflict devastated the whole black population and plunged them “into what may have been its worst state since the forced African migration to North America.”⁵² In the Reconstruction and post-Reconstruction years, black people experienced higher rates of sickness, mortality, and a devastating health system which particularly affected Southern states. Their emancipation threw them into “a social cauldron of illiteracy, poverty, racial segregation, exploitation, and national hostility.”⁵³ Moreover, the efforts made by the Freedmen’s Bureau – a government aid program that had provided health services in the aftermath of the Civil War⁵⁴ – were inadequate and did not have an enduring positive effect. African Americans’ freedom was seen as a turning point “in black health, the chief result of which was likely to be a decline in health that was so drastic as to endanger the survival of the race.”⁵⁵ New medical programs were needed, and those who could really help and improve the conditions of the black population were professionally trained black physicians.

Furthermore, the birth of the African American physician was a direct consequence of the changes that had taken place in the medical field during the Civil War period. These innovations mainly resulted from the establishment of welfare organizations such as the Western and the United States Sanitary Commissions, which had both a positive and a negative impact on the health system. The former aimed to help the Medical Department of the Army and raised awareness on the importance of public health and sanitation measures. It also reorganized public facilities, built new hospitals, and encouraged the “emergence, female dominance, and professionalization of the vitally important nursing profession.”⁵⁶ The latter, on the contrary, was established to verify and understand the physical and mental conditions of soldiers. It became particularly (in)famous for conducting large-scale studies and racist experiments on Civil War troops. Black officers and other ethnic minorities were the principal victims of these examinations, which aimed to prove their physical and moral inferiority. In 1864, when Lincoln admitted African Americans in the Union Army, a team of white physicians were given the responsibility to measure the two ‘races’ and to identify the main differences by relying on the latest ‘scientific’ methodology. Needless to say, the standard model was represented by the Caucasian male,⁵⁷ and specific instruments were used to carry out these

⁵¹ R. G. Hood. “The “Slave Health Deficit:” The Case for Reparations to Bring Health Parity to African Americans,” p. 2.

⁵² W. M. Byrd and Linda A. Clayton, p. 329.

⁵³ *Ibid.*

⁵⁴ *Ibid.*, p. 324.

⁵⁵ James H. Jones. *Bad Blood: The Tuskegee Syphilis Experiment*, p. 19.

⁵⁶ W. M. Byrd and Linda A. Clayton, p. 337.

⁵⁷ *Ibid.*

experiments.⁵⁸ As stated by Byrd and Clayton, these pseudoscientific studies conducted during the Civil War “turned into a watershed for nineteenth-century anthropometric and anthropological “sciences.””⁵⁹ The inspection results were published in 1869⁶⁰ and represented a “fertile garden for the scientific speculation that ensued.”⁶¹ From that moment on, the theories elaborated by the United States Sanitary Commission were deemed objective, trustworthy, and irrefutable. They offered new ‘reliable’ evidence, and due to these results, previous hypotheses of black people’s inferiority now had a more powerful ‘scientific’ basis. The information gathered from these investigations “provided a rationale for the social hierarchy, and justified institutional racism in health care and all other areas of American life for more than half a century.”⁶² In addition, it was in that period that the United States and the Western culture in general were influenced by Charles Darwin’s theory of evolution, which could have strengthened the institutionalization of medical racism.⁶³ The famous biologist’s work inspired a new kind of science based on the concepts of determinism and the “survival of the fittest,” a term coined by Herbert Spencer in 1864.⁶⁴ The latter was particularly popular in American society because he spread (flawed) theories of “hierarchical rankings and predestination theories [that were] especially detrimental to African Americans, who were arbitrarily and automatically assigned to the bottom ranks.”⁶⁵

A new kind of medicine was developing in the whole country. A new ‘non-religious’ faith in science was leading to the definitive establishment of allopathy, which was little by little submerging and taking over an old-fashioned and fallacious kind of science. The Civil War had resulted in many improvements in surgery, in the use of anesthesia, infection control,⁶⁶ and in the growing relevance of the professional physician, who was now seen as an uncontestable figure. As a consequence to all these achievements, American authorities began to exclude practitioners of other kinds of medicine (homeopaths, hydropaths, herbalists) from professional positions.⁶⁷ For example, in the Reconstruction period the Freedmen’s Bureau rejected homeopathic medicine and observed the medical methods used by the Union Army. According to this government aid program, “supporting

⁵⁸ The most common instruments used by the United States Sanitary Commission were the spirometer (still used today), the andrometer and the dynamometer (Byrd and Clayton, p. 338). The experiments’ methodologies relied on the pseudoscientific theories delineated by Samuel George Morton (the measurement of skulls) and by the Dutch physician Petrus Camper’s erroneous facial angle calculation (*Ibid.*). (For more information on this subject, see Stephen Jay Gould’s *The Mismeasure of Man* and Byrd and Clayton’s *An American Health Dilemma*.)

⁵⁹ W. M. Byrd and Linda A. Clayton, p. 337.

⁶⁰ Browner, p. 185.

⁶¹ W. M. Byrd and Linda A. Clayton, p. 339

⁶² W. M. Byrd and Linda A. Clayton, p. 340.

⁶³ *Ibid.*, p. 322.

⁶⁴ *Ibid.*, p. 325.

⁶⁵ *Ibid.*

⁶⁶ Gretchen Long, “‘I Studied and Practiced Medicine without Molestation’: African American Doctors in the First Years of Freedom,” p. 43.

⁶⁷ *Ibid.*, p. 44.

the claim of a practitioner of alternative medicine would conflict with its assigned role of lifting the freed people out of superstition and into enlightened practices.”⁶⁸

All these changes in the medical field and in health care had huge effects on the ambitions of African American doctors. In the first years of freedom aspiring black physicians had to deal with a complex dilemma: most of them had no access to formal medical education, and their efforts to advance were hindered by a racism “that barred access to the professions and often to meaningful citizenship.”⁶⁹ After the end of the Civil War, both African Americans and medicine were standing at “a critical juncture.”⁷⁰ Scientific racism and strict professional standards were having a powerful impact on their lives. The legacy of slavery and the controversial trajectory of American medical practice “challenged aspiring black doctors as they navigated the new terrain of both freedom and doctorhood.”⁷¹ Therefore, the changing nature of medical care and emancipation led many African Americans to become aware of their own potentials and of their new professional chances. If they wanted to defy scientific racism and black people’s bad health conditions, urgent solutions were required.

The first ‘remedy’ was represented by the foundation of several academic medical institutions and hospitals, which would train future black physicians, nurses and dentists.⁷² These specialized schools and healthcare facilities aimed to improve the precarious black health status and were built “for the sake of preparing leaders for the newly emancipated race.”⁷³ For the first time, these medical centers enabled black physicians to look after their own patients and to determine their professional credibility.⁷⁴ These new doctors acted as “intermediaries between the mainstream health system, its scientific medical progress, and a separate and underprivileged Black community bludgeoned by racial discrimination.”⁷⁵ On one side, through their professional training black physicians wanted to take control of a specific learning and to challenge contemporary racist theories. On the other, thanks to a new scientific education, African American doctors tried to establish their knowledge and attempted to substitute for the traditional figure of the conjurer, the result of a cultural legacy that dated back to slavery. Through this new kind of professional science, black practitioners defied popular folk medicine, commonly defined by ignorance and irrationality. They wanted to deconstruct a type of knowledge that was often the subject of acclaimed caricatures and of the scorn in minstrel

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*, p. 43.

⁷⁰ *Ibid.*

⁷¹ *Ibid.*, p. 44.

⁷² W. M. Byrd and Linda A. Clayton, p. 330.

⁷³ Kelly Miller. “The Historic Background of the Negro Physician,” p.106.

⁷⁴ W. M. Byrd and Linda A. Clayton, p. 413.

⁷⁵ *Ibid.*, p. 384.

shows and other successful diversions. A knowledge that influenced the way African Americans were generally seen at that time. Indeed, white people had always believed in black healers' inferiority, naiveté, and superstitious activity. In their opinion, it was impossible for blacks to achieve higher standards, and it was thought that their education could not equate that of their white counterparts. Thus, the birth of the African American medical profession constituted a real novelty. The difficult achievement of the most important and renowned occupation enabled black physicians to assume their responsibilities, to improve the health and the future of their own people. For the first time, African American doctors exploited their profession to fight for equality and justice, and thanks to their precious contribution, "the health care system would never be the same again."⁷⁶

1.2.2 Black Medical Institutions and Societies During and After the Reconstruction

In the Reconstruction Era black health reached its nadir: new epidemics devastated African American communities, and mortality rates were higher than the antebellum period. These hard conditions led the Freedmen's Bureau to set up hospitals, clinics, and schools in both Southern and border states, where the situation was worse.⁷⁷ Its programs aimed to provide impoverished former slaves and poor whites with new health services, but the medical assistance was often inadequate. In addition, the Bureau could not afford to pay better qualified doctors, and it also met a financial resistance which eventually led to the closure of all its facilities and to the end of all its activities in 1872.⁷⁸ Despite all the difficulties, the Freedmen's Bureau "established a tradition among African Americans of the presence of hands-on health institutions founded and based on the needs and experiences of the Black community."⁷⁹

The opening of the first black medical institutions represented a further solution to the African American health problem. This choice was particularly influenced by two white males, Oliver Howard and George Hubbard. Their efforts and precious contributions "forever changed the course of Black health and medical-social history in the United States."⁸⁰ Both had experienced Black health crisis first-hand and they believed that African American physicians and nurses had to be professionally trained if they wanted to improve their people's health and medical care. Their influence led to the foundation of the first African American medical schools,⁸¹ which marked the

⁷⁶ W. M. Byrd and Linda A. Clayton, p. 402.

⁷⁷ Vanessa N. Gamble. *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945*, p. 6.

⁷⁸ *Ibid.*

⁷⁹ W. M. Byrd and Linda A. Clayton p. 351.

⁸⁰ *Ibid.*, p. 353.

⁸¹ Oliver Howard was a commissioner of the Freedmen's Bureau and helped to found the Medical Department of Howard University in Washington D.C, while the abolitionist George Hubbard influenced the opening of Meharry Medical College in Tennessee.

initial step toward the professionalization of black physicians. Educating future doctors and nurses was a necessary and natural response to the increasing racialization of 19th-century medicine, and to the worsening Black Health Crisis.

At least fourteen medical schools were established for freed slaves between the aftermath of the Civil War and the early 20th century.⁸² These latter, according to historian Todd Savitt, could be classified as missionary or proprietary schools.⁸³ The first were financially supported by Northern philanthropic associations that wanted to uplift their black brethren. These schools could raise funds from mission societies, and they were often affiliated with larger universities, which enabled them to reduce their costs.⁸⁴ They also had the advantage “of association with nationally known and respected church organizations dedicated to improving the lot of African Americans.”⁸⁵ The most important and successful missionary medical schools were Howard University, Meharry Medical College and Leonard Medical School.⁸⁶ Proprietary medical institutions, on the contrary, had less advantages because they were often managed by a single black physician and had little outside funding. They were self-controlled, isolated, and seen as “purely commercial enterprises”⁸⁷ that just wanted to make profits. These independent centers trained “pseudo-physicians”⁸⁸ who did not receive a decent academic instruction. Their educational standards were low, and the quality of the courses was not enough for an adequate scientific training. The lack of association with larger universities and missionary societies led these schools to face many financial problems and to their inability to enhance their educational standards. Most of these missionary and proprietary medical institutions were founded in Southern states, where the majority of black people lived and where health conditions were terrible. In *Black Physicians in the Jim Crow South*, Ward explains that only ten of these institutions produced graduates and that only two of them – Howard and Meharry Medical Schools – survived after the 1920s.⁸⁹

Howard was different from its Southern counterparts and it was known as the “Harvard of Black Academia.”⁹⁰ It represented a significant model because it received federal support from its opening, and this financial aid allowed it “to maintain higher standards of both equipment and faculty than the other black medical colleges.”⁹¹ When it was founded in Washington D.C in 1866, Howard

⁸² Axel C. Hansen. “African Americans in Medicine.” *Journal of the National Medical Association*, p.267.

⁸³ Todd Savitt. “Abraham Flexner and the Black Medical Schools. 1992,” p. 1415.

⁸⁴ Todd L. Savitt. “Four African-American Proprietary Medical Colleges: 1888–1923,” p. 205.

⁸⁵ *Ibid.*, p. 208.

⁸⁶ *Ibid.*, p. 204.

⁸⁷ *Ibid.*, p. 208.

⁸⁸ Ward, p. 13.

⁸⁹ Ward, p. 3.

⁹⁰ W. M. Byrd and Linda A. Clayton p.394.

⁹¹ *Ibid.*

University was a little more than a high school, but in a short time its white administration⁹² developed specialized and detailed “programs in medicine, law, theology, and agriculture.”⁹³ Howard Medical School was integrated in 1867 and was inaugurated the following year.⁹⁴ It was the first American medical school open to all ethnic groups and to both sexes. It was a cosmopolitan institution that welcomed students coming from different backgrounds. From its foundation, Howard trained women physicians: the first was Mary Dora Speckman, who graduated in 1872.⁹⁵ Until the beginning of the twentieth century Howard University was mostly white, and the only African American instructor was Alexander T. Augusta, who was known as the school’s “demonstrator of anatomy.”⁹⁶ By 1890, Howard had trained 238 black male doctors and 14 women physicians.⁹⁷

The second black institution was Meharry Medical College, which became the country’s “first long-lived medical school specifically designed to train African American physicians.”⁹⁸ The university was founded in Nashville in 1866, while a medical department was added ten years later.⁹⁹ Meharry was different from Howard because it was exclusively open to aspiring black doctors and the first white student was not admitted until 1957.¹⁰⁰ The medical program was also open to women, but most of them could only study to become nurses. The exception to the rule was represented by Georgia Patton Washington, who graduated in 1893 and became the “first black woman to receive a license to practice medicine and surgery in Tennessee.”¹⁰¹ Contrary to Howard, Meharry Medical College had no hospital, and its students could not get a formal clinical training. The absence of decent facilities represented a huge problem and a limit for those graduates, who could not practice what they had learnt. The first hospital was finally built in 1893 when Doctor Robert Fulton Boyd opened a medical clinic near the campus.¹⁰² Yet, the infirmary was ill equipped and did not meet the school’s needs. For this reason, in 1900 the first true sanitarium – the Mercy Hospital – opened near the college ground.¹⁰³ According to Thomas J. Ward, the advancement of these “modern clinical facilities was the school’s most significant development, which allowed Meharry, like Howard, to survive the medical reforms of the early twentieth century that doomed other black medical schools

⁹² Byrd and Clayton state that Howard Medical School “remained predominantly White until just before 1900” (389).

⁹³ Ward, p. 4.

⁹⁴ W. M. Byrd and Linda A. Clayton, p.388.

⁹⁵ Although the number of female graduates was low, Howard Medical School “championed the rights of women in the medical profession, even raising the ire of the American Medical Association (AMA) for the school’s egalitarian standards” (Ward, p. 4).

⁹⁶ W. M. Byrd and Linda A. Clayton, p. 389.

⁹⁷ *Ibid.*, p. 390.

⁹⁸ *Ibid.*, p. 395.

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.*

¹⁰¹ Ward, p. 6.

¹⁰² Ward, p. 7.

¹⁰³ *Ibid.*

to extinction”¹⁰⁴ Moreover, there was another aspect that distinguished Meharry from Howard University: the students’ preparation. Indeed, the former’s aspiring doctors were not as well prepared as Howard’s were in its first developmental years. Most of them were ex slaves that could hardly read, write and count; they came from the South and had only received an elementary education.¹⁰⁵ However, thanks to Meharry’s training programs, these people could improve and develop their professional abilities, and as Herbert Morais explains in *The History of the Negro in Medicine*, the fact that “many of them after graduation remained in the South, developing lucrative practices and rising to eminence in their communities, was a testimonial to their perseverance and ability.”¹⁰⁶

Howard and Meharry are only two examples of post-Civil War black medical schools. The other most successful African American institutions were Flint Medical College and Leonard Medical School.¹⁰⁷ What distinguished these latter from the first university was their lack of governmental support. Indeed, without some economic aid, these medical institutions were always in financial distress and could not compete with Howard’s high-quality facilities and departments. Flint Medical College¹⁰⁸ was founded in New Orleans in 1878. It had little laboratory equipment, no clinical courses, and no dissecting rooms. Its first hospital – the Phyllis Wheatley Sanitarium¹⁰⁹ – was opened in 1896 as a result of the discriminatory treatment received by African Americans at the city’s only medical center that admitted them, the Charity Hospital.¹¹⁰ The new sanitarium provided black patients with hospital services, a training school for Black American nurses, and with a place where aspiring black doctors could access clinical training.¹¹¹ The medical center was finally renamed Flint-Goodridge Hospital, and it became one of the most important black sanitariums of the early twentieth century.¹¹² However, it never prospered, and it was eventually closed in 1911.¹¹³ Leonard Medical School was incorporated into Shaw University (Raleigh, North Carolina) in 1881.¹¹⁴ The faculty was initially constituted by local white doctors, and unlike the previous two institutions, women had no access to the medical department. Like Meharry Medical College, Leonard had few or no facilities, and the equipment was insufficient for a decent training. Between the 1880s and the 1890s, the

¹⁰⁴ *Ibid.*, p. 8.

¹⁰⁵ W. M. Byrd and Linda A. Clayton, p. 396.

¹⁰⁶ *Ibid.*

¹⁰⁷ Ward, p. 5.

¹⁰⁸ Its original name was New Orleans University. In 1901 it was renamed after John D. Flint, a rich Northern manufacturer who purchased land for the medical school and donated ten thousand dollars (Ward, 11).

¹⁰⁹ The hospital was founded by a famous organization of African American women, the Phyllis Wheatley Club, which opened the sanitarium “so that members of their organization, and those who could not afford to pay for hospital service, could receive hospital care under the constant supervision of a doctor or a nurse” (Ward, 11).

¹¹⁰ Ward, p. 11.

¹¹¹ Ward, p. 12.

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*

president of Shaw University tried to keep the medical college open by asking northern philanthropists and Baptist churches to make donations.¹¹⁵ In 1912 Leonard built a medical facility with laboratories, lecture halls, a dissecting room and a hospital that could accommodate up to eighty patients.¹¹⁶ However, these improvements were not enough and were unable to satisfy the new medical standards of the early twentieth century.¹¹⁷

In general, early black medical institutions faced the same difficulties. Most students were ill trained, and the cost of medical preparation was a huge obstacle to overcome, especially in Southern states.¹¹⁸ Many aspiring black physicians came from a poor background and were often forced to find a second job or receive a grant if they wanted to attend college. These students could hardly rely on the economic support of their families, and this aspect distinguished them from white medical undergraduates. However, although the majority of black students could not afford medical schools' fees, the administrators were unwilling to remove talented graduates from their programs and they often tried to help them. They wanted to support these young people because they believed in the "messianic duty to produce physicians for an impoverished population already lacking in proper health care."¹¹⁹

Black medical schools also had to struggle with their admission and graduation programs.¹²⁰ Indeed, these institutions aimed to train those black doctors that could provide help for their needy, poor, and underprivileged people. This awareness led many medical schools to reflect on the quality of the programs and on the quantity of the students they trained. On one side, stricter admission and graduation requisites would exclude many aspiring doctors. On the other, even if these schools offered poor and insufficient medical training, it was thought that "a large number of second-rate black physicians would do more good for the health of African American communities (...) than could a small number of qualified, first-rate physicians."¹²¹ Thus, it was initially believed that raising the institutions' educational standards would only worsen the already precarious Black health situation.

Whether the foundation of the first African American medical schools was followed by an increasing number of black practitioners, it also seemed to accentuate the "hostile attitude toward Negro physicians in an already prejudiced community."¹²² As a matter of fact, the first professional black doctors had to face different obstacles, especially of an economic nature. For example, it was

¹¹⁵ *Ibid.*, p.9

¹¹⁶ *Ibid.*

¹¹⁷ *Ibid.*, p. 10.

¹¹⁸ *Ibid.*, p. 14.

¹¹⁹ *Ibid.*, p. 17.

¹²⁰ *Ibid.*

¹²¹ *Ibid.*, p. 18.

¹²² W. M. Byrd and Linda A. Clayton, p. 391.

hard for them – if not impossible – to earn a living by exclusively practicing medicine. Most of them were known as “sundown doctors:”¹²³ they used to practice medicine in the evenings because they had another job in the morning (some of them were teachers, porters, or preachers). This – Byrd and Clayton point out – was a common habit among early black physicians.¹²⁴ Moreover, in spite of the growing number of black institutions and doctors in the years that followed the end of the Civil War, black health conditions did not improve, and the new apparatus of medical colleges “paradoxically served to further institutionalize health system apartheid in the United States.”¹²⁵ Black doctors were segregated from their white counterparts, who did not believe in their medical knowledge and ability. This mistrust and prejudice led to the “formation of a racially separate and inferior “Negro medical ghetto” that lasted and served the Black population until the late twentieth century.”¹²⁶ Additionally, between the 1870s and the 1890s – the period known as the Gilded Age – the situation even worsened. Indeed, the revocation of the Fourteenth and Fifteenth Amendments¹²⁷ and the legalization of racial segregation in 1896 negatively affected black health and systematized a “reign of political and physician terror (...) throughout the South.”¹²⁸ Racial separation, isolation, health system inequalities, and medical racism became the rule, and emphasized once more the differences between black and white people.

Due to this increasing social exclusion, black professionals felt the need to form their own societies and separate organizations. Between the late 19th and early 20th centuries, these medical associations became the main “vehicles for acquiring professional benefits (...) and effective representation in medical regulatory and public health matters.”¹²⁹ They were crucial for black people’s fight for hospital integration, promoted medical developments, shared professional information, and offered postgraduate training for their affiliates. The majority of these organizations were established in the South, where most black doctors lived and worked.¹³⁰ These black societies also fostered a national health care system and tried to better African Americans’ health facilities. They were considered a clear response to the American Medical Association’s exclusionary and discriminating policies elaborated in those years. The latter was the largest organization of physicians,

¹²³ In *An American Health Dilemma*, Byrd and Clayton explain that this was a pejorative term used to describe those black doctors that were unable to make a living by practicing medicine (W. M. Byrd and Linda A. Clayton, p. 391).

¹²⁴ *Ibid.*

¹²⁵ *Ibid.*, p. 330.

¹²⁶ *Ibid.*, p. 351.

¹²⁷ Three amendments were approved after the Civil War. The Thirteenth Amendment made slavery illegal. The Fourteenth Amendment established the new rights for free slaves (both men and women), and it also stated that all black men over twenty-one years old should have the right to vote. The Fifteenth Amendment declared that the right to vote should not be denied on account of race.

¹²⁸ W. M. Byrd and Linda A. Clayton, p. 352.

¹²⁹ W. M. Byrd and Linda A. Clayton p. 401.

¹³⁰ *Ibid.*

officially founded in 1847.¹³¹ For more than 100 years, the AMA tolerated racial inequalities and excluded African American doctors from the medical system. The organization did not allow black doctors to take part in its activities, and its members often discredited the formation and practice of those emerging black doctors. In the 1870s the AMA decided that “members violated their “code of ethics” if they even consulted with “irregular practitioners,” which included black or female physicians.”¹³²

Thus, the establishment of the first black medical societies represented a relevant opportunity for black physicians, who were frequently isolated and ignored by their white colleagues. The first desegregated medical organization was the National Medical Society of Washington D.C, founded by a group of black doctors with some white allies in 1870.¹³³ At the AMA annual convention – held in the same year in Washington D.C – the National Medical Society presented a petition and asked to become an official AMA member, “as it was the only association in the city open to all physicians regardless of their race.”¹³⁴ However, the nation’s biggest medical organization refused to seat the newly formed African American society, which soon failed. After this first attempt to create a separate and black-run organization, the exclusion of African American physicians intensified, and racist attitudes increased. This “undiluted” intolerance and prejudice led to the formation of other black medical societies, like the biracial Medico-Chirurgical Society, founded in 1884,¹³⁵ or the Lone Star State Medical, Dental and Pharmaceutical Society, founded in 1888.¹³⁶

These are only two examples of the many black organizations established in the United States between the 1870s and the early 20th century. The formation of these associations was a direct consequence of what was happening in American society at that time. By the 1890s most black people had no access to health facilities and those that allowed their presence were strictly segregated. Black patients were placed in the hospitals’ inferior basements, they were usually ignored by white doctors and did not receive an adequate medical treatment.¹³⁷ Their death rates were higher, and the health crisis was so severe that “some analysts predicted black extinction by the year 2000.”¹³⁸ Moreover, black physicians could not be members of the white medical staff, which often refused to collaborate with them and deemed them professionally inferior. Because of the exclusion from the American

¹³¹ W. M. Byrd and Linda A. Clayton, p. 373.

¹³² Ward, p. 193.

¹³³ *Ibid.*, p. 192.

¹³⁴ *Ibid.*

¹³⁵ In the Medico-Chirurgical Society there were both black and white affiliates. In the first ten years it did very little, and it was eventually revived in 1895 after years of ambiguity and uncertainty. It soon became the “leading medical organization for the growing number of black physicians in the nation’s capital” (Ward, p. 194).

¹³⁶ *Ibid.*, p. 195.

¹³⁷ W. M. Byrd and Linda A. Clayton, p. 355.

¹³⁸ Browner, p. 183.

Medical Association, black doctors did not get the same training or use the same facilities as white physicians. Further answers were needed, and the following growth of medical institutions, professional associations and black practitioners offered useful but partial solutions to the race problem.

1.2.3 The Progressive Era: Medical Responses to Black Health Conditions

The period known as the Progressive Era – which spanned from the 1890s up until the first two decades of the 20th century – resulted in many economic, social, and political reforms that affected the whole country.¹³⁹ Yet these changes did not bring substantial advances to African American people. Conversely, for blacks this period represented “one of the most racially oppressive episodes in the nation’s history.”¹⁴⁰ Indeed, after the institutionalization of racial segregation in 1896, African Americans became the American society’s main target, and were the principal victims of public abuse. In *A Social History of the American Negro* (1921), the scholar Benjamin Brawley explained that in the 1890s the “Negro was already down; he was now to be trampled upon.”¹⁴¹ In that period black people were denied any civil right: they could not vote, they had no property and no access to public facilities. All these measurements had negative consequences and “placed African Americans back into virtual bondage.”¹⁴² Moreover, in the Jim Crow South the re-establishment of White dominance – denominated “Redemption”¹⁴³– resulted in a deepening racist and repressive environment. This growing violence was exacerbated by the Ku Klux Klan activity and by the legalization of lynching, which soon became a daily occurrence in the South. This idea of white supremacy was also influenced by a medical racism that saw black people as physically inferior, “as psychologically unfit for freedom and for the most part uneducable in the ways of better hygiene.”¹⁴⁴ Thus, as the American author Edward Beardsley explains in *A History of Neglect* (1987), “with the codification of segregation in the South, white racism was once again as virulent as it had been during slavery.”¹⁴⁵ In a climate fed by terror and racial oppression, the further development of black medical institutions and the increasing formation of future African American health professionals represented a glimmer of hope. The years between 1890 and 1895 were in absolute the worst and the darkest that the black population had ever experienced since their freedom.¹⁴⁶ Nonetheless, the parallel presence of black doctors exemplified an astonishing and, in some way, unbelievable change.

¹³⁹ W. M. Byrd and Linda A. Clayton, p. 355.

¹⁴⁰ *Ibid.*, p. 356.

¹⁴¹ *Ibid.*

¹⁴² *Ibid.*

¹⁴³ *Ibid.*, p. 326.

¹⁴⁴ *Ibid.*

¹⁴⁵ *Ibid.*

¹⁴⁶ *Ibid.*, p. 357.

At the turn of the 20th century, there were already eight black medical institutions and centers that formed ambitious black practitioners, nurses, and pharmacists every year.¹⁴⁷ These latter tried to follow the example represented by Howard University and Meharry Medical College. This second wave of African American institutions began in 1888, and it was mainly constituted by independent and black-run schools.¹⁴⁸ Most of them had a specific purpose: they wanted to find a solution to poor black health conditions, and they looked for professionals that could “counteract and correct the centuries-old and recently institutionalized Black health status and outcome deficits.”¹⁴⁹ As a response to the rapid spread of black medical schools, between the last decade of the 19th century and the 1920s the number of African American physicians grew from 909 to 3885.¹⁵⁰ These new figures were gradually trying to gain recognition and they were seen as ‘pioneers’ that wanted to establish themselves professionally in their communities. They reflected the increase of black institutions and the hopes these centers placed on the medical profession and its future practice. The rise of medical schools also led to the emergence of a significant group of specialized African American doctors that contributed to the development of the entire US health system and changed the character of American medicine. For example, Daniel Hale Williams was the first physician to perform an operation on a living human heart in 1893.¹⁵¹ This successful surgery helped him to gain respect and a social status among his community. His fruitful practice also allowed him to establish the first interracial and private healthcare facility in Chicago – the Provident Hospital.¹⁵² Williams was part of a group of professionals that through their “presence, their numbers, and their performance dictated changed attitudes about Black doctors within and outside the profession.”¹⁵³ Their medical skills were evident to both black and white citizens, but many white doctors – who were well aware of these new physicians’ abilities – often “joined the community in oppressing and discriminating against [them] in lieu of respecting [them] professionally.”¹⁵⁴

The opening of new African American medical schools and the formation of fully trained black doctors were particularly encouraged by the *Medical and Surgical Observer*, the first black medical journal written by and addressed to black physicians. The latter was founded by the Meharry Medical College graduate Miles Lynk in 1892, and it was published until 1894.¹⁵⁵ The main purpose of the journal was to foster a higher and better standard of medical education in the increasing number

¹⁴⁷ *Ibid.*

¹⁴⁸ *Ibid.*, p. 398.

¹⁴⁹ *Ibid.*

¹⁵⁰ Browner, p.183.

¹⁵¹ W. M. Byrd and Linda A. Clayton, p. 399.

¹⁵² *Ibid.*

¹⁵³ *Ibid.*

¹⁵⁴ *Ibid.*

¹⁵⁵ *Ibid.*

of aspiring black doctors.¹⁵⁶ In a famous editorial published in the *Observer*, Lynk also called for the necessary establishment of a national association for African American practitioners. In his opinion, “[a]n Association of medical men of color, national in its character, would have a very inspiring effect upon the profession.”¹⁵⁷ His desire found a response three years later, when at the 1895 Cotton States and International Exposition in Atlanta,¹⁵⁸ a group of doctors – together with Lynk¹⁵⁹ – decided it was the right time to form a national organization for black practitioners.¹⁶⁰ In that same year, this group of professionals officially created the National Association of Colored Physicians, Dentists and Pharmacists. Its first president was Doctor Robert Boyd, while the surgeon Daniel Hale Williams became its vice president.¹⁶¹ Many were the goals of this newborn medical organization. For example, as Ward makes clear in his work, the association suggested that all black doctors, nurses, and dentists should raise their voice in matters of public health and develop a deep race consciousness. It was also important to encourage its affiliates to read and discuss papers, to report and study the different cases under their observation, and to keep up with the latest medical publications.¹⁶² Nonetheless, the main goal of that newly founded association was to improve the health and life conditions of African American people. That was only possible through the education of the whole black population in matters of hygiene and public health¹⁶³ Although it was impossible to resolve the terrible conditions that black Americans were experiencing at that time, the organization had some positive outcomes from its very foundation. Indeed, the physicians it was forming and the institutions it was opening “certainly upgraded the quality of medical life (...) in the black community and began providing the medical leadership and organization required to address the black health crisis in the future.”¹⁶⁴ For the first time, African American physicians “positioned themselves to take on the struggle of Black people in America for justice and equity in health care in an organized fashion.”¹⁶⁵ In 1903 the association was renamed National Medical Association (NMA) and became black medicine’s official voice. Through the support of renowned black doctors and thanks to the annual meetings held in the whole nation, the NMA’s fellowship grew rapidly and attracted large crowds. Six years later the

¹⁵⁶ Ward, p. 195.

¹⁵⁷ *Ibid.*

¹⁵⁸ The Cotton States and International Exposition in Atlanta – held in 1895 – is especially known for the “Atlanta Compromise,” a famous speech given by African American educator and activist Booker T. Washington (Ward, 195).

¹⁵⁹ Lynk, together with other black medical leaders like Daniel Hale Williams and Robert F. Boyd, decided to found the national medical association on the occasion of “Doctor’s Day” on November 18, 1895 (Byrd and Clayton, 402).

¹⁶⁰ *Ibid.*

¹⁶¹ *Ibid.*

¹⁶² Ward, p. 196.

¹⁶³ *Ibid.*

¹⁶⁴ Byrd and Clayton, p. 357

¹⁶⁵ *Ibid.*, p. 402.

organization published its own newspaper, the *Journal of the National Medical Association*, which is still the most important and leading medical journal for African American physicians.¹⁶⁶

The NMA was supported by state and local members. Its societies were organized “on the city level (...), along county, state, or even regional lines.”¹⁶⁷ Local medical organizations in particular aimed to provide black doctors with formal training and tried to raise public awareness of the profitable presence of black practitioners in their communities.¹⁶⁸ These national, regional and local associations were “social outlets” that helped black physicians to discover medical innovations and allowed them to take part in professional gatherings.¹⁶⁹ However, despite the progresses brought by the NMA and its member societies, these associations were not always supported by all doctors. Some practitioners saw them as “second-class organizations that could not provide members with services comparable to the AMA and its affiliates.”¹⁷⁰ The AMA prestige, advanced training, education, and funding could not be compared to the emerging black medical association. The differences between the two organizations were evident, and the impossibility to reach AMA’s high status “not only tainted physicians with the mark of inferiority but also severely limited [their] ability (...) to practice advanced medicine on a par with AMA colleagues.”¹⁷¹

The contrast between the two American associations was further highlighted in the first decade of the 20th century, when the AMA decided to set new standards of medical education in the whole country. This period of profound reform started in the late 19th century and concluded in 1910 with a report written by educator Abraham Flexner, who tried to analyze and evaluate all the medical schools in both the United States and Canada.¹⁷² The document – known as the Flexner Report – aimed to limit the number of doctors and to enhance “the quality of physicians by establishing higher standards for medical education and eliminating weak medical schools.”¹⁷³ Some of the institutions that did not meet the report’s requirements were African American medical schools, which were deemed ill-equipped, inadequate and underfunded.¹⁷⁴ The only black colleges that were considered “worth developing”¹⁷⁵ were Howard and Meharry, while others were forced to close their doors. Through this examination, the AMA wanted to stress the difference between their better qualified medical schools and NMA’s mediocre institutions and physicians. The Flexner Report was not neutral, and this was demonstrated by the fact that the medical schools that the investigation approved were

¹⁶⁶ Browner, p. 183.

¹⁶⁷ Ward, p. 197.

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*, p. 198.

¹⁷⁰ *Ibid.* p. 199.

¹⁷¹ *Ibid.* p. 200.

¹⁷² *Ibid.*, p. 20.

¹⁷³ *Ibid.*, p. 21.

¹⁷⁴ *Ibid.*, p. 23.

¹⁷⁵ *Ibid.*

wealthy white institutions, while the ones that it condemned were those that formed African Americans, women and lower economic classes.¹⁷⁶ Both AMA and Flexner “seemed to believe that women, like blacks and poor white men, were better suited to be patients than doctors.”¹⁷⁷ The report would have a huge impact on black medical colleges and on the formation of most black physicians in the first half of the 20th century.¹⁷⁸ Although the aim of the reform was to educate fewer and better-trained physicians, it only “created a white, male, upper-class medical community in the United States and helped reaffirm the belief that physicians who were not white, male, and upper-class were not qualified.”¹⁷⁹

1.3 Establishing a Practice: The Experience of Black Physicians

Alongside the difficulties encountered by black medical associations and institutions between the 1890s and the 1920s, it is also important to focus on the professional life of those African American physicians that tried to establish their own medical practice in a segregated country. Most of them struggled against violence and racism, but they also reached significant outcomes. Many of them attempted to improve the health and living conditions of their black communities by building their “own parallel professional structures,”¹⁸⁰ while others also desired to earn a good social reputation, have a successful career, and receive some rewards. The reasons behind their willingness to establish a professional practice in the United States were manifold, but these people were all united by one important goal: they wanted to prove their talent and go beyond the barriers that the national white medical profession had built in order to exclude them.¹⁸¹ They wanted to use their training to defy a medical racism that saw them and their community as inferior people. Denigration, violence, and prejudice led these doctors to “educate, generate public concern about, and correct these same problems.”¹⁸²

In the late 19th century, most of black physicians practiced in the South, the place where they were born, had grown up and had learnt medicine.¹⁸³ Others had studied in the North (or abroad) and had finally decided to establish their own practice in the American South, where many African

¹⁷⁶ *Ibid.*, p. 26.

¹⁷⁷ *Ibid.*, p. 28.

¹⁷⁸ Between 1910 and 1920 at least forty-six medical institutions were forced to close, according to Ward. By 1920 there were 3885 physicians in the United States, and most of them were Howard or Meharry graduates. In that period the number of black doctors was still insufficient and could not provide the necessary medical treatment. Moreover, the reform also affected the cost and the standards of black medical schools, which were the highest of all time (Ward, pp. 28-29).

¹⁷⁹ *Ibid.*, p. 29.

¹⁸⁰ Todd Savitt. “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 508.

¹⁸¹ *Ibid.*

¹⁸² Byrd and Clayton, p. 403.

¹⁸³ Savitt, “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 509.

Americans lived and where their help was most needed. At that time, the situation in the Jim Crow South was disastrous and black people were the principal victims of social, economic, political, and medical racism. The insufficient number of black practitioners (some white doctors refused or preferred not to treat black patients) and the presence of inadequate, underfunded medical structures strengthened the absolute need for better qualified physicians and for more efficient institutions. Paradoxically, that segregated society offered black doctors some opportunities that were not always available in other parts of the country. This “return to the origins” was often seen as a sort of missionary work, a chance that could allow them to improve the living conditions of “the brothers left behind in “captivity””¹⁸⁴ and at the same time establish a profitable practice. Thanks to their service, these doctors could learn “how black people needed them, how they could help raise up the race, and how personally rewarding the profession of medicine was.”¹⁸⁵ Furthermore, there was another reason behind these physicians’ choice to return to the South, and this reason was more ‘sentimental.’ As Ward explains in his fourth chapter, “perhaps the greatest force that drew black physicians to the South was (...) home.”¹⁸⁶ In spite of the poverty, discrimination and prejudice of that environment, these doctors really wanted to do something concrete for their community, to bring them hope and expectations for the future.

1.3.1 Difficulties Encountered by Black Medical Professionals

The opening of a medical practice in the South was not always easy. On the contrary, for many black doctors it represented a difficult and painful choice. For a lot of young graduates, medical education represented a “ticket out of the South, away from poverty and segregation.”¹⁸⁷ It could symbolize a sort of springboard for their (possible) future success in the North or in foreign countries. The South could be a real nightmare for these people, a place that forced them to abandon their families, their friends, and “to get away from inferiority-complex Negroes and superiority-complex whites.”¹⁸⁸ Medical racism in particular had a destructive impact on those black doctors that decided to stay in the South. As Edward Beardsley explains in his essay, many physicians lost their sense of professionalism once they faced reality: their careers were basically marked by exclusion, prejudice, aloofness, and backwardness.¹⁸⁹ Disillusioned and hopeless, many of them soon gave up trying. Moreover, the American South did not offer many opportunities, and black practitioners could hardly

¹⁸⁴ E. H. Beardsley. “Making Separate, Equal: Black Physicians and the Problems of Medical Segregation in the Pre-World War II South,” p. 388.

¹⁸⁵ *Ibid.*

¹⁸⁶ Ward, p. 99.

¹⁸⁷ Ward, p. 97.

¹⁸⁸ Ward, p. 99.

¹⁸⁹ E. H. Beardsley, p. 383.

turn a real profit from their medical degrees, especially in rural areas. This situation dominated by poverty and racism led many black doctors to move to more urban and industrial centers,¹⁹⁰ where they had better educational, economic, and professional chances.¹⁹¹

In addition to the limited professional possibilities, there were several other obstacles that threatened the medical service of black doctors in the South. First of all, the establishment of a private practice was considered a huge problem. If they wanted to open their own office and treat their patients, all physicians had to take a state medical exam. Nevertheless, many black graduates did not pass it, and this was often due to their insufficient education but also to the presence of unfair and discriminatory examiners. Ward explains that African Americans “failed state licensing exams at a much higher rate than their white counterparts,”¹⁹² and that failure was mainly caused by the inadequate facilities of black medical institutions. Although there were some black graduates that were able to pass the examination, most of them finished medical school with little money and with a series of debts that made it almost impossible to start their own practice.¹⁹³

The few African Americans that could open their medical office had to deal with other problems. For instance, they had to gain their patients’ confidence and to establish a direct contact with local white practitioners. Most of them had to struggle to be accepted by their community, and they tried to overcome both white and black racist behaviors. They wanted to prove themselves competent and become leaders of their people, “addressing directly some of the obstacles others put in their path.”¹⁹⁴ This was not an easy task to do because these young doctors were often welcomed with a cold and unfriendly reception by their white counterparts. They were excluded, ghettoized, and their skin color represented an “extra measure of uncertainty to [their] arrival.”¹⁹⁵ From the very beginning, these physicians had to demonstrate their potential because they were black, but especially because they were doctors. They constantly had to demonstrate that they had the ability to perform what had always been considered a white profession. Moreover, these physicians were trying to enter the world of medicine in a time of “professional overcrowding,”¹⁹⁶ which caused a certain degree of competition with their white colleagues. These latter saw any new doctor as a potential threat to their job, and they feared to lose the small number of black patients that could afford to pay for medical treatment. Ward points out that this professional jealousy “could be an issue, especially if the new

¹⁹⁰ In the period known as the Great Migration of African Americans, many black doctors moved to northern and midwestern cities. Ward explains that in the 1930s “only 60 percent of the nation’s 3805 black physicians were located in the South, where 80 percent of the nation’s almost twelve million African Americans still lived” (Ward, p. 98).

¹⁹¹ Ward, p. 98.

¹⁹² Ward, p. 105.

¹⁹³ *Ibid.*

¹⁹⁴ Savitt. “Entering a White Profession: Black Physicians in the New South, 1880-1920.” p. 533.

¹⁹⁵ *Ibid.*, p. 516.

¹⁹⁶ *Ibid.*, p. 522.

doctor was better educated than the local practitioners who practiced “grandpap medicine.”¹⁹⁷ Due to this competition, African American physicians had no access to public facilities, and were usually banned from white medical societies. As a result, they had limited opportunities and could not do much to improve their medical skills. This isolation prevented them from developing professionally and from perfecting their techniques once out of school.¹⁹⁸ If on the one hand some white physicians saw these new doctors as their main opponents, on the other most of them tried to discredit and diminish their value. Black practitioners were usually seen as incompetent people, and white professionals often resisted their arrival in their towns and cities. Their presence challenged their white domination, “which aroused new envies and status anxieties that led to heightened racial friction.”¹⁹⁹ There were some exceptional cases in which white physicians welcomed and assisted their black counterparts in the establishment of their practice. That was only possible in those areas where competition was absent, like in the South’s bigger cities.²⁰⁰ In these places some white doctors even performed operations with their black colleagues and assisted them when they needed help.²⁰¹ Sometimes that mutual support and collaboration contributed to the creation of a sort of harmony between them.²⁰² However, the help on the part of white doctors often hid a veil of superiority and paternalism. That peaceful coexistence was extremely rare and did not resolve the race problem in the South.

Those African American doctors that were able to open their own office also faced other problems like high debts, low wages, insufficient and outdated medical equipment. And yet, the biggest and most surprising obstacle encountered by these young practitioners was their difficulty in attracting clients of their own ‘race.’ As a matter of fact, once they were able to establish their own practice, most African American doctors were in competition with folk healers, midwives, and white practitioners, who threatened to ‘steal’ their patronage. Ward argues that the “struggle for patients would prove to be perhaps the most maddening aspect of practicing medicine in the Jim Crow South for many black physicians.”²⁰³ These new professionals were expected to improve the health conditions of their fellow blacks “by providing medical care and by educating the ignorant regarding good health practices.”²⁰⁴ Still, that was not always possible because these doctors often had to

¹⁹⁷ Ward, p. 106. “Grandpap medicine”, as Ward calls it, could refer to a traditional and old-fashioned type of medicine that was practiced at that time by local doctors.

¹⁹⁸ Savitt. “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 526.

¹⁹⁹ Ward, p. 198.

²⁰⁰ Ward, p. 130.

²⁰¹ *Ibid.*

²⁰² *Ibid.*, p. 533.

²⁰³ *Ibid.*, p. 120.

²⁰⁴ Savitt. “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 508.

overcome black patients' resistance to use their medical services. The diffidence and skepticism on the part of the black community were supported by a number of reasons.

First of all, in the poorest areas of the Jim Crow South black communities were loath to seek any kind of medical care, "no matter what the race, sex, education, or training of the physician."²⁰⁵ This reluctance to ask for help was mainly caused by a general mistrust in doctors, mixed with a long-term confidence in the tradition of alternative treatments and folk medicine.²⁰⁶ Doctors were only seen when a person was very sick or risked to die. The same went for hospitals, where blacks were often admitted in extremis.²⁰⁷ Furthermore, these people preferred to resort to black conjurers²⁰⁸ or to unqualified doctors when they had a health problem because they could not afford a proper medical assistance. New black professionals were also in contrast and in competition with midwives, whose presence was at that time considered a better (but not safer) option to the physician's.²⁰⁹ Midwifery's popularity in the South was mainly due to its "[a]ccessibility, cost, and tradition."²¹⁰ Midwives were seen as trustworthy figures deeply linked to southern black culture: they delivered babies, performed household chores, and also provided people with medical aid. This confidence in African American birth attendants represented one of the principal threats to black physicians' medical practice.

There was another important reason behind the unpopularity of the first black physicians and their initial struggle for patients: the absolute reliance on the white medical profession. More precisely, black citizens were suspicious of the ability of new African American doctors because they took on a role that was traditionally reserved to whites. Many of them did not consider black physicians educated and competent enough to look after sick people. They thought that whiteness was the physical trait that marked a 'real' practitioner. They believed that white doctors could offer better facilities, that they could provide them with superior medical treatment, or simply they assumed that "white man's ice [was] colder."²¹¹ Black communities were in some ways reluctant to abandon their traditional reliance on white doctors, who were seen as the only ones that could learn and practice medicine. This lack of support and the prejudice in the figure of the black medical professional were also the result of the limited presence of African American physicians in the early 20th-century South.

²⁰⁵ Ward, p. 122.

²⁰⁶ Todd Savitt explains that in slavery times African American people used remedies they had brought with them from Africa and the West Indies. They used to apply these home treatments and did not believe in the importance and benefits of allopathic medicine (Savitt, "Entering a White Profession: Black Physicians in the New South, 1880-1920," p. 518).

²⁰⁷ *Ibid.*, p. 518.

²⁰⁸ Freedom from slavery also resulted in the development of another practice that strengthened black people's mistrust in black practitioners: "rootwork", and a belief in the magical and supernatural powers of African American conjurers. These latter believed that through herbal treatments, hexes, and voodooes they could find a solution to people's physical disorders. These ideas were deemed superstitious and they meddled with blacks' acceptance of practitioners of their own race (Savitt, p. 518).

²⁰⁹ Savitt. "Entering a White Profession: Black Physicians in the New South, 1880-1920," p. 519.

²¹⁰ Ward, p. 122.

²¹¹ Ward, p. 121.

In that period most black people had never heard (or seen) a black practitioner other than incompetent healers, “whose quackery tainted the reputation of all black doctors, making it even tougher (...) to establish a clientele.”²¹² Thus, when the first talented and expert black physicians made their appearance in the rural South, the black community began to see them with growing suspicion and hesitation. Ward explains that white supremacy was so intrinsic and so in keeping with “the minds of both white and black southerners that many African Americans refused to believe that any black doctor (...) could ever be quite as good as a white physician.”²¹³ Both black middle and working classes were influenced by the idea of white superiority, and they were willing to consult a white doctor if they could afford one.²¹⁴

Due to this general lack of confidence, black physicians adopted some measures that aimed to attract more patients. For example, they tried to guarantee lower prices than their white competitors, or they established contracts with industrial companies and fraternal associations.²¹⁵ But most importantly, they made public appeals to their African American communities and asked them to “abandon the “slave mentality” of the past and patronize black doctors, not only for their good but for the good of the race.”²¹⁶ It was thus important to go beyond people’s prejudice and to overcome the seemingly ineradicable strength of tradition. However, in spite of the many calls to racial betterment and pride, white physicians were at that time the ones that could provide their patients with better services, with more complete, specialized care and with more modern equipment. That was possible only because white doctors had much more chances and rights than black physicians.

All these obstacles forced the first African American physicians to limit their practice to poor black patients, to those people that could not afford to consult white doctors. These latter’s fees were higher than their colleagues, and most of Southern blacks did not have the money to pay their better but more expensive services. On the contrary, black medical professionals had lower fees, and this helped them to lure destitute black patients to their offices. The difference of prices (and incomes) represented one of the major issues that led to the hostility and tension between black and white practitioners, particularly in the impoverished South.²¹⁷ In that area the professional competition was almost omnipresent, and this aspect is made clear by sociologist Kelly Miller in “The Historic Background of the Negro Physician:” “The colored physician is everywhere in competition with the

²¹² Ward, p. 124.

²¹³ Ward, p. 124.

²¹⁴ The black middle class in particular used to patronize white physicians even though it “often meant exposure to such degrading aspects of segregation as using the back door, sitting in a “colored” waiting room, and being referred to only by one’s first name” (Ward, p.125).

²¹⁵ Ward, p. 121.

²¹⁶ Ward, p. 126.

²¹⁷ Savitt. “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p.526.

white practitioner, who never refuses to treat Negro patients.”²¹⁸ White doctors did not want to lose their black customers especially because they “were interested in making collections rather than curing patients.”²¹⁹ They saw these new African American physicians as their economic rivals, and tried to “discourage [them] from settling in towns where they had built substantial practices within the black community.”²²⁰

And yet, the competition was not reduced to the one between black and white physicians. Indeed, African American doctors often had to compete with each other. This rivalry was especially evident in Southern rural areas, where medical professionals had to struggle for their black patients. Some hostilities were the result of young doctors’ attempts to establish their practice in a place where older and more experienced black practitioners had been working for a long time.²²¹ According to historian Carter Woodson, this lack of cooperation and solidarity among members of the same community could be considered an “handicap in [their] development”²²² Nevertheless, in spite of these few cases in which older and younger generations of black doctors came into conflict, most African American physicians collaborated and helped each other. Many of them struggled to form their own local societies and partnerships, whose aims were to defy racial isolation and to improve their professional positions.²²³ Through these medical associations these people were able to assist one another, recognize common needs, and could “gain reputation for the efficiency of the brother of color (...).”²²⁴ Almost all of them cooperated and tried to find the most suitable means in order to “wrest black customers away from white shops and services.”²²⁵ This aspect in particular was considered the most important goal that linked these new professionals, an objective which helped them to establish a long-term and strong teamwork.

As mentioned before, the majority of African American doctors’ clientele was made up of poor black people. On one hand, these customers consulted black physicians because they could not afford a white one, and on the other they preferred black practitioners because these latter often accepted payment in kind²²⁶ or they even treated their patients²²⁷ with no compensation at all.

²¹⁸ Miller, p. 107.

²¹⁹ Ward, p. 128.

²²⁰ *Ibid.*, p. 130.

²²¹ *Ibid.*, p. 132.

²²² *Ibid.*

²²³ Savitt. “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 535

²²⁴ *Ibid.*, p. 534.

²²⁵ Ward, p. 134.

²²⁶ In Southern rural areas black doctors received compensation in the form of livestock and agricultural products in lieu of cash. As a consequence, these professionals were underpaid and underestimated by their own communities (there was the belief that if doctors’ fees were low, these people could not be considered talented and competent physicians). Due to this unusual form of payment, many were the doctors that had to “work twice as hard to earn half the income of their white colleagues” (Ward, p. 135). However, there were also some practitioners that were unwilling to accept this alternative form of payment and instead wanted money (137).

²²⁷ Ward, p. 136.

Nonetheless, there were also some white patients – especially impoverished ones – that turned to black professionals for their medical care. This information was confirmed by the black physician Luther T. Burbridge, who in his 1895 Emancipation Day speech – “The Colored Man in Medicine” – explained that “(...) the negro physician enjoys in many instances a small, but growing white patronage,” and added that this “in itself is a confession of recognition of skill and ability, wrung as it were from the lips of the oppressor.”²²⁸ Moreover, there were other black doctors that proved the peculiar existence of a white clientele and “pointedly mentioned in letters about their success in the racial mixture of their patients.”²²⁹ In some way, the presence of American clients represented a threat to white dominance and corroborated the constant fear of white practitioners, who wanted to prevent any sort of competition with their black counterparts.²³⁰ It is also interesting to understand the reasons why these white people decided to be treated (and sometimes operated) by black doctors. Firstly, the most indigent whites asked for African Americans’ medical help because their fees were undoubtedly lower. Secondly, these people used their services because they were in desperate need or they wanted to conceal an embarrassing ailment.²³¹ Indeed, the few black medical professionals that had the possibility to take care of white citizens were able to do that only when these people were in an emergency situation, or when they wanted to hide their medical needs from their general practitioners, their families, and friends. These latter could be venereal diseases or unplanned pregnancies.²³² The venereal practice in particular represented an important form of communication and interaction between black physicians and white clients in the Jim Crow South.²³³ Some white patients preferred to turn to black doctors when they contracted a sexually transmitted infection and thus avoided the “embarrassment of submitting such a case to a friend of the family.”²³⁴ There were also some practitioners that treated other medical conditions, performed illegal abortions and were involved in the sale of contraband medicines.²³⁵ These practices were not only illegal but risky as well. As a matter of fact, a single mistake in the diagnosis or treatment could prove fatal and “cost black physicians a much higher price than it did white physicians.”²³⁶ A simple error could represent a “reasonable” motive “to remove black physicians who ran afoul of the South’s caste system.”²³⁷

²²⁸ Savitt, “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 527.

²²⁹ *Ibid.*

²³⁰ *Ibid.*

²³¹ Ward, p. 149.

²³² Ward, p. 150.

²³³ Ward, p. 151.

²³⁴ Savitt, “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 529.

²³⁵ *Ibid.*

²³⁶ *Ibid.*, p. 520.

²³⁷ Some of these African American practitioners were run out of town for treating white patients. To avoid such danger, many of them simply stopped dealing with a white clientele (Ward, pp. 151-152).

1.3.2 The Black Medical Profession's Positive Accomplishments

Beside the troubles, prejudices and racial barriers encountered in their lives and medical careers, young black physicians also achieved positive outcomes. These people were not just professional figures: they could be businessmen, activists, landowners, and political leaders as well. Although they were all subject to the oppressive American system as the rest of the black population, these professionals were still “different from most southern blacks on account of their occupation and relative wealth.”²³⁸ They were better educated, more independent (they did not work for white men), and sometimes “looked down upon the uneducated black masses with disdain.”²³⁹ The fact that they performed a traditionally white profession in a segregated country definitely put them in a peculiar and at the same time unique social position. If some people did not believe them competent and talented enough as their white counterparts, there were others that instead saw them as the community's elite and as the most prominent citizens of the South. In the early 20th century, that of the doctor was an important title that meant fame and prestige in black society. This idea of a high status was expressed by American author T. J Johnson, who wrote that in that period the “Negro doctor was as popular in Negro Life as money is in business.”²⁴⁰ He added that “[w]ith Dr. before a man's name, he immediately became the community leader, the outstanding figure that received the honor, respect and admiration of the entire populace. Everybody looked up to him and felt complimented to pay homage (...).”²⁴¹ Johnson described an idyllic and an embellished situation, which did not always correspond to the reality black doctors had to face. However, it was true that in some Southern states African American physicians were slowly beginning to be seen as respectable and refined people that attempted to achieve success through their medical practice.

According to Ward, the African American social position was a complex and intricate concept that depended on several factors, like family origins, club and church associations, occupation, and education.²⁴² The latter in particular was considered the most important value that could determine the highest status in the black community. In a context where instruction was available to few African Americans, black physicians embodied the highest type of professional formation and for this reason they “made up an important component of the black upper class in all southern states.”²⁴³ There were also other significant elements that could measure the prosperity of these black physicians: the total number of patients they were able to treat, the house where they lived with their families, the size of their offices, the quantity (and quality) of their medical equipment, the ownership of a horse-and-

²³⁸ Ward, p. 215.

²³⁹ Ward, p. 216.

²⁴⁰ Savitt, “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 513.

²⁴¹ Ward, p. 215

²⁴² *Ibid.*, p. 217.

²⁴³ *Ibid.*

buggy.²⁴⁴ All these possessions displayed their social standing and distinguished them from other less privileged people. In addition, the necessary presence and the high demand for black doctors in the South increased their prestige within the African American community, “as no other citizens wield as much personal authority over the lives of others as do physicians.”²⁴⁵ Because of their high status, some of these people were able to promote racial unity and pride in order to lure patients to their offices. They tried to make a name of themselves by showing their good will and by fostering a public image that could guide the impoverished masses through its superior professional education. They also promoted black attendance at medical institutions and tried to establish cordial relations between blacks and whites.²⁴⁶

An important event that enabled some black physicians to demonstrate their talent and to show their positive image to their people was the First World War. When the United States joined the global conflict in 1917, a significant number of black doctors temporarily abandoned their clinics and answered the nation’s urgent call. These latter had received an advanced education²⁴⁷ and had established their practice in the North or in the South. According to the authors of *African American Doctors of World War One*, 104 documented black practitioners were recruited as army volunteers and served the country with honor and courage. These professionals were part of the Army Medical Reserve Corps and provided medical assistance to wounded soldiers of General Pershing’s American Expeditionary Force.²⁴⁸ WW1 certainly represented a traumatic event for them. They encountered violence, death and also racism on the part of some whites, who did not always give them the merit they deserved. And yet, the conflict also allowed them to experiment “military organization, planning and training”²⁴⁹ and to take part in field operations. Furthermore, these volunteers could improve their medical knowledge and learn new techniques from British and French physicians, who had developed and perfected some surgical procedures and methods.²⁵⁰ In the aftermath of the war some of these practitioners were welcomed in triumph by their black fellow citizens, who recognized them as heroes and saw them as their future leaders. Thanks to the precious contributions they made, these people found success and prosperity. Others, on the contrary, died young or had to struggle with economic

²⁴⁴ Coaches and horses in particular were considered the main symbols that marked the economic wealth of doctors and measured their success.

²⁴⁵ Ward, p. 218.

²⁴⁶ Savitt. “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 532

²⁴⁷ Most of these volunteer physicians had graduated between 1898 and 1916 at Howard University and Meharry Medical College. Some of them were experienced doctors, while others had just finished their internships (Fisher and Buckley, *African American Doctors of World War I: The Lives of 104 Volunteers* p. 5).

²⁴⁸ W. D. Fisher and Johann H Buckley. *African American Doctors of World War I: The Lives of 104 Volunteers*, p. 3.

²⁴⁹ *Ibid.*, p. 12.

²⁵⁰ The scientific contributions made by these physicians were represented by the use of local and general anesthesia, orthopedic surgical techniques, and amputation, which was considered the “most often used treatment for broken bones of the lower limbs” (*Ibid.*, p. 15). All these medical procedures “spread through American orthopedic surgery after the war” (*Ibid.*, p.16).

and social obstacles once they returned to normal life.²⁵¹ These physicians fought for the American nation but also for their black communities. They embodied the best members of their race and their participation in the conflict left an important mark. Their story has been ignored for a long time, but their recently discovered biographies have helped historians to learn more about their interesting lives and careers. Through their honorable service, black physicians somehow tried to uplift their communities, and thanks to what they had learnt from other physicians in field hospitals, they discovered new healing methods and techniques. These innovations could have allowed them to improve the health conditions of their people and to make future contributions in the medical field. In Buckley and Fisher's opinion, these African American doctors' lives and experiences represented "a chronicle of largely forgotten leaders at the turn of the 20th century."²⁵²

Because of their merits, these volunteer physicians exemplified an important model for the black nation, but they were not the only ones. Indeed, during that period there were other black practitioners that achieved positive results. These latter were professionals whose growing prominence – accomplished through their medical practice – allowed them to be "often sought as sponsors for business enterprises, as their names brought an undertaking prestige."²⁵³ Due to their high status but also to their low profits,²⁵⁴ some of these doctors ventured into the business field and established successful activities, especially in Southern towns. These companies were owned and managed by them, and were usually connected to health care and medicine, like pharmacies and insurance companies.²⁵⁵ Thanks to these new businesses, African American physicians were able to increase their incomes and reach a modest success. Actually, this success was limited because they still encountered obstacles once they entered the business world, like competition with whites, suspicion on the part of their own people, and isolation from the white market.²⁵⁶ Nevertheless, through these additional professional activities black doctors could raise their social importance and could emerge "as some of the most vocal proponents of racial solidarity in southern black communities."²⁵⁷

²⁵¹ *Ibid.*, p. 2.

²⁵² *Ibid.*, p. 16.

²⁵³ Ward, p. 218.

²⁵⁴ Most black doctors took care of an impoverished black and white clientele that could not afford to pay for medical assistance. Thus, it was impossible for these physicians to get a wealthy practicing medicine and they often had to resort to other professional solutions. Their incomes were far more inferior than their white counterparts, and as a result of this disparity, "southern black physicians were more likely than their white colleagues to pursue business ventures outside of medicine" (Ward, 219).

²⁵⁵ *Ibid.*

²⁵⁶ *Ibid.*, p. 219.

²⁵⁷ *Ibid.*

Pharmacies in particular represented the most popular business practice in the South. They were important centers for commerce but also for the social life of the black community.²⁵⁸ By employing pharmacists and clerks, these drugstores developed a self-sufficient African American economy, which was independent from white society. According to W.E.B Du Bois, these places could also be considered the “favorite venture for young Negro physicians.”²⁵⁹ Indeed, pharmacies helped doctors to attract new clients, “as patients were often more willing to go to a doctor whom they knew and trusted through their everyday contact at the store.”²⁶⁰ A further successful business activity was real estate, which enabled some black physicians to rent their offices and drugstores to other professionals. By becoming landlords for their community, they could increase their incomes and at the same time gain social recognition. They somehow exploited their important status as doctors to earn a comfortable living and to encourage investment.²⁶¹ Another important business venture was represented by industrial insurance, which saw a number of doctors become successful executives. These agencies provided blacks with medical and death coverage and gave their customers some advantages for accidents and sickness.²⁶² Just like other business activities, the physicians’ association with insurance companies increased their opportunities, helped them to be accepted by their community, and to attract more patients to their clinics.

Through all these prosperous entrepreneurial businesses, African American physicians supported their people financially, gave them services and jobs. They opened black banks, made loans. They funded schools, hospitals, churches, religious organizations, but most importantly, they made appeals for racial pride and cooperation. And yet, even if they declared the relevance of solidarity, their superior education, status, and profession increased the separation from the black masses.²⁶³ Whether the gulf between these people led to their further distinction, both black workers and doctors were somehow united by the same fate: each of them had to live under a segregated system dominated by whites, who considered all blacks as “a homogeneous mass of degraded people.”²⁶⁴ They were seen as “monolithic, without distinctions of wealth, class, or education.”²⁶⁵ Therefore, in that racist reality there seemed to be no difference between the educated and the ignorant, between the rich and the poor: they were all black, and their skin color was all that mattered. Furthermore, those African American doctors that had achieved financial prosperity were the

²⁵⁸ *Ibid.*, p. 111. Pharmacies were considered social places because it was there where the black community got acquainted with and met other people. They represented a sort of “shelter” that provided African Americans with medicines, goods, food and drink (Ward, 220).

²⁵⁹ *Ibid.*, p. 220.

²⁶⁰ *Ibid.*

²⁶¹ *Ibid.*, p. 226.

²⁶² *Ibid.*, p. 226.

²⁶³ *Ibid.*, p. 236

²⁶⁴ *Ibid.*, p. 216.

²⁶⁵ *Ibid.*

principal victims of white violence and racism, simply because they were black and successful.²⁶⁶ These medical professionals – “a generation or two removed from bondage”²⁶⁷– embodied the main threat to the South caste system and to white supremacy. It was for this reason that many black practitioners and businessmen were the targets of white mobs, which burned their houses and ran them out of towns.²⁶⁸ This was the high price that these talented people had to pay in the United States for a long time.

Nonetheless, despite all these hindrances, toward the end of the 1920s and especially in the years that followed, some black doctors were able to earn a good reputation and a comfortable living. They were seen as respectable people that tried to reach the highest status among black professionals in the whole country. In both the North and the South, they were “represented in the upper prestige stratum.”²⁶⁹ On one side, as Todd Savitt makes clear in his essay, their “commitment to the general improvement of black health may have suffered in their zeal to establish themselves and provide an enduring presence in a previously white profession;”²⁷⁰ but on the other “they had made a good start in accomplishing other goals.”²⁷¹ The confidence in a better future for black people and the trust in the formation of educated professionals as the leaders of the African American community were still alive. These ideas of racial uplift and racial betterment were particularly fed by two important thinkers of that period: W.E.B Du Bois and Booker T. Washington. Their divergent thoughts and views had a strong impact on the whole black population and may have influenced the lives and careers of those black doctors that performed their medical practice in a racist country.

²⁶⁶ *Ibid.*, p. 237.

²⁶⁷ *Ibid.*

²⁶⁸ *Ibid.*

²⁶⁹ *Ibid.*

²⁷⁰ Savitt, “Entering a White Profession: Black Physicians in the New South, 1880-1920,” p. 540

²⁷¹ *Ibid.*

CHAPTER TWO

The Influence of W.E.B Du Bois and Booker T. Washington

2.1 Introduction

In order to understand the reasons behind the emergence and further development of the African American medical profession in the United States, it is also important to refer to the huge influence that intellectuals and activists such as W.E.B Du Bois and Booker T. Washington had on the whole black population. Their thoughts, ideas, and appeals to the black community made them the two leading and most prominent African American thinkers of the late 19th and 20th centuries. Their notions of racial uplift, their strong belief in the value of education, and their different attempts to find a solution to the race problem had immeasurable consequences on black society and culture.²⁷² The figure of the African American physician himself was somehow ‘shaped’ by these two educators’ theories and discourses. It was the doctor’s professional and high-quality education that gradually elevated him to a paramount social position and helped him to establish himself as one of the most influential leaders of his ‘race.’ The building of new medical schools, the foundation of professional associations and the parallel establishment of business activities reflected this urgent need to form talented and well-trained experts. Through their instruction and specialized knowledge, these professionals ‘responded’ to Du Bois and Washington’s many suggestions and public exhortations. They were conscious that study, wealth, and self-sufficiency were “the most important passports to success and influence (...).”²⁷³ Notions of racial enhancement and leadership were all united by one strong and fundamental value: education. The latter was considered the most important key to overcome racial differences and reach black upward mobility. It was the main ingredient that could provide black people with new possibilities and hopes for a better future. It was a priceless opportunity, and its significance was highlighted by both Du Bois and Washington, whose visions were different and often at odds.

In their written works and public discourses, Washington and Du Bois focused their attention on the necessity to foster black people’s progress and advancement, some ideal accomplishments that

²⁷² Du Bois and Washington’s theories had a huge impact on black culture, especially on African American literature and cinema. *Race movies* in particular were influenced by their ideas, and the most known filmmaker that was affected by these two educators’ thoughts was Oscar Micheaux (1884-1951), the pioneer of black cinema. The movies that more than others reflect the director’s focus on the value of education and on the importance of racial uplift are *Within Our Gates* and *The Symbol of the Unconquered*, both released in 1920.

²⁷³ Thomas J. Ward, *Black Physicians in the Jim Crow South*, p. IX.

could only be achieved through self-determination, hard work and especially through a good education, a concrete solution that might overwhelm white ignorance and a fundamental remedy that could defy racial obstacles and prejudices. The two educators held different views on how to uplift the black race, and they often criticized and attacked each other. The 1880s were the years that marked the beginning of the debate between the two thinkers, which focused on the contrast between industrial and academic education.²⁷⁴ However, in spite of their many divergences and contrasts, these educators were respected by their people, and their ideas influenced the whole African American social, political, and cultural world.

2.2 Booker T. Washington and the Concept of Industrial Education

The first influential figure was Booker T. Washington (1856-1915), mostly known for his long activity as an educator, orator, and reformer. He was also the founder and first president of the Tuskegee Institute, a private black industrial school located in rural Alabama.²⁷⁵ The latter was founded at the dawn of Reconstruction – in 1881 – and it represented “a national example of the benefits of industrial education.”²⁷⁶ The Tuskegee Institute reflected its founder’s urge to open a college that could determine the economic and educational progress of African Americans in the aftermath of the Civil War.²⁷⁷ Washington thought that black people could elevate themselves through a professional training model and through “the cultivation of the virtues of patience, enterprise, and thrift.”²⁷⁸ In his opinion an educated person should possess “both cognitive and problem-solving skills, self-discipline, moral standards, and a sense of service.”²⁷⁹ He also believed that through industry all African Americans could purchase land, home and reach a certain economic stability.²⁸⁰ He was the creator of an important “industrial education movement that maximized the engagement of human potential that might otherwise have been wasted.”²⁸¹ Furthermore, Washington doubted the effectiveness of those political organizations and protests that aimed to fight against black people’s exclusion and inequalities.²⁸² On the contrary, he thought that the most efficient solution to the ‘Negro problem’ was a racial uplift that could only be achieved through a practical and technical training,

²⁷⁴ M.C. Brown. "The Politics of Industrial Education: Booker T. Washington and Tuskegee State Normal School, 1880-1915," p. 124.

²⁷⁵ Tuskegee Institute was the first Black school in the United States “with a purely industrial education mission” (Brown, 124).

²⁷⁶ *Ibid.*, p. 123.

²⁷⁷ *Ibid.*

²⁷⁸ “Booker T. Washington – American educator”, Britannica, updated in November 2019. www.britannica.com/biography/Booker-T-Washington.

²⁷⁹ Walter Gill. "Booker T. Washington's Philosophy of Black Education: A Reassessment," p. 215.

²⁸⁰ Brown, p. 124.

²⁸¹ Brown, p. 123.

²⁸² Nicholas Adams. *The Correspondence of W.E.B Du Bois and Booker T. Washington*, p. 2.

but also through an economic prosperity. Specifically, the famous black reformer wanted his fellow blacks to momentarily abandon their civil rights' demonstrations and instead raise their industrial skills in order to achieve economic wealth and stability. According to Washington, vocational education was the key that could allow African Americans to gain the respect and the acceptance of the white community. Industrial schools were meant to prepare black people for their future lives as tradesmen or farmers.²⁸³ In these professional institutions, students were taught the value of working with their hands and were made conscious of their surrounding conditions. They were also asked to focus on their practical skills and to learn by doing. These were the main principles that constituted Washington's philosophy of education,²⁸⁴ a sort of formula that influenced the lives of many African Americans. A theory that was in stark contrast to the one elaborated by Du Bois in that same period.

His personal idea of racial uplift was clearly expressed in the Atlanta Exposition Speech of 1895, better known as "The Atlanta Compromise."²⁸⁵ In this famous discourse, Washington summarized his pragmatic reading of black reality using the following words: "Cast down your bucket where you are, cast it down in making friends in every manly way of the people of all race by whom we are surrounded, Cast it down in agriculture, mechanics, in commerce, in domestic service, and in the professions."²⁸⁶ He also expressed the necessity to uplift African American people through hard work, practical skills, independence and self-help. The latter in particular was seen as a process that aimed to "discourage political action to secure protection for individual rights."²⁸⁷ Indeed, Washington thought that black people "needed first to take care of their survival and safety needs and then worry about the more complex needs of belonging."²⁸⁸ He wanted black people to be patient, to "work with diligence and defer integrations until whites accepted and respected their economic progress."²⁸⁹ In his opinion, African Americans should "accommodate themselves to the tide of white reaction and, through economic and social self-help, perhaps [they] could make themselves deserving of full political and legal rights."²⁹⁰

The most important work where Washington expressed his ideas was *Up from Slavery*, an autobiography published in 1901. In this book he referred to an "astute business-like mentality"²⁹¹ that would demand respect from white people and that would eventually lead to an equal social status

²⁸³ *Ibid.*, p.1.

²⁸⁴ Brown, p. 126.

²⁸⁵ Washington made his famous declaration at the opening of Atlanta's Cotton States and International Exposition in September 1895, an event that promoted the postbellum South and established Atlanta as its new commercial center.

²⁸⁶ Booker T. Washington. *Up from Slavery*, p. 219.

²⁸⁷ Gayle McKeen. "Whose Rights? Whose Responsibility? Self-Help in African-American Thought," p. 409.

²⁸⁸ Michael L. Rowland. "African Americans and Self-Help Education: The Missing Link in Adult Education," p.4.

²⁸⁹ A. Hughes. *A Light in Darkness, Oscar Micheaux: Entrepreneur Intellectual Agitator*, p. 29.

²⁹⁰ Byron D'Andra Orey. "Explaining Black Conservatives: Racial Uplift or Racial Resentment?", p. 20.

²⁹¹ A. Hughes, p. 30.

for Black Americans. In addition, the notion of education as an important means to achieve racial uplift is evident in other written works, like the essay “Industrial Education and the Public Schools,” published in 1913. In this text he praised the value of professional training and claimed the necessity to make people see that the “education which did not, directly or indirectly, connect itself with the practical daily interests of daily life could hardly be called education.”²⁹² He explained that professional instruction was a powerful instrument, a “means of raising up and dignifying labor and thus, indirectly a means of raising up and dignifying the common and ordinary man.”²⁹³ Education could make black people more industrious, independent and law-abiding. There was no space to idleness, and every form of hard work was considered a noble thing.²⁹⁴ Therefore, vocational education and economic advancement are the two key words that summarize Washington’s concept of black people’s uplift. This prominent intellectual made “higher education an integral part of the movement to gain economic freedom and dignity for African Americans.”²⁹⁵ His ideas made him popular among the black masses and established his long-term image as a respectable reformer, a “true visionary” and an “educator for all ages.”²⁹⁶

2.3 W.E. B Du Bois and the Concept of the Talented Tenth

The other outstanding figure that – together with Booker T. Washington – influenced the life of many African Americans was William Edward Burghardt Du Bois (1868-1963). The latter was a prominent scholar, intellectual, historian, sociologist, and civil rights activist. He was considered one of the most important and influential black protest leaders of the first half of the 20th century, especially known for his activity at the NAACP.²⁹⁷ As mentioned earlier, his philosophy of education and racial uplift diverged from the ideas elaborated by the author of *Up from Slavery*. The two thinkers had different views on how to educate and enhance the black ‘race,’ and their contrasting opinions often resulted in an ideological rift. While Washington always emphasized the importance of industrial education and the power of economic improvement, Du Bois praised the value of a higher type of education and believed in its ability to form future black leaders. He also encouraged the opening of black universities and institutions, where there could be “plant[ed] deeply and for all time centres of learning and living.”²⁹⁸ Furthermore, the two intellectuals had a different view on how to

²⁹² Booker T. Washington. "Industrial Education and the Public Schools," p. 227.

²⁹³ *Ibid.*

²⁹⁴ *Ibid.*

²⁹⁵ Brown, p. 127.

²⁹⁶ Walter Gill, p. 215.

²⁹⁷ The National Association for the Advancement of Colored People (NAACP) was founded in 1909 and since then it has played a key role in the struggle for black people’s rights and racial justice. Du Bois was a prominent member of the association and served as the director and editor of its official journal, *The Crisis*.

²⁹⁸ Lee W. Formwalt. “W.E.B. Du Bois in Turn-of-the-Century Atlanta, 1897–1910,” p. 186.

resolve the so-called ‘Negro Problem.’ On the one hand, Washington did not think that black protests and political organizations could be the right solution to overcome white prejudice and to achieve racial equality. On the other, Du Bois was a strong advocate of vocal protests, of a political and social black commitment.

Education in particular represented the main ideological ‘battleground’ between the two African American thinkers. As a matter of fact, Du Bois publicly criticized Washington and his proposal to adopt a model of vocational education.²⁹⁹ He specifically attacked his belief that professional instruction was the only possible way to achieve black development. In his opinion, the educational model elaborated by the founder of the Tuskegee Institute had a positive and noble purpose, but it was not enough. Indeed, he thought that professional training could not offer an adequate preparation for black students. Du Bois was not completely opposed to Washington’s pedagogical ideas, but he believed that “to attempt to establish any sort of system of common and industrial school training, (...) without first providing for the higher training of the very best teachers, is simply throwing your money to the wind.”³⁰⁰ It was thus important to provide black people with a different and higher level of instruction, which was able to educate talented teachers who would work for industrial institutions.³⁰¹ Moreover, this higher education could be a solution to form future leaders of the African American community and could guarantee black advancement in the post-slavery years. There was the idea that through an intellectual formation, some black people could both improve their life conditions and those of the members of their race. Thanks to that type of education, they could show their uniqueness and make precious contributions to human progress.³⁰²

These special individuals and future guides of the black community were known as the *Talented Tenth*,³⁰³ a term used by Du Bois to refer to a singular group of black middle-class men and women that had the responsibility for uplifting their people through their educational accomplishments.³⁰⁴ These highly trained professionals represented a sort of model that African Americans were asked to follow, and their potentials aimed to challenge whites’ historical hostility and open indifference toward them. The Talented Tenth had the ability to “link the past with the ideals of the future³⁰⁵” and highlighted the relevance of education “as not only the acquisition of skills and

²⁹⁹ Hughes, p. 33.

³⁰⁰ Dan S. Green. "W. E. B. Du Bois' Talented Tenth: A Strategy for Racial Advancement," p. 361.

³⁰¹ *Ibid.*

³⁰² Du Bois’s belief in the uniqueness of black people derived from his own experience and from his theory of racial difference, “according to which races had different contributions to make to human progress” (McKeen, p. 425).

³⁰³ The educational concept of the “Talented Tenth” first appeared in a collection of essays, *The Negro Problem*, published in 1903.

³⁰⁴ Adam McNeil. “Du Bois & Washington’s Racial Uplift Methods as Seen in *Within Our Gates*,” p. 9.

³⁰⁵ McKeen, p. 426.

the means to make a living but the ‘making of men.’”³⁰⁶ Du Bois repeatedly explained that African Americans had to be guided by those that were able to “give them the absolute and indispensable foundation for solid and real advance in civilization and social reform, the uplifting of their masses, and rational guidance in health, work, and morals.”³⁰⁷ According to him, this ten percent of the black population must help elevate the masses and improve their conditions through “the cultivation of culture, self-knowledge, and the human soul.”³⁰⁸ These college-educated individuals were often labelled as the elite of African Americans, who were willing to sacrifice their personal lives and interests in order to lead their people. As Du Bois himself wrote in the essay collected in *The Negro Problem* (1903), this minority of exceptional men and women could save the black community and could “guide the Mass away from the contamination and death of the Worst, in their own and other races.”³⁰⁹ Therefore, the famous black activist deeply believed in the power of a higher type of education, which could form talented people and was as indispensable as Washington’s vocational training.³¹⁰ He was hopeful that with the expansion and enhancement of a higher instruction, black people could change their poor living conditions. However, in later years Du Bois admitted that his articulation of the responsibilities assigned to the Talented Tenth could lead to the misinterpretation of his educational concept. Indeed, there were some members of that elite group who exploited their position as social guides and sought personal profit instead of helping their people.³¹¹ Du Bois also questioned his expectations that these educated leaders would lead “the masses to a higher plane of culture and away from the cumbersome and degrading social problems in which their lives were enmeshed.”³¹² This disappointment with black leaders was also the result of many attacks on the part of some critics (one of them was Washington),³¹³ who considered that his program “contemplated the uplift of the few, rather than the development of the many.”³¹⁴ These criticisms were not completely unfounded because Du Bois himself acknowledged his ‘naiveté’ in “assuming that the Talented Tenth would supply the necessary leadership for the rise of the masses.”³¹⁵ And yet, in spite of all the controversies, for the most part of his life he remained convinced that black leadership was the right

³⁰⁶ *Ibid.*

³⁰⁷ *Ibid.*

³⁰⁸ *Ibid.*, p. 427.

³⁰⁹ Juan Battle and Earl Wright. "W.E.B. Du Bois's Talented Tenth: A Quantitative Assessment," p. 654.

³¹⁰ Lee W. Formwalt, p. 184.

³¹¹ In 1949 Du Bois confessed that his “plan of training a talented tenth might put in control and power...a group of selfish, self-indulgent, well-to-do men, whose basic interest in solving the Negro problem was personal” (McKeen, p. 429).

³¹² Dan S. Green, p. 363.

³¹³ In particular, Washington accused Du Bois’s Talented Tenth “of being able to understand only theories and ideas;” he held them responsible for “pursuing their own goals rather than the goals of the masses” (Battle, p. 656).

³¹⁴ Juan Battle and Earl Wright, p. 657.

³¹⁵ Dan S. Green, p. 363.

solution, and this firm conviction helped him to be recognized as one of the most important promoters of black education and advancement.

The strong belief in the value of black intellectual education was not the only concept that resulted in the break between Du Bois and Washington. The other reason that led to their ideological controversy was their different idea on black action and political involvement. On one side, Washington urged black people to stop fighting political isolation and racial segregation. He wanted them “to accept discrimination for the time being and elevate themselves through hard work and economic gain, thus winning the respect of whites.”³¹⁶ In his opinion, African Americans had to “prove themselves first before whites would accept them as equals.”³¹⁷ They had to be compliant and avoid useless political protests, which would not allow them to accomplish any equal right.³¹⁸ On the other, Du Bois believed that the absence of political commitment and protests would only worsen blacks’ conditions and would exacerbate white violence toward the African American population. The famous activist thought that black people had to fight against political isolation, segregation, and other forms of racial discrimination. This action was necessary because without it they could neither advance socially nor economically. Furthermore, he was convinced that through a higher education black people could raise their public awareness and could create an informed and efficient black protest. According to him it was necessary to promote a social change, which could be achieved through manifestations and agitations. If Washington’s doctrine was based on “accommodation, racial self-help, and economic initiative,”³¹⁹ the struggle for justice and rights advocated by Du Bois was instead “protest-oriented, integrationalist, and noneconomic.”³²⁰ The break between the two activists and the tightening-up of their ideological differences would be directly addressed in Du Bois’s *The Souls of Black Folk*, an American classic published in 1903.³²¹ That publication in some ways ‘spoiled’ Washington’s iconic image and resulted in the declination of his influence; but above all, it was the progressive deterioration of race relations in the aftermath of Reconstruction that finally led African Americans to favor the more radical and politically active position adopted by Du Bois and the NAACP.

³¹⁶ Elliot Rudwick. “W.E.B. Du Bois – American Sociologist and Social Reformer”, *Britannica*, www.britannica.com/biography/W-E-B-Du-Bois.

³¹⁷ Formwalt, p. 182.

³¹⁸ R. Vela “The Washington–Du Bois Controversy and African-American Protest: Ideological Conflict and Its Consequences,” p. 88.

³¹⁹ *Ibid.*

³²⁰ *Ibid.*

³²¹ In the chapter “Of Mr. Booker T. Washington and Others,” Du Bois challenged the approach and the ideas expressed by the man that was considered the “most powerful black American of his time and perhaps of all time” (Vela, p. 90). In it he claimed that “struggles for civil rights and progress require honest criticism and clear protest, and that the promise of Washington’s program had not been fulfilled” (Vela, p. 96). He also criticized the fact that “Washington wanted blacks to give up the vote, give up civil rights, and limit education to manual training” (Formwalt, p. 186).

Even though they were often in conflict with one another and they were known as fierce opponents, it is impossible to discuss Washington's ideas without referring to those elaborated by Du Bois (and vice versa). They were both considered the most prominent leaders of the African American community who in spite of their ideological differences inspired and influenced each other. They made relevant contributions to black history, they fought for racial justice and they both believed in a better future for African American people.

2.4 Washington and Du Bois' Impact on the Figure of the Black Physician

It is now interesting to observe how the birth and following growth of the African American medical profession was welcomed by both Washington and Du Bois, and whether these two thinkers' ideas affected the life and work of black physicians. Curiously, the development of well-educated doctors and the establishment of medical schools were parallel to the famous discourses and concepts elaborated by the two activists. On the one hand, the increase of black medical professionals and practices were the direct consequence of the urgent need to find new solutions to the worsening black health conditions in the South. On the other, the expansion of a traditionally white occupation was probably influenced by Washington and Du Bois' theories, especially by the latter's concept of the Talented Tenth and by his emphasis on the importance of a higher education. Their prominent ideas affected the entire black community, and their different focus on the importance of instruction encouraged many people to undertake a specific educational path – an industrial or more formal one.

Following the end of the Civil War, education acquired a relevant value and became one of the most efficient 'panaceas' that attempted to foster black progress and overcome white prejudice. Due to its huge relevance, a small black professional class – mainly composed of teachers, lawyers, ministers, physicians, and dentists – began to develop in the whole country. These professionals constituted an educated elite, "an upper class that provided service, leadership, and pride" for disadvantaged African Americans.³²² They all played a key role and were influential members of their communities, but only physicians were thought to possess real wealth, independence, and the highest type of instruction. They were seen as the "upper tens"³²³ of the African American population, whose significant social status motivated many black people and led them to study medicine. The medical profession was thus seen as a challenging but rewarding occupation, whose high prestige often resulted in many young African Americans being pushed into medicine by their parents and relatives.³²⁴

³²² Thomas J. Ward. *Black Physicians in the Jim Crow South*, p. ix.

³²³ *Ibid.*, p. xix.

³²⁴ *Ibid.*, p. xx.

That of the doctor is a profession that combines both theory and practice. It could be classified as an all-round formation that somehow exploits the two educational concepts developed by Washington and Du Bois: the former's pragmatic and technical training, and the latter's appeal to a classical and more formal instruction. Indeed, aspiring physicians are first provided with theoretical and technical notions, which are later put into practice when through "their expertise, wisdom, language, and therapies [they] will return [people] to the land of the healthy."³²⁵ It was thanks to this specialized scientific formation that some black practitioners began to be identified as the most important and influential professionals of their community, a sort of privileged group that operated among a subjugated population. These people – more than other professions – embodied in different measures Washington and Du Bois's ideas of education and racial uplift.

When the black medical profession began to spread in the whole country, Washington highlighted its importance and urged the formation of more medical pioneers. This need to form black physicians was publicly expressed at Howard University in 1909. In that public discourse he told medical students that the "white doctor has to seek [his] location, then hang out his shingle, but the location seeks the negro doctor."³²⁶ In his opinion, southern blacks desperately needed the help of black physicians, who – on their part – had to turn their disadvantages into their advantages.³²⁷ With this last statement, Washington perhaps wanted black doctors to exploit a knowledge that had always seen them as inferior people and turn it into their own benefit. The famous intellectual also thought that "[o]f all the professions in which the negro is engaged, that of medicine is probably the one in which he has attained the highest degree of technical skills and the greatest usefulness to the community in which he lives."³²⁸ The black doctor's specialized and pragmatic training made him a model to follow, an influential figure that embodied the values of determination, thrift, and independence. These practitioners could be the subjects of his Atlanta Compromise Speech, where the prominent educator asked black professionals to "cast down their bucket" in the South, where they could help and foster the uplift of their people.³²⁹ Washington was also one of the first African American leaders that urged the need to improve public black health "if southern blacks were going to be able to lift themselves up and gain equal opportunity in American society."³³⁰ His interest in black health care was reflected in the establishment of a hospital at Tuskegee Institute in 1892³³¹ and

³²⁵ Browner, *Profound Science and Elegant Literature*, p. 1.

³²⁶ Todd L. Savitt. "Entering a White Profession: Black Physicians in the New South, 1880-1920," p. 513.

³²⁷ *Ibid.*

³²⁸ Ward, p. x.

³²⁹ Following Washington's strong appeal to the black nation, many African American medical graduates established their practice in the South, where towns and cities were in desperate need of more doctors (Ward, p. 100).

³³⁰ Ward, p. 249.

³³¹ The hospital looked after the faculty's students and trained black nurses. In 1902 it began caring for the surrounding black community (Ward, pp. 165-166).

in the creation of the National Negro Health Week in 1915, which aimed to raise public awareness on the importance of a proper medical assistance.³³² Another aspect that was in keeping with Washington's ideas was black physicians' willingness to establish their own medical associations, professional institutions and business ventures. These latter reflected his theories of independent development and self-help. Indeed, unlike other professions that relied upon white society, black medical practice and its organizations were more autonomous and freer from outside control. Moreover, through the values of industriousness and collaboration, these activities and institutions were believed to determine the material and economic success of the black community. Thanks to its members' self-discipline, racial solidarity, and hard work, they were thought to guarantee a future social uplift.

Du Bois was the other important black activist that affected the lives of many African American professionals through his idea of a higher education and his famous concept of the Talented Tenth. He thought that only through a classical and more formal instruction could black people achieve a final racial uplift. His pedagogical ideas could have influenced the spread of many black professionals in the whole country, and physicians represented one of these productive categories. These latter exemplified an emerging group of talented and well-educated individuals that had all the potentials to become future leaders of their black people. Their growing relevance was highlighted by Du Bois himself, who strongly believed in their expertise, values, and abilities. It is thanks to his significant activity as a sociologist that we now know how the famous African American intellectual saw and interpreted the rising black medical profession in the United States. Indeed, Du Bois was one of those scholars that carefully observed southern African American life during the segregated era. In some of his sociological studies he specifically focused on the optimistic development and increase of educated and qualified professionals – teachers, ministers, lawyers – who could be identified as the principal Talented Tenth of the black community. In many of his research projects and conferences Du Bois also referred to the rapid growth of the African American medical profession and focused on the value of public schools and college education, which had the possibility to form new experts and to develop new men.³³³ In his famous social study *The Philadelphia Negro* (1899), for instance, the black thinker observed with optimism an increase in the number of “young doctors, who have spared no pains to equip themselves at the best schools of the country.”³³⁴ Another example where Du Bois alluded to the expansion of a black medical education was the report *The Health and Physique of the Negro American* (1906), where he especially analyzed African Americans' precarious

³³² Ward, p. 249.

³³³ Patricia H. Hinchey. *The Souls of Black Folk by W. E. B. Du Bois: With a Critical Introduction by Patricia H. Hinchey*, p. 85.

³³⁴ Browner, p. 183.

health conditions and high death rates.³³⁵ Like his main opponent, the author of *The Souls of Black Folk* repeatedly highlighted the need to find new black doctors who could help improve their race. In 1900, he affirmed that the rise of the black physician was significant and that “[I]n this profession far more than in the ministry and the law, the professional standard has been kept high (...).”³³⁶ He also urged aspiring black doctors to receive a decent medical instruction, because “there [was] scarcely a sizable city in the United States where it [was] not possible to secure the services of a well-trained Negro physician of skill and experience.”³³⁷

The black practitioner could be identified as one of Du Bois’ Talented Tenth, a man that was able to improve the health conditions of his people through his medical service. The black activist saw him as a leader that thanks to his high and specialized education set “the ideals of the community where he lives, directs its thoughts and heads its social movements.”³³⁸ In both *The Souls of Black Folk* and in the essay “The Talented Tenth,” the African American physician is in the list of those professionals that are encouraged to try to uplift the black population. This figure is described – like the other members of the elite group – as a sensitive, conservative and careful guide.³³⁹ All these professionals must be “broad-minded, cultured men and women” and have to “scatter civilization among a people whose ignorance was not simply of letters, but of life itself.”³⁴⁰ In particular, black doctors were thought to “perform a social surgery at once the delicatest and nicest in modern history.”³⁴¹ This peculiar medical image appears in *The Souls of Black Folk*, and it is used to refer to the most efficient way to maintain peace between black and white people. This “radical surgery” is what is indispensable for both races to live “side by side” and “yet subtly and silently separate.”³⁴² According to Du Bois, this metaphorical surgical operation could be perfectly performed by college-educated physicians, who could control black anger and at the same time provide the black community with a good model to follow. It was believed that these practitioners were able to develop their own independent medical practices, which would allow them to be respected by white society and to live in peace among their black people. Through this particular image, Du Bois expressed his hope and his confidence in a future beyond racism. He really believed that these professionals would grow and positively affect the whole African American population.

³³⁵ W E Burghardt Du Bois. “The Health and Physique of the Negro American. 1906.” *American Journal of Public Health*.

³³⁶ Ward, p. 95.

³³⁷ *Ibid.*

³³⁸ Du Bois. “The Talented Tenth,” *The Negro Problem*, p. 54.

³³⁹ Patricia H. Hinchey. *The Souls of Black Folk by W. E. B. Du Bois*, p. 81.

³⁴⁰ *Ibid.*, p.78.

³⁴¹ Browner, p. 183.

³⁴² *Ibid.*, p. 182.

Some of these hopeful visions manifested themselves in real life. Indeed, Du Bois' theories and his strong desire to educate future black leaders could have influenced the rapid expansion of black physicians in the South. At the turn of the 20th century many African Americans wanted to become doctors because of the prestige involved with the medical profession, and because they thought that their honorable practice was free from discrimination.³⁴³ There was the DuBoisian idea that an aspiring practitioner "should not think of what he may be able to do for himself, but the great good he may do for suffering humanity."³⁴⁴ College-educated physicians began to develop a sense of "noblesse oblige," and what they considered a privileged position led them to believe they had a duty to their oppressed black race.³⁴⁵ This huge responsibility would later manifest itself in political leadership, civic activities and public health programs.³⁴⁶ Thanks to their high education and experience, some of these professionals "became representatives of their race to the white world, and community leaders in the black."³⁴⁷ The Talented Tenth of the African American population also tried to improve black conditions by supporting local schools and by promoting more educational opportunities.³⁴⁸ They attempted to establish a relationship with the local white leadership and to live in a peaceful environment. Nonetheless, in spite of the importance and faith attributed to this professional figure, the radical social surgery advocated by Du Bois was hard to perform. Black physicians' education and possible success could be a double-edged sword and could be seen as a threat to whites. These latter often believed black doctors as "too successful, too "uppity"" and blamed them for "meddling in issues that threatened white supremacy."³⁴⁹ Many people could not accept that 'Negroes' put into practice a knowledge that identified them as inferior and ignorant. Racism was – and still is – a tumor difficult to remove, even for those that could have the means to perform a drastic operation or eradicate it. And yet, the birth of the African American medical profession represented an important accomplishment which challenged white dominance and its reliance on unsubstantiated and unscientific racist theories. The evolution of the black doctor throughout the years is meaningful and perhaps provides us with "the best window into the conflict of race and class" in the whole United States.³⁵⁰

³⁴³ Ward, p. xxi.

³⁴⁴ *Ibid.*

³⁴⁵ *Ibid.*, p. 266.

³⁴⁶ *Ibid.*

³⁴⁷ Savitt, "Entering a White Profession: Black Physicians in the New South, 1880-1920," p. 508.

³⁴⁸ Ward, p. 272.

³⁴⁹ Ward, p. 275.

³⁵⁰ Ward, p. ix.

CHAPTER 3

Representations of the Black Doctor in African American Literature

3.1 Introduction

Many significant African American literary texts published between the 1890s and the 1930s feature black physicians among their characters. Interestingly, it was in this very period that the profession of the black doctor spread in the whole United States.³⁵¹ Toward the end of the nineteenth century, a growing number of educated black practitioners pursued a medical career, and by the early 1930s – as historian Carter G. Woodson remarked in *The Negro Professional Man and the Community* (1934) – they already embodied “...the most important professional element in the Negro race.”³⁵² The hope placed in these new figures, the middle-class prestige of their occupation, the paramount value of their education, and the obstacles and prejudices that these professionals had to fight against, are all reflected in different ways in the fiction I will analyze. African American authors in fact gave voice to a new group of talented men who appropriated a scientific knowledge that had always claimed their ignorance and inferiority. Writers also employed these professional figures to show the effects of racism from a different perspective and to offer possible solutions to the country’s race ills. The positive characterization of intelligent and competent African American physicians who try to overcome racial obstacles and support their communities is usually paired and contrasted with a merciless depiction of the harsh reality that surrounds them. These doctors find themselves exercising their profession in a context that sees them (and all blacks) as inferior people and that does not recognize the value of their activity. In the literary texts explored in the following two chapters the black physician always plays a significant role—whether he is the protagonist or a secondary character—as he more or less challenges the country’s racial prejudice and discrimination. He strives to improve his own opportunities and the conditions of his community. In his fight against white supremacy, he metaphorically embodies “a thorn in the white man’s side,”³⁵³ representing a living threat to those pseudoscientific theories about the physical and moral inferiority of black people.

In the following chapter, I will briefly delineate the relationship between the fields of medicine and literature, focusing on the importance that the character of the physician had in nineteenth- and early twentieth-century American fiction, which often reflected the social prestige deriving from the

³⁵¹ Andrew A. Sorensen. "Black Americans and the Medical Profession, 1930-1970," p. 338.

³⁵² *Ibid.*, p. 337.

³⁵³ Browner. *Profound Science and Elegant Literature*, p. 198.

professionalization of the medical occupation. The focus on the image of the professional physician in American literary works will be particularly useful for the analysis of the depiction of the black doctor in African American literature.

3.2. The Rise of Modern Medicine and Professional Doctors

Between the second half of the 19th and the early 20th centuries, Western medicine had transformed itself from “a largely speculative endeavor into a discipline governed by scientific principles.”³⁵⁴ In that period professional allopathic medicine completely “laid to rest the challenge from folk medicine,”³⁵⁵ with which it had until then coexisted. The gradual transition from a type of treatment that exploited the use of natural remedies to one that instead made use of drugs and surgery as we now know them represented an important breakthrough in the entire Western world and saw the rise of several medical schools, universities, hospitals, and associations. Moreover, with the professionalization of modern medicine, the body – which in the nineteenth century was seen as a “standardized, normalized, positive object that functioned according to scientific laws,”³⁵⁶ – became more and more perceived as a “troubling, provocative problem,”³⁵⁷ a site where professional physicians had a “masterful command”³⁵⁸ and a place where these authoritative people could find final and decisive answers.

The rise of science and medicine saw the doctor become the repository of ultimate truths about human life, and therefore some sort of heroic figure. His profound and prestigious scientific knowledge could not be easily understood by normal and uneducated people, who were asked to believe in his virtue and mastery.³⁵⁹ This professional became so strong that he even surpassed the clergy in terms of social and cultural power. He became the new “minister of hope and comfort to the sick.”³⁶⁰ He “displaced priests as pursuit of health displaced the pursuit of salvation,” and turned out to be the only one that “[could] truly see and interpret the body.”³⁶¹ Such was his prestige and authority that “medicine turned into a sacred profession set apart from others.”³⁶² On the one hand, surgery and dissection exemplified “a gross assault upon the integrity and identity of the body and

³⁵⁴ Lilian R. Furst. *Medical Progress and Social Reality: A Reader in Nineteenth-century Medicine and Literature*, p. xii.

³⁵⁵ Browner. *Profound Science and Elegant Literature*, p. 2.

³⁵⁶ *Ibid.*, p. 5

³⁵⁷ *Ibid.*

³⁵⁸ *Ibid.*, p. 6.

³⁵⁹ *Ibid.*, p. 6.

³⁶⁰ Lillian R. Furst, p. 25. This quasi-religious definition of the professional physician was given by the American Medical Association, which in 1847 adopted the *Code of Ethics*. The latter was a document that established physicians' duties and standards of conduct.

³⁶¹ Abraham Nussbaum, ““I Am the Author and Must Take Full Responsibility”: Abraham Verghese, Physicians as the Storytellers of the Body, and the Renewal of Medicine,” p. 394.

³⁶² Lilian R. Furst, p.17.

upon the repose of the soul.”³⁶³ On the other, they represented a noteworthy “triumph of scientific investigation and rationalism over theological conceptions of the sanctity and dignity of the body.”³⁶⁴

The foundation of modern medical science was also accompanied by what Michel Foucault defined professional physicians’ “silent, gestureless, recording, totalizing gaze.”³⁶⁵ In his classic *The Birth of the Clinic* (1963), a book that deals with the birth and the consequences of medical empiricism between the end of the 18th and the first decades of the 19th centuries,³⁶⁶ the famous French philosopher explored how in the 1800s there was “nothing more than a syntactical reorganization of disease in which the limits of the visible and invisible follow[ed] a new pattern.”³⁶⁷ This “reorganization” coexisted with the institution of an “unimpeded empire of the gaze” and with the creation of a new “medical consciousness whose constant task would be to provide information, supervision and constraint.”³⁶⁸ Illnesses began “to be treated not so much as abstracted categories, but more as events, processes, and pathologies that ‘become visible in a geographical system of masses differentiated by their volume and distance.’”³⁶⁹

Parallel to that change, the doctor started to “subject suffering patients to the most rigorous and exacting of medical gazes, which in the majority of cases would look not just at the body but *into* it as well.”³⁷⁰ His eyes began to penetrate into the most profound and secret recesses of the sick body, and investigated “the voluminous space of the organism, in search of some occult lesion.”³⁷¹ “The gaze,” Foucault explained in his seminal work, “plunges into the space that it has given itself the task of traversing” and “must see the illness spread before it, horizontally and vertically in graded depth, as it penetrates into the body, as it advances into its bulk, as it circumvents or lifts its masses, as it descends into its depths.”³⁷² The modern medical gaze was no longer superficial and restricted to visible symptoms.³⁷³ It made all that was undetectable detectable, and it was perfected through the practices of dissection and surgery, which enabled physicians to uncover the “secrets of the body’s interior, its inner corporeal spaces.”³⁷⁴ It was thought to be defined by direct, meticulous observations

³⁶³ Philomena Horsley. "Limitations in Death: Negotiating Sentiment and Science in the Case of the Hospital Autopsy". In *Medicine, Religion, and the Body*, by Coleman, Elizabeth B, and Kevin White, p. 174.

³⁶⁴ *Ibid.*

³⁶⁵ Stephanie P. Browner. *Contesting the Body: Literature and Medicine in Nineteenth-Century American Culture*, p. 79.

³⁶⁶ Ronan De Calan. "The Empiricism Medical, of a Myth to Another. A Critical Reading of the Birth of the Clinic of Michel Foucault," p. 194.

³⁶⁷ Stephanie P. Browner. *Contesting the Body: Literature and Medicine in Nineteenth-Century American Culture*, p. 8.

³⁶⁸ *Ibid.*

³⁶⁹ Chris Philo. “‘The Birth of the Clinic’: An Unknown Work of Medical Geography,” p. 13.

³⁷⁰ *Ibid.*

³⁷¹ Roberto Machado. "Foucault, Philosophy, and Literature," p. 29.

³⁷² Michel Foucault and A.M. Sheridan. *The Birth of the Clinic: An Archaeology of Medical Perception*, p. 136.

³⁷³ Roberto Machado. "Foucault, Philosophy, and Literature," p. 229.

³⁷⁴ Chris Philo. “‘The Birth of the Clinic’: An Unknown Work of Medical Geography,” p. 15.

and by physical diagnoses, which “would tell and would never be distorted by the instability and misrepresentations of language.”³⁷⁵ When a body was sick, the physician no longer listened to the sufferer’s story. He was instead supposed “to scrutinize the patient, to focus an unbiased, unassuming, blank stare upon the body.”³⁷⁶ He had to carefully examine him, who in turn was asked to trust and recognize the physician’s power. It was precisely that “positioning of medical authority and patient submission” that described the new and revolutionary “totalizing relationship of the clinical gaze as determined by Foucault.”³⁷⁷ An impersonal gaze that led the professional doctor “to become not a reader but the sole reader of the bodies, lives, and deaths of the people he [met] as patients.”³⁷⁸ An authority that could be dangerous, as physicians’ “claims to knowledge have often served as instruments of power, of social suppression;”³⁷⁹ as means that attempted to justify the supposed inferiority of specific categories of people. Thus, Foucault’s concept emphasizes the leading and influential position held by modern men of science. A position that saw medical practitioners as the only ones that could exercise full mastery and control upon their patients’ bodies through their ruling and sometimes repressive gaze. This growing power and the different roles assumed by these professionals often find their place in the literary world, which provides diverse interpretations of the doctor-character and of his peculiar medical look.

3.2.1 Medicine and Literature: A Meaningful Connection

The increasing importance of scientific medicine and professional physicians was frequently documented by artists. In *Profound Science and Elegant Literature* Browner mentions significant paintings – all made between 1875 and 1906 – that show the prestige and high esteem attributed to the professional doctor in the United States, and depict him as the pioneer of modernity.³⁸⁰ Nonetheless, art is not the only cultural form that provides us with explicit and interesting proofs of the revolution produced by the rise of modern medicine and of educated physicians: works of fiction, magazine and newspaper articles, theatrical performances and other forms of entertainment have their own representation of the doctor and reflect on both the positive and negative consequences brought by medical advances.

³⁷⁵ Browner. *Profound Science and Elegant Literature*, p. 52.

³⁷⁶ Browner. *Contesting the Body: Literature and Medicine in Nineteenth-Century American Culture*, p. 77.

³⁷⁷ Richard Marsden, Martin Willis, and Keir Waddington. “Imaginary Investments: Illness Narratives Beyond the Gaze,” p. 55.

³⁷⁸ Abraham Nussbaum, p. 390.

³⁷⁹ Hans Bertens. *Literary Theory the Basics*, p. 129.

³⁸⁰ Browner in particular refers to Thomas Eakins’ *The Gross Clinic* (1875) and *The Agnew Clinic* (1889), Robert Hinckley’s *Ether Day* (1893), and John Singer Sargent’s *The Four Doctors* (1906). The appearance of these artworks coincided with the period of scientific discoveries and medical innovations.

Works of fiction in particular took part in the birth and further strengthening of professional medical science between the second half of the 19th and the early 20th centuries.³⁸¹ Many are the literary texts that focus on the impact that medical innovations had on people's lives and that report how the writer himself/herself was affected by the medical discourses and phenomena of his or her time. Although the development and the advancement of this specific profession have been largely documented by several histories of medicine, it is especially through a literary approach that this field is given a "different, essentially personal, perspective."³⁸² Literature represents an important instrument that "reveals more fully than history the social realities in the dilemmas that physicians and patients alike faced in the wake of new discoveries and technologies."³⁸³ It discloses "the variegated human responses to the scientific advances of the period;"³⁸⁴ responses that range from "enthusiastic embrace of the new to doubts, falterings, skepticism, and downright rejection."³⁸⁵

Both the literary and the medical field shared important characteristics. By the end of the 19th century literature and medicine alike had been professionalized and had claimed their authority: while the former was "eager to (...) identify the peculiar powers of narrative and literary language," the latter "was anxious to assert the power of its scientific advances."³⁸⁶ Authoritative literary men and physicians were recognized as prominent and trustworthy figures whose texts showed interesting and curious insights into what was happening in their country in that period. The advent of literary naturalism, born in France in the early 1860s, also reinforced this kind of similarity. In particular, the affinity between these two figures was clearly explained by Emile Zola in "The Experimental Novel" (1880), the most exhaustive essay on the principles of Naturalism. In his influential work, the famous French writer referred to the "experimental method" used in fiction and formulated the "strictly scientific nature of his art."³⁸⁷ He explicitly affirmed that at that time literature was "governed by science"³⁸⁸ and compared the writer to a sort of doctor, who was "equally an observer and an experimentalist."³⁸⁹ A person that examined men and his passions, an analyzer of people's "individual and social relations."³⁹⁰ Similar to the physician, the experimental novelist tried "to find the simple initial cause in order to reach the complex causes of which the action is the result."³⁹¹ Like a doctor,

³⁸¹ Even though the most significant changes in the medical field took place in the latter part of the nineteenth century, it was in the 1900s that patients could "reap the benefits from the advances in the basic sciences" made in the previous century (Lilian R. Furst, p. 21).

³⁸² Lilian R. Furst, p. xi.

³⁸³ *Ibid.*

³⁸⁴ *Ibid.*, p. xii.

³⁸⁵ *Ibid.*

³⁸⁶ Browner. *Contesting the Body: Literature and Medicine in Nineteenth-Century American Culture*, p. 9.

³⁸⁷ Jonathan F. Krell. "Nana: Still Life, Nature Morte," p. 65.

³⁸⁸ Émile Zola. "The Experimental Novel and Other Essays," p. 1.

³⁸⁹ *Ibid.*, p. 8.

³⁹⁰ *Ibid.*, p. 17.

³⁹¹ *Ibid.*, p. 28.

he explored the territory of the human body – the principal site of meaning and discussion – through a scientific and natural construction of language. This tendency to represent life in a scientific way and to compare the literary man to a sort of physician that explored the human body and diagnosed social illnesses was the result of “the increasing prestige of the medical profession” and of the “desire, on the part of the literati, to give legitimacy to their enterprise by allying themselves with science.”³⁹² The image of the writer-physician, the reference to authors that gave their literary texts “the patina of scientific documents”³⁹³ and that used a medical language to describe “nonmedical phenomena”³⁹⁴ highlighted the strong correspondence between medicine and literature. Two important fields whose revolutionary professionalization also resulted in the construction of distinct “trajectories into respectability,” which “sometimes paralleled one another, sometimes reinforced each other, and sometimes were in tension.”³⁹⁵

The significant connection between literature and medicine is further exemplified by the recurrent literary portrayals of professional physicians, whose presence within a certain plot emphasizes the prominence that these men of science had in real life. The educated and authoritative physician becomes one of the main actors within the narrative and he usually affects the life of his patients. He plays an important role and through his medical eye he allows readers to observe ‘objectively’ the society in which he lives and in which he practices his profession. He is also subject to different (and sometimes opposing) interpretations and characterizations, which depict him in a positive or more negative way, as the plot’s hero or antihero.

3.2.2 Different Readings of the Physician in American Literature

It is now interesting to briefly outline how the figure of the physician is generally portrayed in American fiction, which is full of examples that clearly reveal what was happening in that specific medical field between the two centuries of great scientific discoveries. Many authors provided their readers with different answers and readings of the role of medical science. And given the foundation of a successful and lucrative practice, they also focused on the increasing importance of the professional doctor, who was gradually becoming a central figure and one of the absolute protagonists in both fictional and real life. There are several works of fiction that propose various solutions and that express “radical critiques, angry satires, and cagey celebrations of medical knowledge and authority.”³⁹⁶ These texts let us enter a world where the diverse roles attributed to physicians are both

³⁹² Mary Donaldson-Evans. *Medical Examinations: Dissecting the Doctor in French Narrative Prose, 1857-1894*, p. 6

³⁹³ *Ibid.*

³⁹⁴ *Ibid.*, p. 8.

³⁹⁵ Browner. *Profound Science and Elegant Literature*, p. 4.

³⁹⁶ Stephanie P. Browner. *Contesting the Body: Literature and Medicine in Nineteenth-Century American Culture*, p. 2.

the result of the evolution of the medical profession and of writers' individual interpretations, which depended on their "ideology, [their] political and social stance, and [their] response to the physician"³⁹⁷ in American culture. These latter accepted medicine's manifold accomplishments and they never discredited their importance. What they did was examine the reasons behind medical practitioners' rising status and investigate the distinct nature of their class ambitions. Their portrayals can indicate "some of the terms on which medicine's professional prestige was eventually accepted" but also how the "doctor was often envisioned as a stabilizing force in a rapidly expanding nation vulnerable to political, economic, and social troubles."³⁹⁸ They tend to "interrogate the dangers posed and promises offered by the establishment of an exclusive class of esteemed, scientifically trained professional healers."³⁹⁹

Before the professionalization of medicine some authors employed the figure of the physician to show their diffidence and skepticism toward what were considered the primitive and uncertain stages of American medical practice. In early 19th-century American fiction there are some stereotypical representations of poorly trained, inexpert, and incompetent doctors, who are described as unclear and ambiguous figures. Their portrayal – like in James Fenimore Cooper's *The Pioneers* (1823) and *The Prairie* (1827) – "suggests one common, and not altogether unwarranted, version of public opinion."⁴⁰⁰ In the middle of the century, other writers such as Hawthorne and Melville regarded physicians as if they were "symbols of human fallibility rather than direct pronouncements on a professional class."⁴⁰¹ These authors did not always trust medicine's claim to know the human body. According to them, even if healers could identify some basic and general truths about people's physical nature, they also risked to "leave individual bodies with no history, no intimacy, no narrative particularly their own."⁴⁰² Doctors begin to be depicted as arrogant, amoral, evil and selfish men, who often ignore or silence the "bodies of the disfranchised."⁴⁰³ These sometimes enigmatic and unclear representations of fictional physicians were the result of a period of "profound ambiguity about the philosophy of science and about scientific methods as applied to the healing art."⁴⁰⁴ In addition to this controversial characterization of medical professionals, Hawthorne and Melville resisted the description of the medicalized body, "a thing with physical, anatomical and physiological properties."⁴⁰⁵ In their opinion literature was the unique and true "aesthetic imperative" that made

³⁹⁷ Janice L. Willms. *An Historical Interpretation of the Physician in American Fiction: 1830-1935*, p.6.

³⁹⁸ Stephanie P. Browner, *Profound Science and Elegant Literature*, p.3.

³⁹⁹ *Ibid.*, p. 14.

⁴⁰⁰ Janice L. Willms, p. 69.

⁴⁰¹ *Ibid.*, p. 284.

⁴⁰² Browner. *Profound Science and Elegant Literature*, p.4.

⁴⁰³ *Ibid.*, p. 3.

⁴⁰⁴ Janice L. Willms, p. 83.

⁴⁰⁵ Browner. *Profound Science and Elegant Literature*, p.3

people's corporeality meaningful.⁴⁰⁶ It was the only means that could better know, see and interpret humans, whereas medical language was a "profit-minded, meaningless babble that is profoundly insensitive to the sounds and silences of the body in pain."⁴⁰⁷

The late 19th century – mostly known for the many medical changes and for the professionalization of medicine – produced several interesting depictions of fictional physicians. At that time, the doctor was seen as an educated and wise man that brought "stability to worlds riven by disorders."⁴⁰⁸ He was thought to be more experienced, and better able to take care of his patients.⁴⁰⁹ He had the power to heal or alleviate people's sufferings, and he was admitted in their most intimate and private moments.⁴¹⁰ The progressive 'sacralization' of his medical profession and his rising reputation began to be represented in some literary texts, where this figure is usually depicted in a favorable and sympathetic way. In these years of growing optimism in medicine, when both "the physician-scientist and his patient benefited mutually from the new approach and early technical advances,"⁴¹¹ the fictive doctor becomes more heroic, a sort of Christ-like figure that looks after and saves people's lives.

As maintained by Browner, the references to medical professionals' superior training and expertise are especially evident in those novels or novellas that deal with race and gender issues. Indeed, it is in these latter that the fictional physician embodies the values of "domesticity, highbrow aesthetics, and racial uplift with the prestige and seriousness of science."⁴¹² In that same period there were other writers – like William Dean Howells, Elizabeth Stuart Phelps and Henry James – that thought that the medical profession was linked to "physical vigor, intuitive responses to the bodies of others, and firm grounding in empiricism."⁴¹³ Some of them defined the "truly great doctor" as a man or a woman that personified "a sensibility that achieved both the rigor of science and the aesthetic refinement of highbrow culture, making him or her sensitive to all the complex realities and meanings of embodiment."⁴¹⁴ However, even for these authors medical knowledge was limited and unable to fully respond "to the diverse beauty, sexuality, history, and politics that might be written on the body."⁴¹⁵

⁴⁰⁶ *Ibid.*

⁴⁰⁷ Browner. *Contesting the Body: Literature and Medicine in Nineteenth-Century American Culture*, p. 11.

⁴⁰⁸ Browner. *Profound Science and Elegant Literature*, p.3.

⁴⁰⁹ Furst, p. 16.

⁴¹⁰ Browner, p. 1.

⁴¹¹ Janice L. Willms, p. 3

⁴¹² Browner, *Profound Science and Elegant Literature*, p.3.

⁴¹³ *Ibid.*, p. 4.

⁴¹⁴ *Ibid.*

⁴¹⁵ *Ibid.*

In the first decades of the 1900s, when “scientific study and technology in American medicine began to dominate the world,”⁴¹⁶ the doctor became “less an artist and more a scientist,”⁴¹⁷ and his increasing power resulted in a widening separation from his patients. This gulf led to the formulation of new ambivalent feelings toward this figure, whose ambiguous and dubious nature was explored in fiction as well. Indeed, the diverse reactions on the part of the public – “admiration and doubt, acquiescence and disdain, love and hatred”⁴¹⁸ – are all sensations present in fictional representations of the 20th-century American doctor. In that period the physician was respected and admired, but writers also highlighted his human weaknesses and fragilities. For example, there were some authors – like F. Scott Fitzgerald and William Carlos Williams, himself a doctor – who questioned physicians’ authority or represented them as hopeless alcoholics and drug addicts in their literary works. Physicians begin to be represented as the “emblems of a general disillusionment, both personal and societal.”⁴¹⁹ The mythical and mad scientists’ imagery typical of 19th-century fiction is soon replaced by more realistic, compassionate, and flawed men and women.⁴²⁰

Therefore, the doctor in American fiction tries to follow the “general pattern of societal content and discontent: the trend of response to changing political and economic power, the alternating optimism and pessimism in a rapidly growing and changing culture.”⁴²¹ Some novelists limited themselves to providing their readers with a positive and uncritical portrayal of professional healers. Others instead took sides in the medical controversy of their time: they contested medical science’s unquestionable truths and defied physicians’ “ability to name and solve the body’s mysteries.”⁴²²

3.3 The Importance of the Black Doctor in African American Fiction

Other authors began to use literature as an instrument to reveal the violence and racism that was behind medicine’s mastery, and to question “science’s equation of rational disinterest with white, educated masculinity.”⁴²³ These writers were Americans of African descent, and represented the newly emerged figure of the middle-class black physician as a man who challenges white doctors’ claimed superiority and tries to help and uplift his people, who have been silenced and oppressed for a long time. The study of the characterization of the black physician in significant literary texts

⁴¹⁶ Willms, p. 22.

⁴¹⁷ *Ibid.*

⁴¹⁸ Willms, p. 45.

⁴¹⁹ Willms, p. 287

⁴²⁰ Willms, p. 286.

⁴²¹ Willms, pp. 212-213.

⁴²² *Ibid.*

⁴²³ *Ibid.*

published between the 1890s and the early 1930s shows that it was used to illuminate issues regarding potential interracial relations and the difficulties of the advancement of ‘colored people.’

As already specified in the introduction to the chapter, it is not accidental that all these literary works were written between the end of the 19th and the first decades of the 20th centuries. Indeed, the publication of these books coincided with the birth and the spread of the African American medical profession in the whole country. These texts depict what was actually occurring at that time in the United States, especially in the American South, where the poor health conditions of the African American population required the intervention of new medical professionals. In particular two of the six selected literary works – Charles Chesnutt’s *The Marrow of Tradition* (1901) and Walter Francis White’s *The Fire in the Flint* (1924) – could be easily classified as historical novels. As it will be seen in the fifth chapter, this definition is pretty accurate because in these books there are many elements that correspond to the reality that college-educated doctors had to face once they established their medical practice in the segregated South. In the other four novels and short story – Frances Harper’s *Iola Leroy, or Shadows Uplifted* (1892), Katherine D. Tillman’s “Beryl Weston’s Ambition” (1893), Pauline Hopkins’ *Of One Blood, or The Hidden Self* (1902-1903), and George Schuyler’s *Black No More* (1931) – the authors used the figure of the black physician for various purposes; and although in some of these works the black doctor is given an ideal role, his representation as a talented and educated man still reflects how many black Americans envisioned the black medical practitioner in real life.

The historical truth behind these texts is not the only reason why it is important to analyze this particular character. It is also interesting to focus on this figure because he practices a profession that at that time was mainly exercised by white people. In these works African American writers show us the country’s racism through the singular viewpoint of a new middle-class professional, who questions theories of black inferiority by performing a profession that is synonymous with prestige, wisdom, and authority. The black doctor becomes the ‘living proof’ that blacks are not inferior to whites and have the ability to accomplish their same results. He uses his high education and knowledge to defy all those white physicians that exploited their status and their seemingly unquestionable mastery to attempt to prove the separation between the two races. His literary characterization as an admirable, intelligent, and ambitious man of science did not only go against all those racist theories and assertions made by white doctors. His different portrayals also more or less openly defied the works of those contemporary white writers who often published texts that degraded, humiliated, and caricatured black people.

Most literary reviews and critical readings have paid little or no attention to the functions of the physician-characters. Rather, critics focus on other aspects of the plot or on the major themes

addressed in the novels. It is merely in those literary works where the black physician is the absolute protagonist – like in *The Marrow of Tradition* or in *The Fire in the Flint* – that reviewers examine this figure in detail. A notable essay that explores the presence of the black doctor in literature is Browner’s chapter “Social Surgery: Physicians on the Color Line” from *Profound Science and Elegant Literature*, which explores the ways in which the progresses in American medical science were entangled with the emergence and consolidation of racism. Browner selects a series of late nineteenth-century novels and short stories that feature both white and black medical practitioners working and living on the color line.⁴²⁴ Some of these works focus on the figure of the white doctor and on his medical practice in a segregated world, “using him as a trope for medicine’s racism, historical amnesia, and vulnerability to race melodrama.”⁴²⁵ There are different portrayals of this character, all of which refer to his relation to the medical field and to his personal definition of race. For instance, this figure can be described as a man that fails to understand and sometimes ignores the long history of injustice and racial oppression. He can be depicted as the most despicable representative of medical racism, an “intertwining of arrogance, anxiety, and desire of supremacist ideology,”⁴²⁶ whose actions allow a given author to attack “the corporeality of blackness in the white imagination.”⁴²⁷ Browner states that these physicians’ identification with the “ugliest white supremacist (...) is not surprising given medicine’s role in legitimizing racism.”⁴²⁸ Through these representations, writers wanted to highlight the significance that medicine had in that period, and at the same time they denounced its racist implications. In her essay she also refers to some novels and short stories that give prominence to the African American doctor, which offer a “different remedy for the nation’s race maladies.”⁴²⁹ In a period in which blacks were the principal victims of a social, political, and medical racism, the fictional representation of the African American doctor constituted a relevant literary choice. On one side, through this particular and sometimes controversial figure some writers wanted to criticize American society and its profound racist system. On the other, they emphasized the importance of this middle-class man, a character that both defies the content of contemporary racist theories and that reflects African American physicians’ expectations for the future of their ‘race’ and of educated black professionals in general.

⁴²⁴ In particular, Browner analyzes Victoria Earle Matthews’ “Aunt Lindy” (1889), William Dean Howells’ *An Imperative Duty* (1891), Charles Chesnutt’s *The House Behind the Cedars* (1900), Frances Harper’s *Iola Leroy, or Shadows Uplifted*, Katherine D. Tillman’s “Beryl Weston’s Ambition” (1893), and Charles Chesnutt’s *The Marrow of Tradition* (Browner, p. 186).

⁴²⁵ Browner. *Profound Science and Elegant Literature*, p. 11.

⁴²⁶ *Ibid.*, p. 190.

⁴²⁷ *Ibid.*, p. 194.

⁴²⁸ *Ibid.*, p. 191.

⁴²⁹ *Ibid.*, p. 197.

The figure of the black doctor begins to be represented in American fiction in the late 1860s, when some African Americans were slowly attempting to enter the medical profession. As stated by Browner, *Waiting for the Verdict* – a novel by Rebecca Harding Davis published in 1867 – is probably the first literary text with a ‘mulatto’ physician as the main character. The story is set in Philadelphia,⁴³⁰ where the protagonist manages to establish his successful practice and tries to pass for white. The latter wants to hide his true identity, to conceal his “negro blood” from the outside world.⁴³¹ What makes the novel particularly daring for that period is the fact that “a black surgeon cutting white bodies violates a basic creed of racism that prohibits blacks from touching white bodies.”⁴³² Nevertheless, the event somehow loses its relevance because when the doctor performs the operation, almost no one knows about his real origins. Furthermore, Davis did not particularly focus on the importance that black medical professionals had at that time. She instead reflected on “the psychology of passing rather than the inevitable revelation of the presumed physiological “facts” of race.”⁴³³ In some way by its very title, *Waiting for the Verdict* offers a foretaste of what would be later explored in African American fiction. Toward the end of the 19th century, blacks were still waiting for the country’s final judgment, but they were also “taking matters into their own hands.”⁴³⁴ This is precisely what black physicians and other professionals wanted to do in the aftermath of the Civil War, when they developed an educated elite that aimed to uplift black people. As a result, these new professionals’ achievements and obstacles soon became the subject of subsequent literary works.

Unlike Davis’ novel, the other texts featuring a black physician reflect on what it was like to practice a typically white profession in a time when segregation was legal and blacks were the principal scapegoat of the United States. While *Waiting for the Verdict* was published in an epoch in which the effective number of African American medical practitioners was very limited, the following series of works was written in an important era for black doctors, who toward the end of the 19th century began to open their independent medical practice, their hospitals and were able to found their first associations. Additionally, the 1890s represented a crucial decade that “ushered in the modern period in Afro-American literature when writers began to master literary craftsmanship and articulate pertinent ideas on specific literary and cultural issues of African Americans in the United States.”⁴³⁵ They were years in which they “turned their observations, feelings, social

⁴³⁰ As mentioned in the first chapter, before the outburst of the Civil War aspiring black physicians used to attend Northern white medical schools (there were no black institutions at that time).

⁴³¹ Browner, *Profound Science and Elegant Literature*, p. 198.

⁴³² *Ibid.*

⁴³³ *Ibid.*

⁴³⁴ *Ibid.*, p. 199.

⁴³⁵ Abu Abarry. “The African-American Legacy in American Literature,” p. 386.

viewpoints, and creative impulses into published works.”⁴³⁶ In that same period, African American authors began to portray educated and ambitious black professionals in their books, and the black physician is one of them. This figure is explored in many texts published between the two centuries. His characterizations mirror the successes achieved by black medical professionals and often reveal the impediments of an activity that was hindered by an oppressive social system that abused black people independently of their profession and position in society.

All the selected literary texts were published in distinct historical and social phases. Some of them were written between the Post-Reconstruction period and the beginning of the Progressive Era, like “Beryl Weston’s Ambition,” *Iola Leroy*, *The Marrow of Tradition*, and *Of One Blood*. The other two novels – *The Fire in the Flint* and *Black No More* – appeared during the Harlem Renaissance. However, not all the books’ settings correspond to the year in which they were actually published. Indeed, while some novels are set in the period before and after the Civil War, in the other works the action takes place in late 19th-century, or in the period before and after the first World War. Furthermore, these texts belong to different literary genres and are the product of writers’ stylistic choices, ideologies and in some cases of these latter’s experience with the world of medicine.

Alongside these most evident differences, exemplified by the books’ various settings and by their distinct genres, there are other aspects that distinguish each work from the others. For instance, in every plot there are different types of doctors: there are aspiring surgeons, general practitioners, scientists or medical students. These physicians are also given different roles within the narrative. In some novels these professionals are the absolute protagonists, and they are depicted as young men whose presence and action are indispensable for the understanding of the story. In other texts the doctor is a minor but not unimportant or uninfluential character. He is seen as an ‘active participant,’ he has a remarkable impact on the other characters’ lives, and he is often associated with the novel and short story’s heroine, who “bears the burden of embodying and responding to the nation’s gender and race psychoses.”⁴³⁷ This latter aspect is particularly evident in *Iola Leroy* and “Beryl Weston’s Ambition,” two texts where there is an interesting emphasis on gender issues and on the relation between nurses and practitioners. Moreover, all these fictional doctors perform their profession in different realities. Many of these characters manage to open their own medical practice in Southern states, where the presence of black doctors is most needed. Whether the majority of the literary representations are set in the oppressive and violent South, there are other novels – *Of One Blood* and *Black No More* – where the black doctor studies or works in the North.⁴³⁸ And yet, even though the

⁴³⁶ Davis Chapman Katherine Tillman and Claudia Tate. *The Works of Katherine Davis Chapman Tillman*, p. xxx.

⁴³⁷ Browner. *Profound Science and Elegant Literature*, p.11.

⁴³⁸ Although in Pauline Hopkins’ *Of One Blood* most of the action takes place in Africa, the protagonist starts his career as a medical student in Boston.

situation and the living conditions of African Americans were definitely worse in the South, the characters find a similar kind of resistance and racial opposition in Northern states as well. Writers also provided their readers with distinct interpretations of the black doctor and of the reality that surrounds him. On the one hand, the authors explored what it was like to live and work in a racist country as a black educated man. On the other, they reflected on future expectations and possibilities for both this relevant category of black professionals and for African Americans in general. In particular, it can be observed how in some novels there is a tendency to represent a hopeful and optimistic reading of reality and of the medical figure, while in others there are strong leanings towards a more realistic and critical perspective.

Indeed, the first series of novels – which includes Frances Harper’s *Iola Leroy*, Katherine Tillman’s “Beryl Weston’s Ambition” and Pauline Hopkins’ *Of One Blood* – tends to represent the black physician as a utopian figure. This latter is seen as the perfect social leader, and is thought to be the one that will bring his people out of darkness and out of historical oppression. The protagonists of these texts are the ‘literary embodiment’ of Du Bois’s concept of the Talented Tenth. They are brave, resolute, and wise professionals, who have all the prerequisites to become the future guides of the black population. Their occupation is almost romanticized and in some cases it is compared to a sort of religious call or mission. It is as if these professionals were going to save and uplift black people thanks to their authoritative and notable practice. These texts focus on these fictional characters’ activity as missionaries, whose aim is to help and take care of blacks’ bodies. Unlike the second group of texts featuring an African American practitioner, this one offers an optimistic and sometimes ‘sweetened’ description of reality. However, in these two novels and short story the black physician is not totally unaffected by or unaware of his social environment. He encounters some problems and some resistance along the way, but he ends up full of promises and high hopes.

To the contrary, in the second series of novels – which includes Charles Chesnutt’s *The Marrow of Tradition*, Walter F. White’s *The Fire in the Flint* and George Schuyler’s *Black No More* – the black doctor is represented as a societal victim and as the main ‘instrument’ through which the authors criticized American society and its racist system. The image of the black medical professional is often put in contrast with a harsh reality, dominated by prejudice, diffidence, and violence. While in the previously mentioned texts the African American physician emerges as a man full of ideals and dreams for the future, in these novels, on the contrary, he ends up disillusioned and defeated. These works emphasize the fall of the physician’s expectations to be able to help his black community, his human frailty and helplessness against circumstances.

Despite the chronological and stylistic differences, all these works portray black physicians as “figure[s] of wisdom and truth telling.”⁴³⁹ They are all educated and refined men, whose high competence “counters the flood of degrading images of childlike, degenerate, or lazy African Americans that filled the pages of the popular press.”⁴⁴⁰ Their literary characterization is the direct response to those that in real life were considered the “true pioneers of the medical profession (...).”⁴⁴¹ As stated by Browner, the black practitioner in fiction “represents an expertise that subverts the master’s corporeal power.”⁴⁴² Each one of them – whether he succumbs or not to the oppressive and dangerous environment where he lives and works – is considered a menace to the apparently unshakable and unquestionable white authority. Thanks to his medical profession and advanced knowledge, the black doctor tries “to help those bodies, like his own, that have been violated by the master for a long time.”⁴⁴³ He strives to “care for the black body, the site of the nation’s ugliest racism.”⁴⁴⁴ And regardless of all the adversities, troubles and sufferings encountered along his way, this professional – both real and fictional – challenges white tradition and white supremacy.

⁴³⁹ Browner. *Profound Science and Elegant Literature*, p. 222.

⁴⁴⁰ *Ibid.*, p. 197.

⁴⁴¹ *Ibid.*

⁴⁴² *Ibid.*, p. 198.

⁴⁴³ *Ibid.*

⁴⁴⁴ *Ibid.*, p. 199

CHAPTER 4

The Black Physician as Leader of the African American Community

4.1 Introduction

In the following chapter I will analyze the characterization of the black physician in three literary works: Frances Harper's *Iola Leroy* (1892), Katherine Tillman's "Beryl Weston's Ambition" (1893) and Pauline Hopkins' *Of One Blood* (1902-1903). These texts were written by African American women writers, whose protagonists find their place in an alternative and ideal society inside or outside America. A society mainly defined by "black independence and self-government that defamiliarizes the segregationist present in the United States."⁴⁴⁵ In their texts, these female authors expressed their hope and their strong belief in the value of education and in the mission of racial uplift. They did it through the depiction of well-educated, kind, and authoritative black heroes and heroines, who show their compassion and complete dedication to the advancement of the 'race.' Both their male and female characters "embrace the challenge of uplift (...), willing to roll up [their] sleeves and sacrifice for [their] subjugated people."⁴⁴⁶ They are influential figures who foster a feeling of mutual collaboration and solidarity among the African American community.

Their works encompass different genres such as the utopian, the sentimental, and the fantastic. They were all published between the late nineteenth and the early twentieth centuries, a period marked by the birth and the development of the black medical profession across the United States. The presence of a black doctor, as either the protagonist or as a secondary character of the different plots, proves the significance of the rise of the African American practitioner in real life. What these two novels and novella have in common is the similar portrayal of this professional figure. Dr. Latimer, Dr. Warren, and Dr. Briggs are depicted as talented and refined young doctors who exploit their high education and medical expertise to help their community. They want to do something concrete for black people and enhance their life conditions. All of them face some obstacles, but in spite of the difficulties they meet they never surrender and often show their prowess and determination as community leaders. Their ideal – and sometimes utopian – representation reflects the confidence that

⁴⁴⁵ M. Giulia Fabi. "Of the Coming of Grace: African American Woman Fiction, the Black Intellectual, and Lillian B. Jones Horace's *Five Generations Hence*." In *Recovering Five Generations Hence: The Life and Writing of Lillian Jones Horace*, p. 165.

⁴⁴⁶ Beverly Holmes. *The Influence of the Sentimental Novel and the Attendant Cult of True Womanhood on Four Novels by African American Women*, p. 17.

many black intellectuals placed in middle-class professionals, whose knowledge and position posed an evident threat to false theories about black inferiority. In these texts the three authors emphasized the value of education, which enables these new ‘Talented Tenth’ to uplift their black masses.

The black doctor’s return to the South is seen as a return to the origins, which marks the beginning of a new life devoted to the help of the oppressed and violated black community. His return to Africa is instead envisioned as a return to a sort of Promised Land, which symbolizes the beginning of future possibilities for both African Americans and for their utopian leaders. Therefore, the confidence in younger generations of black professionals, the importance of black leadership, the utopian return to the origins, the idea of a successful upward mobility, and the promises of an intellectual achievement are just some of the major themes that we can find in this first series of texts, where the character of the black physician plays a relevant role.

4.2 The Missionary Work of a Black Doctor and a Black Heroine in *Iola Leroy*

In *Iola Leroy, Or Shadows Uplifted* (1892)– the best known novel by Frances Harper⁴⁴⁷ – the black physician is a secondary but influential character, whose critical analysis has often been overshadowed by the focus on the novel’s protagonist. Indeed, most literary critics have mainly zoomed in on the heroine’s figure, the importance of her education as a black woman and her path toward racial consciousness. I will instead comment on the protagonist’s relationship with the figure of the black doctor, and in general on the value that the author attributed to the important category of black medical professionals. The novel was written and set in two different phases of African American medical history. As a matter of fact, when the book was published in the early 1890s, aspiring black physicians were beginning to enter the medical profession. At that time, some students could have access to the first African American medical schools, which had been founded to train more educated doctors and to improve the precarious conditions of black people. As regards the context of the story, *Iola Leroy* is set in a distinct historical period, precisely in the years during the Civil War and after Emancipation. As mentioned in the first chapter, the conflict was often interpreted as a sort of watershed for African Americans’ health conditions and for the education of future black

⁴⁴⁷ Frances Ellen Watkins Harper was an influential African American prose author, essayist, poetess, feminist, and civil rights activist of the 19th century. The first publication of *Iola Leroy* in 1892 had an immediate success, as the novel addresses some social and political questions that in that period were affecting the whole black community and the United States in general. The text deals with different themes that include the challenge to the country’s profound racism, pedagogical ideas of racial uplift, the reference to women’s rights and to racial identity. *Iola Leroy* encompasses various literary genres, like the slave narrative, the historical novel, the sentimental romance, and plantation fiction. More precisely, the writer offered a compelling storytelling and a unique prose style through the combination of “the politicized slave narrative with the episodic romanticism of the Victorian utopian novel.” (“*Iola Leroy*.” Oxford Reference; Accessed 22 Jan. 2021).

professionals. It was an event that laid solid foundations for the professionalization of medicine, and determined the urgent need to find new solutions to fight medical racism and to improve the lives of black Americans.

Thus, Harper decided to set her novel in a crucial phase for African Americans, who wanted to fight for their rights, get a decent education and ‘uplift the race.’ She especially referred to medicine as one of the most important professions that could “produce race leaders with taste, expertise, and good English.”⁴⁴⁸ She considered it a “challenge to the entrenchment of racism in science” and “a promise of love and care for black bodies.”⁴⁴⁹ In an environment dominated by both racial prejudice and desire for redemption, the two ideal guides of the black community are best exemplified by a couple of talented, compassionate and honest black characters: a teacher and a doctor. Their similar ideas and actions will set the pedagogical and utopian tone of the narrative. The physician is here embodied by Dr. Frank Latimer, who will only be introduced in the second part of the book. Even though he is a minor character, there are three main reasons that mark his significance within the plot. Firstly, from his very appearance Dr. Latimer openly challenges white doctors’ racist and prejudiced discourses. Secondly, his medical profession ascribes him to a prominent position within the African American community. Thirdly, this figure has a specific impact on the heroine’s life and final choices, and their formation allows them to be recognized as the ideal leaders of black people. But before analyzing the author’s characterization of the black medical professional, it is important to observe the portrayal of the book’s main character. Indeed, the analysis of her decisions, the acceptance of her racial identity and of her dreams is essential to better understand the meaning behind her future and decisive encounter with the black doctor.

4.2.1 Iola’s Racial Pride in the Face of a White Physician’s Marriage Proposal

At the outburst of the Civil War, Iola – a light-skinned slave – is rescued from her abuser and taken to a field hospital, where she serves as a nurse for the Union Army. The young woman is presented as a sensitive and loving caregiver, who fondly takes care of wounded soldiers. Her first service as a nurse after years of bondage and abuse is in keeping with African Americans’ shared desire to fight for their freedom. Thanks to her assistance, Iola implicitly struggles for herself and for all those people that were willing to risk their lives in order to obtain liberty. Her main aim is to watch over and look after blacks’ injured bodies, the sites of the most profound racism. Her presence has a soothing and calming effect on her patients. Iola is a delicate and kind caregiver, whose “voice was strangely sympathetic, as if some great sorrow had bound her heart in loving compassion to every

⁴⁴⁸ Browner. *Profound Science and Elegant Literature*, p. 201.

⁴⁴⁹ *Ibid.*

sufferer who needed her gentle ministrations.”⁴⁵⁰ Through the protagonist’s motherly and tender support, Harper probably wanted to highlight the significant role that black nurses and medical figures played in that period and in those places defined by pain, fear, and death. Iola is also presented as a strong and brave girl who is proud of her black origins. She never denies her past and she is never shown as a victim. Despite her fair complexion, the title character does not want to pass for white or enter white people’s wealthy and privileged world. Through the depiction of her heroine, Harper defied the popular myth of the tragic mulatta,⁴⁵¹ and she rewrote that stereotype “by rooting her in the history of slavery, the Civil War, and Reconstruction.”⁴⁵² The most important episode in which this revision of the traditional literary trope is particularly evident is exemplified by Iola’s refusal of Dr. Gresham’s marriage proposal. It is precisely on that occasion that the protagonist shows her deep awareness of her black heritage.

Mr. Gresham is a white Northern doctor who works in Iola’s same field hospital during the Civil War. From the very first encounter with the girl, the physician sees something special in her and believes that she is really devoted to her service as a caregiver. He is rather “mystified by Miss Leroy,” (20) as if there was something in her that cannot be easily detected. He thinks that she is hiding a dark and painful past, but he eventually falls in love with her. The doctor soon discovers that she is a former slave, though that discovery does not lessen his interest. He sees in her a woman “young in years, but old in sorrow; one whom a sad destiny had changed from a light-hearted girl to a heroic woman” (21). The heroism attributed to the female figure is mostly represented by Iola’s brave and responsible activity as a nurse in a climate where violence and destruction prevail. When Gresham finally decides to declare his feelings and expresses his desire to marry the protagonist, Iola rejects his proposal because she thinks that there are some barriers between them that cannot be overcome. Indeed, the young woman “had never for a moment thought of giving or receiving love from one of that race who had been so lately associated in her mind with horror, aversion, and disgust” (41). Through these words, Iola shows her racial pride and her unwillingness to marry a person whose ‘race’ had oppressed her people for hundreds of years. Dr. Gresham is already aware of the barrier between them, but he does not seem to be afraid of marrying a black woman: “To him the negro was a picturesque being, over whose woes he had wept when a child, and whose wrongs he was ready to redress when a man” (40). Even though the doctor shows his interest in African Americans and in

⁴⁵⁰ Francis Ellen Harper. *Iola Leroy Or, Shadows Uplifted* (1892), Compass Circle, 2020 p. 14. All the quotes from Harper’s novel are taken from this edition and indicated within round brackets in the text.

⁴⁵¹ The myth of the tragic mulatta is a literary trope typical of 19th-century American literature. It specifically refers to a mixed-race female character that is unaware of her black origins or that wants to pass for white. This character often meets a tragic end, like social and economic ruin and death.

⁴⁵² Browner, p. 201.

their tragic past, his comments reveal his prejudices. He romanticizes blacks, he sees them as quaint individuals, he pities them, and somehow exploits his white privilege to attempt to find a remedy to these people's assumed mistakes. He sees them as interesting 'case studies' to observe and scrutinize through his powerful medical gaze. The fact that Gresham is a white doctor – a figure that in that period often took advantage of his relevant position to 'scientifically' differentiate blacks and whites – increases his feeling of superiority and authority over a poor and abused population.

In the face of the physician's insistent marriage proposals, Iola is resolute in her decision not to marry him or anyone else that reminds her of what she had to go through when she discovered her black origins. Moreover, the protagonist shows her racial consciousness when she tells Gresham about her intention to help her people once the conflict is over: "I intend (...) to cast my lot with the freed people as a helper, teacher, and a friend" (42). Her plan to cast down her lot echoes Booker T. Washington's famous appeal in the Atlanta Compromise Speech, in which the famous thinker encouraged black professionals to cast down their bucket where they could best help and uplift their communities. Iola believes in the value of education, and this aspect will establish an intimate link with the following characterization of the black physician. In her opinion, black people have an inner and untrained talent that must be brought to light. They have to struggle and achieve their goals if they want to be uplifted. Iola is also sure that "the time will come when the civilization of the negro will assume a better phase" (43). Dr. Gresham himself believes in the power of education. Indeed, when the protagonist reveals her desire to help poor blacks, the man agrees with her resolution and expresses his idea that "out of the race must come its own defenders" (42). In particular, he thinks that with these people "the pen must be mightier than the sword" and they must use it in their own defense" (42-43). The pen – a metaphor that indicates the importance of education – is here depicted as a weapon. It replaces the use of a sword and it is seen as a powerful means that has to be used by the most courageous and gifted representatives of the African American population. According to him, it is only through facts (and not theories) that black people can defend themselves and be compared to a group – the Anglo-Saxons – that had "more capacity for dragging down a weaker race than uplifting it" (43). However, even though Dr. Gresham's sentiments are real and honest, his implicit "promise of ease and wealth stands in stark contrast to the race realities the novel foregrounds."⁴⁵³ The man is unable to understand that Iola's traumatic past cannot be simply changed by his statement "Your complexion is as fair as mine" (43). Additionally, in spite of his liberal attitude Gresham is not completely free of white prejudice and hypocrisy. As a matter of fact, when Iola tells him that if they got married and they had children there would be the possibility that these latter "show unmistakable signs of color" (43), he "flushes with embarrassment at the realization that his

⁴⁵³ Browner, p. 203.

own race tolerance might not extend to his own offspring should it visibly reveal Iola's history."⁴⁵⁴ If their kids were black, the white doctor would not be able to love them unconditionally and regardless of their skin color. His affection for Iola is real, but his proposal is "based on a sense that his cleansing white love would, as amalgamation would for the nation, wash away the stain of the national sin made visible in the dark body."⁴⁵⁵ That union, as stated by Browner, would eradicate the past, which is here represented by the protagonist's mother, Marie. The latter embodies the most significant link to the young girl's past life and family, from which she had been brutally torn. Iola wants to find her mother, and she is willing to give up Dr. Gresham's "palace-like home" and his "velvet carpets" in order to reunite with her (43). Although the protagonist is conscious that the doctor's love is noble and genuine, she is determined not to marry him or anyone else until she finds her mother. Iola first has to search for her family and for her lost identity before getting married.

Following the end of the Civil War, Iola begins to work as a teacher. Her service as a nurse is replaced by an occupation that at that time symbolized black authority and leadership.⁴⁵⁶ The author almost idealizes and praises Iola's activity, and this is particularly evident when the external narrator comments on the protagonist's decision to teach: "But here was a new army that had come with an invasion of ideas, that had come to supplant ignorance with knowledge (...). Iola had found her work, and the freed men their friend" (53). The girl is here compared to a sort of soldier, a heroine that through the metaphorical weapon of education will save her community of African Americans from ignorance and destitution. According to Harper, education is a powerful instrument that will determine the social, political, and moral advancement of blacks. It is an important form of black resistance, and the teacher is viewed as one of the most prominent actors in that movement.⁴⁵⁷ The protagonist wants to contribute to the improvement of black people, and thanks to her western instruction and middle-class values,⁴⁵⁸ she becomes a leader of her community. Iola begins her service as a sort of activist, and through her job she tries to spread the idea that education could help people "to transcend the effects of racial exclusion"⁴⁵⁹ and could raise their awareness on the "historical responsibility to develop a better society."⁴⁶⁰ Her confidence in a brighter future for black Americans does not even lessen when her school is destroyed by a fire. Iola is a strong and brave woman who is determined to find a job and be independent. She wants to be the family's breadwinner and she never

⁴⁵⁴ Browner, p. 203.

⁴⁵⁵ *Ibid.*

⁴⁵⁶ Cassandra Jackson. "'I Will Gladly Share with Them My Richer Heritage': Schoolteachers in Frances E. W. Harper's *Iola Leroy* and Charles Chesnut's *Mandy Oxendine*," p. 553.

⁴⁵⁷ Cassandra Jackson, p. 553.

⁴⁵⁸ Before she discovered her black origins and before she was sold as a slave, Iola lived the privileged life of a typical middle-class white girl. She – together with her siblings – was educated in a Northern school.

⁴⁵⁹ Jackson, p. 554.

⁴⁶⁰ Jackson, p. 555.

gives up. She does not want to hide her origins and she is not ashamed of her African American heritage. On the contrary, she is proud of it, and this pride will also be shown in the subsequent portrayal of the black physician. Iola momentarily abandons her initial project to become a schoolteacher, and she is hired to look after the invalid daughter of a white Northern gentleman. Thanks to her previous experience as a nurse in the Union Army, she carefully looks after the young girl, and she restores her to health. Mr. Clotel – her patient’s father – soon becomes aware of Iola’s origins, but he has no prejudice and does not dismiss her. The fact that a black woman is allowed to take care of a white person is paramount because through her assistance, she challenges the racist idea that forbade black doctors and nurses to touch a white body. Once again, Iola proves to be a compassionate and sensitive caregiver, who heals black and white bodies indistinctly.

When the protagonist and Dr. Gresham meet after several years – during which Iola finally reunites with her family – the author still highlights their differences and their impossibility to get married. The two characters have another conversation on the effects of slavery and on the country’s ‘race ills.’ During this meeting Gresham exposes his ideas and rightly states that the “problem of the nation (...) is not what men will do with the negro, but what will they do with the reckless, lawless white men who murder, lynch and burn their fellow-citizens” (79). However, it is soon demonstrated that “even a liberal, well-intentioned man may not be [completely] free from an unconscious presumption of race hierarchy.”⁴⁶¹ Indeed, according to the doctor the two ‘races’ influenced one another. On the one hand, white men stole blacks’ freedom and “cramped their own souls” (79); on the other, blacks came from the “heathenism of Africa” (79), and brought a “stream of barbaric blood” into “white Southern civilization and helped mould its character” (79). By depicting African Americans as barbarous and uncivilized people that ‘stain’ white civilization, the white physician shows his superiority, “a note of Northern pride and a touch of white supremacist rhetoric.”⁴⁶² He believes that black people’s supposed ignorance and savagery could spoil the purity of white civilization. He also hopes that “the time will speedily come when the best members of both races will unite for the maintenance of law and order and the progress and prosperity of the country (...)” (79). The man here probably alludes to his desire to marry Iola: while his medical profession classifies him as one of the greatest members of his ‘race,’ Iola’s middle-class education identifies her as the perfect guide of her black people. However, through these words Gresham ironically foresees another union, the one between Iola and the black physician, who will embody the quintessential leaders of the Southern black community. Harper’s use of “the best of” suggests that “both white and black

⁴⁶¹ Browner, p. 204.

⁴⁶² Browner, p. 204.

racism contain inferior individuals who will not contribute to the progress of the nation.”⁴⁶³ As regards the protagonist’s personal opinion on black leadership, she replies in the following way: “To be (...) the leader of a race to higher planes of thought and action, to teach men clearer views of life and duty, and to inspire their souls with loftier aims, is a far greater privilege than it is to open the gates of material prosperity and fill every home with sensuous enjoyment” (80). This statement summarizes her personal idea of blacks’ authority and possibilities. Her purpose is not to enrich herself, but to dedicate her life to her community and to their needs. Iola thinks that she has both an important opportunity and a huge responsibility. She is full of hopes and dreams for the future; she thinks that black leaders will determine “[n]ot simply (...) a nation building up a great material prosperity, founding magnificent cities, grasping the commerce of the world, or excelling in literature, art, and science, but a nation wearing sobriety as a crown and righteousness as the girdle of her loins” (80).

Iola will not uplift African Americans alone, but Gresham cannot help her in her mission. The gulf between the two characters cannot be overcome, and it is emphasized various times throughout the whole book. The white doctor is still in love with Iola, but the girl has not changed her mind and she makes it clear toward the end of the novel when she says: “I feel now as I felt then, that there is an insurmountable barrier between us” (84). The physician cannot understand the impact that slavery, violence, and racism have had on the girl’s life and on the black population. He does not realize the seriousness of these consequences because he is white and exercises a profession that enables him to live in a privileged and safe environment. He fails to comprehend the true reasons behind Iola’s choice to “serve the race which needs [her] most” (86), but the heroine has made a definitive decision and Gresham has no option but to accept it.

In short, for Harper the white doctor’s marriage proposal is inadequate. It is only a “feeble answer to the history of oppression, exile, and violence that the novel richly represents as the inheritance of all African Americans.”⁴⁶⁴ Despite his gallantry and honesty, Gresham does not comprehend the real burden of black people’s race history and does not have the sufficient means to rewrite it. His love is real, but he will not give the protagonist the possibility to live a life devoted to the “the good, the true and right,” to what Harper defined “the dignity of reality.”⁴⁶⁵ While he will never be able to provide a remedy to the country’s race ills, the one that can do it is Dr. Latimer. He, together with Iola, will embody the “best brain” and the “best heart” of the whole black nation (86).

⁴⁶³ Patricia Schulster, and Leonard Cassuto. *Frances Ellen Watkins Harper and Gertrude Franklin Atherton, 1859–1897: Rewriting Women, the Slave Narrative, and the Sentimental Novel*, p. 99.

⁴⁶⁴ Browner, p. 201.

⁴⁶⁵ Browner, p. 202.

4.2.2 Dr. Latimer: The Challenge to Medical Racism and the Promise of Racial Uplift

As mentioned before, Frank Latimer is a young black physician that will only appear in the latter part of the novel. Even though he is a secondary character within the plot, his presence is fundamental and will influence the protagonist's final decision. He is considered Gresham's counterpart and love rival: they are both well-educated doctors and they both play an important role in Iola's life. Dr. Latimer is first introduced in chapter twenty-six, when he attends a meeting with other two physicians and discusses with them the 'negro problem.' In particular, the three doctors talk about post-Civil War conditions and the consequences that the event had on African Americans. Dr. Gresham is the one that introduces his young friend to Dr. Latrobe, a racist Southerner. He presents him as a competent and talented doctor who has planned to go South and work among black people.

From the very beginning of the conversation, the black physician provokes Dr. Latrobe and his racist discourses. The latter is depicted as a supremacist that does not believe in the equality between black and white people. On the contrary, he exploits his 'medical' knowledge to affirm the superiority of the 'Caucasian civilization' and the inferiority of the 'Negro race.' He also "embodies the way in which many prominent whites of the time used the so-called savagery and barbarism of Africa and Africans to justify slavery."⁴⁶⁶ He is described as an arrogant and boastful man, who thinks that his privileged position as a white doctor authorizes him to make final and uncontested judgments about racial differences. During the discussion he claims that the black population is essentially defined by poverty, ignorance, and it "will always be an element of discord in [their] country" (81). Dr. Latimer immediately rebuts Dr. Latrobe's statement, and he tells him that the majority of blacks are destitute and uneducated because during slavery they were "forced to bend to unrequited toil" (81) and because it was considered a crime to teach them how to read and write. Through this comment, Latimer defies all those racist principles that classified African Americans as ignorant and inferior people by nature. Nevertheless, his reasoning does not change Latrobe's mind, who goes on exposing his prejudiced and unfounded theories on the 'negro race.' For example, the latter wants to convince his counterparts that slavery did not spoil black men. Conversely, he believes that it "has been of incalculable value to the negro. It has lifted him out of barbarism and fetich worship, given him a language of civilization, and introduced him to the world's best religion" (82). According to Latrobe, bondage had a positive effect on African Americans, because it civilized them and let them discover the importance of Christianity. He is firmly convinced – but he does not show any proof – that whites "belong to the highest race on earth and the negro to the lowest" (83). For the

⁴⁶⁶ Jessica Wells Cantiello. "Frances E. W. Harper's Educational Reservations: The Indian Question in *Iola Leroy*, p. 584.

second time during the debate, Dr. Latimer deconstructs the Southerner's false and senseless ideas when he says: "And yet, (...) you have consorted with them till you have bleached their faces to the whiteness of your own" (83). He also adds the following statement: "Your children nestle in their bosoms; they are around you as body servants, and yet if one of them should attempt to associate with you your bitterest scorn and indignation would be visited upon them" (83). Latimer's answer to Latrobe's insinuations is ironic but at the same time full of rage. He considers whites' attitude hypocritical: on the one hand, most of these people despise and hate blacks, but on the other they have extramarital relations with black women and have children with them. The young physician especially blames those white men that do not acknowledge their illegitimate sons and that reject them because they have a "tainted blood" (83). Dr. Latrobe, for his part, tries to justify these whites' behaviors by saying that "that feeling grows out of our Anglo-Saxon regard for the marriage relation" (83). He adds that these white people would never tolerate to share their social and private life with bastard sons, as these latter's blood is contaminated. Through this statement, the Southerner confirms his contradictory behavior and his racist ideas. The white doctor is also convinced that his practiced eyes can always detect the slightest 'taint of blood.' He brags about his medical knowledge and about his ability to see the smallest sign of black heritage in those 'niggers' who are as white as he is. Dr. Latimer's reaction to his observation is unequivocal: he "smiled at Dr. Latrobe's assertion, but did not attempt to refute it; and bade him good night" (83). At this point of the plot, we still do not know anything about the young physician's real origins, but his ironic smile anticipates what will be revealed in chapter twenty-eight, entitled "Dr. Latrobe's mistake."

It is precisely in this chapter that the reader discovers Dr. Latimer's past and true heritage. The passage opens with Dr. Latrobe and Dr. Gresham, who are talking about the young doctor. The former thinks that Frank is a gifted young physician, who "seems to be rather cranky on the negro question" (86). The white Southerner does not share his ideas and believes that his decision to go South and work among black people would only spoil his future possibilities. However, he recognizes his competence, and states that he "seems to be well versed in science and literature and would make a very delightful accession to *our* social life" (86, italics mine). When Dr. Latimer suddenly enters the room, the three physicians start a conversation. Dr. Latrobe warns Frank, and tells him that if he goes South to perform his medical profession he "will only sustain business relations with negroes;" in his opinion, he should neither deal with these people nor "commit the folly of equalizing [himself] with them" (86). He thinks that if the young physician equates himself to African Americans, he will drag down and destroy white civilization and all its social customs. Frank's answer is rather sharp and ironic. With a provocative demeanor, Latimer looks him straight in the eyes and tells him the following words: "You have been associating me at the convention for several days; I do not see that

the contact has dragged you down, has it?" (87) The young man finally confesses that the "blood of that race is coursing through [his] veins" and that he is proud of it (87). Latimer's revelation of his true origins silences his white interlocutor, who has an "air of profound astonishment and crimsoning face" (87). Latrobe is shocked and blames himself for not detecting "the presence of negro blood when all physical traces had disappeared" (87). He acknowledges that he admired Frank's talent, "without suspecting for one moment his racial connection" (87). While he first used the pronoun *our* to mark the young man's belonging to the same medical society, he now dissociates with Frank and considers him the *other*. In so doing, "Latrobe demonstrates his – white man's – weakness of character as well as the ridiculousness of racial categorizing."⁴⁶⁷

Thanks to his confession, the young character challenges racist medicine, here exemplified by Dr. Latrobe and by his boastful and arrogant attitude. The latter has always exploited his medical knowledge and authoritative position to reveal his 'objective,' definitive and incontestable 'truths' about the two 'races.' He has always believed that his profession as a physician authorized him to make final judgements and to establish the moral and physical differences between black and white people. All his false and racist beliefs are finally deconstructed by Dr. Latimer's admittance of his real origins. Latrobe had first recognized the intelligence of the young physician, but when he finds out that he is a 'nigger' – who belongs to a 'race' that he despises – he inevitably has to admit his mistake. His strong belief in the inferiority and ignorance of African Americans is destroyed by the very presence of a black doctor, who exercises an occupation that at that time was almost exclusively associated with white people. Dr. Latimer makes the white Southerner question his certainties. He embodies what Browner calls the "thorn in the white man's side,"⁴⁶⁸ who defies the other's claimed superiority. By practicing a profession that considered blacks as immoral and subhuman beings, the character of the black physician overturns what is considered the "master's corporeal power."⁴⁶⁹ He personifies what American scholar Houston Baker defined a "trickster butterfly" that "conceals, disguises, floats" and at the same time stings like a bee.⁴⁷⁰ Frank Latimer metaphorically shows his sharp sting when he exposes the foolishness of a white doctor who is convinced that his expert eye can immediately recognize a 'Negro,' no matter how white he or she is. The black doctor humiliates his white counterpart, who "is both astounded and effectively silenced, leaving not only the room but the novel itself."⁴⁷¹ Therefore, the final encounter and conversation between the three different doctors explicitly presents the author's intention. Harper inserted the problematic image of the black

⁴⁶⁷ Patricia Sehulster and Leonard Cassuto. *Frances Ellen Watkins Harper and Gertrude Franklin Atherton, 1859–1897: Rewriting Women, the Slave Narrative, and the Sentimental Novel*, p. 182.

⁴⁶⁸ Browner, p. 198.

⁴⁶⁹ *Ibid.*

⁴⁷⁰ *Ibid.*

⁴⁷¹ John Ernest. "From Mysteries to Histories: Cultural Pedagogy in Frances E. W. Harper's *Iola Leroy*," p. 504.

physician to defy medical racism and all those white practitioners that believed in the existence of distinct races and in the myth of “race visibility.”⁴⁷²

Chapter twenty-eight does not only refer to Latimer’s ultimate confession and to his defiance of Latrobe’s racist insinuations. The third-person omniscient narrator also gives readers some information about the black physician’s past life and medical education. Frank was the son of a Southern man and of a slave woman. The family of his father was rich, and the “blood of a proud aristocratic ancestry was flowing through his veins” (87). He is described as a handsome young man with a fair complexion and bright eyes. He is polite, has good manners, and his intellect is “active and well stored with information” (87). The narrator also characterizes him as a winner,⁴⁷³ as a person that has been “capable of winning in life through his rich gifts of inheritance and acquirements” (87). Once the Civil War was over and blacks got emancipated, his mother tried to earn a living for herself and for her child. After years of struggles, she was able to provide her son with a decent education, and she finally saw the results of all her sacrifices when he graduated as “an M.D from the University of P -----” (87). The acronym M.D stands for *Medicinae Doctor*, and it refers to a medical degree. As regards the name of the University where he graduated, Harper omitted it. According to Browner, the initial letter of the institution could refer to the University of Pennsylvania, “where the first African American was admitted in 1879 and graduated in 1882.”⁴⁷⁴ There is little doubt that Latimer received a Northern education, because immediately after the conflict there were no medical schools or colleges in the South. After the graduation Frank met his paternal grandmother, who recognized her grandson and expressed her intention to adopt him as her future heir, provided that he concealed his origins and any connection to the ‘colored race.’ However, the boy did not want to abandon his mother and betray her (and his) origins. Like Iola, Frank decided to pass for black. He sacrificed his family fortune and renounced to the many possibilities and advantages granted to white people. He decided not to leave behind his mother and he expressed his willingness to dedicate his life to her and to his black people.

In this novel Harper emphasized the important meaning of the maternal figure. Indeed, in Iola’s and Dr. Latimer’s lives, the mother is seen as “the font of political identity and action.”⁴⁷⁵ She embodies the two characters’ past and the most essential site of black heritage. Both the protagonist and Frank want to take care of their mother, who is the quintessential representation of the black body. As stated by Browner, the author probably used this image to deconstruct the false theory of

⁴⁷² Browner, p. 205.

⁴⁷³ The characterization of the black doctor as a winner will also be present in Tillman’s “Beryl Weston’s Ambition.”

⁴⁷⁴ Browner, p. 205.

⁴⁷⁵ Browner, p. 205.

“race instinct” and “racial disgust” developed by American physician Samuel Morton.⁴⁷⁶ In his essay “Hybridity in Animals, Considered in Reference to the Question of the Unity of the Human Species,” the scientist condemned race mixing and expressed his idea that racial amalgamation would only create degenerate and immoral people. He also theorized a “natural disgust across race lines as nature’s way of reducing the weakening of a species.”⁴⁷⁷ In Harper’s opinion, on the contrary, “race disgust is a false sentiment best corrected within the family circle because children naturally love their mother.”⁴⁷⁸ Iola and Frank are not depicted as the traditional tragic mulattoes: they neither deny their black heritage nor they despise their mother’s blackness. While Iola rejects the promises of a wealthy life offered by a white doctor’s marriage proposal, Frank declines his white grandmother’s rich inheritance. They both give up all the advantages associated with whiteness to express their love for their mother, which “overcame all repugnance” (74).

The two characters are united by a common desire, and their fondness for the maternal figure will determine an intimate connection. It is no coincidence that Iola and Frank meet for the first time thanks to the former’s mother. Indeed, chapter twenty-nine opens with the protagonist’s concern about Mrs. Leroy’s health. The girl wants to send for a doctor and his uncle Robert suggests that she asks Dr. Latimer, whom he considers “a splendid young fellow” (87). Frank carefully examines her, and he concludes that her precarious health condition results from mental and not from physical causes. The doctor is here depicted as a kind and sympathetic professional who knows how to treat his patients. Latimer is later introduced to Iola, and the two have their first conversation. While she believes in women’s self-sufficiency, Frank thinks that it is necessary to develop a strong collaboration between men and women. This idea is exemplified by the following words: “I think, Miss Leroy, that the world’s work, if shared, is better done than when it is performed alone. Don’t you think your life-work will be better done if someone shares it with you?” (88) Through this statement, the black physician in some way anticipates their future together, a life devoted to cooperation, to the help and care of oppressed African Americans.

Chapter thirty is particularly relevant because it clearly exposes the two characters’ opinions on the future of black Americans and on the “welfare of the race” (89). The passage mainly focuses on the *conversazione* between the Leroy family and a group of black intellectuals, whose discussion follows the reading of a series of thematic papers. During the event everyone expresses his or her opinion freely, and the “atmosphere is marked by deep seriousness and the rhetoric of self-

⁴⁷⁶ *Ibid.*, p. 206.

⁴⁷⁷ *Ibid.*

⁴⁷⁸ *Ibid.*

improvement.”⁴⁷⁹ The first paper is on blacks’ return to Africa, entitled “Negro Emigration.” The author of the article is Bishop Tunster, who thinks that educated black people should go back to their motherland. Only there – he states – “the negro is to be gathered into the family of nations and recognized as a man and a brother” (89). Two of the attendees agree with the clergyman’s emphasis on the importance of missionary efforts, but one sees “no reason for expatriating,” and the other says that “there is need here for the best heart and brain to work in unison for justice and righteousness” (89). These two definitions describe the ideal guides of the black community, and they foresee Iola and Frank’s future roles. For his part, Latimer does not believe that “self-exilement is the true remedy for the wrongs of the negro” (89). According to him, black people should not be “unsettled before they have tried one generation of freedom” (90). Therefore, what emerges in the first section of the chapter is the unwillingness to foster a “return to the origins,” and the desire to create a long-lasting collaboration between the most talented members of the black population in America. The United States are seen as “the best field for human development,” and the best representatives of the African American community must take advantage of that (90).

Another relevant part of the conversation is the one that suggests a call to action. Black people, in Hon. Dugdale’s opinion, must show their determination if they want to achieve their goals. Shouting for their rights and ignoring their duties is no longer enough: they must fight back and do something concrete. It is now the protagonist the one that exposes her personal idea on the matter. Her speech shows her positivity and optimism in the future of her ‘race.’ The young woman has many dreams, and her high expectations are emphasized by the following words: “But beyond the shadows I see the coruscation of a brighter day; and we can help usher it in, not by answering hate with hate, or giving scorn for scorn, but by striving to be more generous, noble, and just” (90). Peace, nobility, and kindness are the most essential keys, while hate and scorn are useless and cannot change things. Iola speaks like a true leader, and her words are full of promises. The expression of her beliefs during the *conversazione* “marks the apex of Iola’s rise from abject slave to race leader and announces the establishment of a vital African American bourgeois intellectualism.”⁴⁸⁰

The need to promote the collaboration between the “best members of the race” is further stressed by the poem “A Rallying Cry,” which is about the cooperation between older and younger generations of African Americans. The author of the poem – which is read out loud during the discussion – thinks that “in the conflict for the right there’s room for young as well as old” (91). Power, strength, and honor are the major themes that could summarize the content of the composition.

⁴⁷⁹ James Christmann "Raising Voices, Lifting Shadows: Competing Voice-Paradigms in Frances E. W. Harper's *Iola Leroy*," p. 5.

⁴⁸⁰ James Christmann, p. 5.

Black people are here compared to heroes who have to rise from the dust and give voice to their “long-dishonored name” (92). African Americans are also portrayed as valiant soldiers of “Christly armor,” whose “victory can’t be doubtful/For God is sure to win” (92). Once again, Harper uses the semantic field of war to express the new, powerful, and courageous tasks assigned to black Americans. The reference to the poem is significant because it reflects the future heroic and almost utopian roles played by the novel’s two protagonists. Its poetic images seem to highlight Iola and Frank’s following collaboration and ‘missionary service’ in the South.

In the latter part of the *conversazione*, Iola and the black physician reiterate their personal points of view and show their optimistic reading of reality. On the one hand, the protagonist renews her faith in a brighter future for African Americans. In her paper “Education of Mothers,” she also expresses her belief that “the true strength of a race means purity in women and uprightness in men” (93). Through this statement, Iola may implicitly reveal her desire to find a man that is capable of proving his honesty and morality. She also compares black people’s suffering to Jesus Christ’s life and ultimate sacrifice. She believes that “[t]o-day that cross of shame is a throne of power,” that “[t]hose robes of scorn have changed to habiliments of light, and that crown of mockery to a diadem of glory” (94). Her powerful speech astonishes and entralls everyone. As regards Dr. Latimer, he is as hopeful and enthusiastic as the protagonist. Indeed, he affirms that he is “optimistic enough to believe that there will yet be a far higher and better Christian civilization than our country has ever known;” and in that new civilization, the “negro is to be an important factor” (94). Interestingly, in this passage the author refers to another important semantic field, the religious one. The use of words like “Christ,” “light,” “glory,” emphasizes African Americans’ fundamental role as black leaders. These latter’s hardships are compared to Christ’s “agony of Gethsemane” and to “the sufferings of Calvary” (94). Their sacrifice will not be in vain because thanks to the guide of the best educated members of the ‘race,’ the black population will finally emerge out of shadows and reach a final social redemption. Iola and Frank are for sure the best candidates for this mission: they are young, refined, ambitious, brave, and compassionate characters.

In the following chapter, there is an interesting evolution in the relationship between the novel’s heroine and the black physician. The two characters get to know each other more deeply and share their future life goals. Iola, still euphoric after the *conversazione*, tells Dr. Latimer about her intention “to do something of lasting service for the race” (96). Frank carefully listens to the young woman’s desires and suggests that she write a book, which could be helpful for her community. In his opinion, this book would reveal “an amount of dormant talent” among black people (96). Initially, Iola is doubtful but she soon changes her mind thanks to the man’s encouragements. Frank believes that her experience as a former slave could help African Americans. Iola experienced slavery first-

hand, and she – more than others – could do something meaningful for her people. While Latimer admires the young woman's strength and dedication, Iola appreciates the fact that the physician rejected his grandmother's proposal, and respects his decision to identify himself as a black man in spite of his white complexion. She sees him as a sort of hero and almost worships him. The idealization of this character is mostly represented by the protagonist's following words: "I must have within me (...) a large amount of hero worship. The characters of the Old Testament I most admire are Moses and Nehemiah. They were willing to put aside their own advantages for their race and country. Dr. Latimer comes up to my ideal of a high, heroic manhood" (97). Iola compares the physician to some biblical heroes, and she thinks that "it was the grandest hour of his life when he made that decision" to renounce to work in a privileged and wealthy environment (97). She considers him an honest and noble person, the perfect and ideal man. Both Iola and Frank have honorable intentions and want to uplift their community of African Americans: "In their desire to help the race their hearts beat in loving unison. One grand and noble purpose was giving tone and color to their lives and strengthening the bonds of affection between them" (98). The black physician is the most suitable partner for Iola: they understand one another and there are no racial barriers between them.

The concrete realization of their dreams and hopes takes place in the last two chapters of the novel. Iola and Frank are still living in the North, and the "bright, beautiful days of summer were gliding into autumn, with its glorious wealth of foliage" (98). The arrival of fall foresees a new beginning, a change that will be most evident in the following pages. Autumn also symbolizes maturity and ripeness, two terms that could be associated with the book's protagonists, who are ready to achieve their goals. Chapters thirty-two and thirty-three represent the climaxes of the story, because they mark an evolution in the lives of the plot's main characters. One day Dr. Latimer receives some letters from North Carolina, where he is asked to go South. His presence there is necessary and urgent.⁴⁸¹ Franks wants Iola to go with him, because he believes that "[i]n the work to which I am devoted every burden will be lighter, every path smoother, if brightened and blessed with [her] companionship" (98). The girl is initially confused and doubtful. She does not want to leave her brother and her mother for the second time. Furthermore, the girl does not intend to give up studying and she is resolute in her decision to become a teacher. Once again, Iola proves to be a very ambitious and determined young woman. And yet, despite her initial reluctance, she has to admit to herself that she is in love with Frank. The black physician reciprocates her feelings, and his marriage proposal shows his honest intentions:

⁴⁸¹ As mentioned in the first chapter, in the period that followed the end of the Civil War, some doctors established a practice in the South, where there were few physicians and where the majority of black people lived under precarious health conditions.

“I am not an adept in courtly phrases. I am a plain man, who believes in love and truth. In asking you to share my lot, I am not inviting you to a life of ease and luxury, for year after year I may have to struggle to keep the wolf from the door, but your presence would make my home one of the brightest spots on earth, and one of the fairest types of heaven. Am I presumptuous in hoping that your love will become the crowning joy of my life?” (99)

Frank wants Iola to go South with him, but he also warns her about the difficulties they might encounter. In particular, he refers to a possible “struggle to keep the wolf from the door” (99). The wolf may symbolize white racism, an obstacle for their future practice as a black doctor and a teacher. In spite of the hindrances they could meet, Frank is optimistic, resolute, and is sure that the presence of the girl would make his home a sort of heaven, “one of the brightest spots on earth.” (99) To Iola, these words “were more than a tender strain wooing her to love and happiness, they were a clarion call to a life of high and holy worth, a call which found a response in her heart” (99). She also compares his courtship to the one made by Dr. Gresham. The intentions of her first lover were honest, but he could not grasp the “depths in her nature” and the true “aspirations in her soul” (99). As a white man, Gresham did not know how it felt to live as an African American in a racist country. He could not understand that because “white men, including white physicians, who have not lived race, cannot fathom the richly complex psychology of living in a marked body.”⁴⁸² On the contrary, Dr. Latimer is conscious of blacks’ mournful past because his mother was a former slave, whose sacrifices allowed him to get a decent education. Iola sees that there is something deep that connects them, as if they were destined to live and work together. She believes that “grand and noble purposes were lighting up their lives; and they esteemed it a blessed privilege to stand on the threshold of a new era and labor for those who had passed from the old oligarchy of slavery into the new commonwealth of freedom” (100). The protagonist’s discourses are often replete with heroic, triumphant and utopian tones. She is confident in a better future and she finally realizes that she wants to spend the rest of her life with Frank.

Iola and Dr. Latimer finally get married and go to the South, where the author envisions “an alternative, better social system.”⁴⁸³ There they try to improve the conditions of the black community. The protagonist teaches in a Sunday school and everyone admires and almost worships her. She is seen as a guide for her people, and her new life is “full of blessedness” (102). Frank is known as the “Good Doctor” for his medical skills, but also for his bounty and kindness. He “endeavors by precept and example to instill into the minds of others sentiments of good citizenship” (102). He is a true leader and a good model for African Americans. Iola and Frank esteem each other: while the black physician is “nothing but what Iola wants, and what Iola says, and what Iola likes,” the heroine could

⁴⁸² Browner, p. 205.

⁴⁸³ M. G. Fabi. *Passing and the Rise of the African American Novel*, p. 56.

not talk about any subject without first mentioning her husband (102). The two characters represent the most educated elite, and the fact that they are a physician and a teacher is in keeping with the strong interrelation between science and education.⁴⁸⁴ Both have decided to change their life for their own good but especially for the good of their people. They have been given an important role, a sort of mission that makes them the representatives of the African American population. Their return to the South is seen as a heroic return to a sort of forgotten past. Both characters embody “DuBosian thinking abilities and the Washingtonian action and duty.”⁴⁸⁵ On the one hand, Iola exploits her middle-class education to teach ignorant and destitute black people how to read and write. She is a sort of maternal figure, who kindly takes care of her community. On the other hand, Dr. Latimer uses his medical knowledge to look after and heal sick people. They both value the importance of education and they aim to “bring the hallmarks of uplift – “literacy, bourgeois sensibility, and standard English diction” – to a “dialect-speaking Negro folk.””⁴⁸⁶ In their opinion, education does not only enable black people to learn new skills and perfect their use of the language⁴⁸⁷; it also allows to mold moral individuals, to help “boys and girls to grow up to be good men and women” (101). Iola and Frank are the ones that will be able to “link the past with the ideals of the future:”⁴⁸⁸ they do not want to forget about the oppressive and violent past of their people, but they want to offer new remedies for a more positive future. Frank, like his bride, hopes that there will be more possibilities for African Americans, and that their upcoming careers “will be a greater influence for freedom and social advancement than it was in the days of yore for slavery and its inferior civilization” (103).

The conclusion of the novel is rather optimistic and has a utopian tone. The Leroy family joins the heroine and her husband in North Carolina, where they all live together, working and helping black people. Each character plays an important role, but those who are at the head of the whole community are Frank and Iola. All their sacrifices and decisions have finally borne their fruits: “The shadows have been lifted from all their lives; and peace, like bright dew, has descended upon their paths. Blessed themselves, their lives are a blessing to others” (103). Harper insists on the religious meaning behind her two characters’ dedication to the less privileged and less fortunate. She believes that their association is a true blessing that may result in peace and freedom. The black population is

⁴⁸⁴ Following the end of the Civil War, education acquired a fundamental value, and the emerging black professional class was mostly characterized by teachers, physicians, and lawyers.

⁴⁸⁵ Patricia Schulster and Leonard Cassuto, p. 107.

⁴⁸⁶ Browner, p. 201.

⁴⁸⁷ The use of language was considered an important element that marked black people’s level of education. There was the idea that a good knowledge of standard English “might enable black people to move from the social, economic, and political subjugation that is the traditional lot of the subaltern class to some degree of freedom, education, power, and participation.” (James Christmann. “Raising Voices, Lifting Shadows: Competing Voice-Paradigms in Frances E. W. Harper’s *Iola Leroy*,” p. 10).

⁴⁸⁸ Gayle McKeen. “Whose Rights? Whose Responsibility? Self-Help in African-American Thought,” p. 426.

compared to a sheep without its shepherd and Iola and Frank are their new guides. They are like Moses figures in the South, which is here envisioned as a sort of Promised Land.⁴⁸⁹ The author's intention is even more evident in her note to the novel,⁴⁹⁰ where she states that the book's agenda

“will not be in vain if it inspires the children of those upon whose brows God has poured the chrism of that new era to determine that they will embrace every opportunity, develop every faculty, and use every power God has given them to rise in the scale of character and condition, and to add their quota of good citizenship to the best welfare of the nation (...) and thus add to the solution of our unsolved American problem” (104).

In spite of all the difficulties and obstacles these people might encounter, “the shadows bear the promise/Of a brighter and better day” (104). Harper creates a bridge between the past and the present, and she explicitly expresses her hope in a new era for African Americans. She “envisions the beginning of a new history, one without lies and without racial prejudice,”⁴⁹¹ and the romantic couple formed by a black doctor and a teacher symbolizes the advent of a better and more civilized nation.

Therefore, Iola is not the only character that is given an important role within the plot. As a matter of fact, it is also thanks to Dr. Latimer's help and advice that the heroine finally becomes aware of her true vocation and makes the final decision to go to the South. The presence of this male character must not be overlooked. In particular, this figure has first been explored in relation to his interaction with his white colleagues – Dr. Gresham and Dr. Latrobe – and then with the novel's protagonist. Frank Latimer's portrayal is particularly interesting because from his very appearance, he reveals the falsity of whites' assumed superiority. His knowledge and his high education deconstruct all those pseudoscientific theories that considered blacks as physically, mentally, and morally inferior to whites. On one side, through his gaze the black medical figure enables the reader to see the illogic and unfounded nature of scientific racism. On the other, through his speech – mostly represented by the revelation of his true heritage at the medical convention – Frank silences the racist Dr. Latrobe, and metaphorically demolishes his presumed white mastery. When the black physician confesses to his white counterpart that he has African American origins, he “violates the medical guardianship of white male authority (...) most devastating because it comes from within the profession.”⁴⁹² This final admission is particularly shocking for the white supremacist since it defies his presumption and apparently undoubted certainties.

⁴⁸⁹ Patricia Schulster and Leonard Cassuto, p. 97.

⁴⁹⁰ In the closing page of the novel, Harper addresses both whites, whose hearts must awaken to “a stronger sense of justice,” and “homeless, ignorant and poor African Americans” who need justice. This aspect differentiates the novel from traditional slave narratives, where there is only an appeal to a white audience.

⁴⁹¹ Patricia Schulster and Leonard Cassuto, p. 48.

⁴⁹² Michele Birnbaum. “Racial Hysteria: Female Pathology and Race Politics in Frances Harper's *Iola Leroy* and W. D. Howells's *An Imperative Duty*,” p. 12.

As regards the depiction of Dr. Gresham and Dr. Latimer's relationship with the novel's protagonist, the author clearly differentiates the two professionals' behaviors and marriage proposals. The former does not fully understand Iola and her black people's history of violence and oppression. He can only offer conjugal fidelity and "the sentimental world of a husband's undying devotion."⁴⁹³ He is unable to tolerate "racial loyalty" and believes that his marriage to Iola would mainly attempt "to domesticate racial angst."⁴⁹⁴ He wants the protagonist to hide her secret and makes clear that he would not accept 'colored children.' The latter, on the contrary, is portrayed as the heroine's most suitable partner. He understands Iola and "knows first hand the trials of slavery to attend those bodies that have suffered physical degradation and the stigma of racialization."⁴⁹⁵ The black physician's intellect, courage and sensitivity will finally conquer the novel's protagonist, and her acceptance of his marriage proposal will show "the impotence of whites like Gresham, who is both dismembered (...) and whose suit is twice rejected."⁴⁹⁶

Dr. Latimer does not only have a romantic affair with Iola. Indeed, the novel's hero and heroine share the spiritual mission to educate and uplift black people. Their union is not founded on "physical attributes, not on differences, but on the strength that comes from past suffering and a desire to work for others for a single, moral purpose."⁴⁹⁷ They have noble ends, and they espouse a "philosophy that embraces both individualism and action for the greater good of the community."⁴⁹⁸ Together they embody the values of charity, sympathy, empathy, harmony, and justice. In addition, their characterization within the plot is important because they have both resisted the tantalizing promises of the white world and they have accepted their black heritage. Their blackness, as Maria Giulia Fabi affirms, cannot be read as "a sign of inferiority, but as a mark of American heroism, as the embodiment of a return to the original, uncorrupted vision of America as land of the free and the brave, of the equal and the moral."⁴⁹⁹ Unlike the traditional literary representations of mulatto characters, in this novel Iola and Frank are not the emblems of tragedy and victimization. Conversely, they will triumph and they will accomplish their goals. The two young protagonists are "no longer the sign of racial entropy, but a medium for personal and national restoration."⁵⁰⁰ Through their characterization, Harper wanted to deconstruct and revise the false myth of the 19th-century tragic mulatta/o, which spread the idea that miscegenation was something wrong and unnatural. In so doing, she also challenged all those disciplines – like medicine, psychiatry, ethnology – that "began

⁴⁹³ Browner, p. 202.

⁴⁹⁴ Michele Birnbaum, p.13.

⁴⁹⁵ Browner, p. 201.

⁴⁹⁶ Michele Birnbaum, p. 13.

⁴⁹⁷ Patricia Schulster and Leonard Cassuto, p.188.

⁴⁹⁸ *Ibid.*, p. 47.

⁴⁹⁹ *Ibid.*, 97.

⁵⁰⁰ Michele Birnbaum p. 17.

institutionalizing a pathology of race which underwrote much of the literary and political language concerning interracial relationships.”⁵⁰¹ In their new life in the South Dr. Latimer and Iola will take care of their community of African Americans, whose bodies are no longer seen as the site of prejudice, of physical and moral degradation. On the contrary, they are loved and nursed by two of Du Bois’s Talented Tenth, the “best hearts” and the “best brains” of black society.

4.3 The Black Physician as the Ideal Leader in “Beryl Weston’s Ambition”

In 1893 “Beryl Weston’s Ambition – The Story of an Afro-American Girl’s Life,” a serialized novella by African American writer Katherine Tillman,⁵⁰² there is a similar plot and a similar representation of the black physician. The latter is a secondary and apparently marginal character who, nevertheless, has an important influence on the life and final choices of the story’s protagonist. Unlike *Iola Leroy*, in this novella the black doctor does not directly challenge white supremacy and medical racism. His sting is not as sharp as the one shown by Dr. Latimer during the conversation with the two white physicians. Norman Warren – this is the name of the story’s African American practitioner – does not confront any white doctor and does not defy any theory of blacks’ inferiority and ignorance. However, he still embodies a “thorn in the white man’s side,” as he “seizes signs of professional success” and asserts “his expertise in a medical world dominated by whites.”⁵⁰³ His characterization continues to reflect late 19th-century’s optimism and hope in the emergence of a new class of black medical professionals, who were gradually beginning to be recognized as the ideal leaders of the black community. Like Harper’s novel, “Beryl Weston’s Ambition” was published in an important period for the African American population, which saw the birth of the first black doctors and the establishment of the leading black medical schools. Tillman provided readers with her personal (and sometimes utopian) portrayal of the black physician, who embodies “practical knowledge” and “highbrow learning.”⁵⁰⁴ He – together with the novella’s heroine – is considered the most talented, the most educated and the perfect guide of African Americans.

In contrast to *Iola Leroy*, in “Beryl Weston’s Ambition” the character of the black doctor appears early in the story, precisely in the first chapter. The protagonist – a young black student and

⁵⁰¹ Birnbaum, p. 8.

⁵⁰² Katherine Davis Chapman Tillman was a black poet, playwright, essayist, and novelist of the Post-Reconstruction Era. The majority of her works were published in the *A.M.E Church Review*, the journal of the African Methodist Episcopal Church. Despite her many publications, she is considered a minor writer. In her works Tillman addressed themes like familial love, loyalty, and labor among black people. Her fiction – like Harper’s major novels – is characterized by an evangelical sentimentalism, Victorian sensibility, and domestic values. Her black heroines always embody “courage, self-sacrifice, moral purity, and spiritual piety, [and serve] as models for black people” (Claudia Tate. Introduction to *The Works of Katherine Davis Chapman Tillman*, p. 21).

⁵⁰³ Browner, p.198.

⁵⁰⁴ Browner, p. 200.

the “smartest girl in the whole school”⁵⁰⁵ – receives a telegram where she learns that her beloved mother passed away. Beryl – overwhelmed by that painful news – decides to take the first train to attend the funeral. It is in the car of the train that the heroine meets Norman Warren for the first time. While the girl is absorbed in her thoughts and is sadly looking out of the window, a gentleman on the opposite side of the car is staring at her “with a look of admiring interest” (210). When the train stops and the mysterious man leaves the couch, the protagonist notices him. The stranger is described as a “splendid type of Afro-American manhood” (210). What distinguishes him from Dr. Latimer is the color of his skin. While the latter has a fair complexion, the former’s blackness is more visible. Warren is of a “princely form, broad-shouldered and handsome;” he has a “winning expression upon his brown, bearded face, that caused one instinctively to place reliance in him” (211). As in *Iola Leroy*’s depiction of the black physician, in this novella this character is seen as a good-looking and trustworthy figure, whose “winning expression” somehow anticipates his following representation as a successful and determined young professional. Beryl is fascinated by his presence, and she believes that he looks like “a foreign prince” (211). He seems a kind and honest person, who behaves like a proper gentleman.

In the following chapter the two passengers introduce each other and start a conversation. They soon discover that they are going to the same place; they are headed to Westland, Tennessee. The man tells Beryl about the purpose of his journey: he wants to search for his mother, from whom he was separated during slavery. He explains that he is her only son and that he was only seven years old when he was torn from her. Twenty years have now passed, and he almost knows nothing about her or her life. The only object that allows him to remember her is a cabinet card. He shows the photograph to Beryl, who immediately recognizes the woman. She is Mrs. Warren, who is a nurse and her godmother. The girl tells Norman that his mother has been looking for him for a long time, and that she has never stopped her search. Norman is astonished, and Beryl shares his happiness. Even though they are strangers and do not know each other, from their very first encounter the author makes clear that there is something intimate that connects the two characters. What unites them is once again the love for the maternal figure, which embodies their past and their identity. Both are going to the South⁵⁰⁶ because they want to see their mum, the person that raised them. On the one hand there is Norman, who wants to stay with her and make up for the lost years; on the other there

⁵⁰⁵ Katherine Davis Chapman Tillman and Claudia Tate. *The Works of Katherine Davis Chapman Tillman*. Oxford University Press, 1991, p. 207. All the quotes from Tillman’s novella are taken from this edition and indicated within round brackets in the text.

⁵⁰⁶ The return to the South is considered an “archetypal quest in post-Reconstruction fiction.” (Browner, p. 199) Tillman wanted to depict “how black Americans pursue freedom and class aspirations while remaining in the South rather than migrating North or abroad.” (Andréa N. Williams. “Black Labor and the Sentimentalized Southern Economy in Katherine Tillman’s *Clancy Street*,” p. 80).

is Beryl, who has momentarily abandoned her studies to see her for the last time. Their return represents a return to the origins, a journey that will unite them forever. As soon as the protagonist tells the young man that she is going to Westland because her mother died, she bursts into tears. At this point, the narrator provides readers with a long flashback on Beryl's family and on her education. The young woman, as will be shown later in the novella, is depicted as Norman's ideal partner. The two characters' instruction and ambition will place them in a prominent social position. They will be identified as the most important and influential leaders of their black community.

It is particularly interesting to observe the value that the author gives to black education and to African Americans' possibilities of upward mobility. She first refers to the protagonist's formative years and to her discovery of faith. Beryl is described as a skilled and ambitious young woman, "a great prodigy among her untutored acquaintance" (213). From an early age, her mother believed her to be gifted, and she decided to send her to one of the best African American schools in the United States.⁵⁰⁷ The narrator later focuses on the protagonist's discovery of Christ and refers to the moment in which Beryl attended a revival held by the Young Women's Christian Association. On that occasion the girl carefully listened to Miss Hand, the religious group's leader. The latter highlighted the importance of black people's racial uplift and she referred to education as a relevant instrument to pay homage to God. In her opinion, the Lord gave African Americans the chance to educate themselves. She also believed that the most talented and the most ambitious black men and women could make up an army of brave soldiers and be capable of defending their position and their black population. Only through a good instruction, could these people fight against "Sin, Ignorance and Prejudice" (217). Like Harper in *Iola Leroy*, Tillman here used the semantic field of war to express the powerful responsibility and task assigned to an elite of African Americans. Through these words, Miss Hand preannounced the future role played by Beryl Weston's work as a teacher and Norman Warren's medical service. The two characters will be important members of this metaphorical army, and both will try to fight against prejudice and racism.

In chapter four, the narrator interrupts the long flashback and refers to the heroine's present, while she is weeping for her mother's death. The young woman and Norman Warren finally arrive in Westland, where their path separates for a while. Beryl soon has to replace her mother's role: she has to look after her father, her two siblings, and manage household affairs. She also assists Binie, a black servant that lives with her family. The latter has some deformities, and her "sad state gave Beryl something to think of beside her own trouble" (224). Like Iola with the wounded soldiers, the young protagonist is presented as a sort of motherly figure that takes care of a 'sick' body. By nursing Binie,

⁵⁰⁷ There is no clear reference to the name of the black institution. The story is set in the postwar period (probably in the Reconstruction Era) when African American schools began to spread in the whole country.

she expresses all her love, her fondness, and her willingness to help her, since the poor orphan's life "had been a stern, loveless one, with few gleams of sunshine to lighten its gloom" (225). Through this image, Tillman probably wanted to emphasize the importance of black people's mutual help and solidarity. There is the idea that black bodies, "variously marked by history and racist identity politics provide intimate corporeal care and love for one another."⁵⁰⁸

After the long focus on the novella's protagonist and past life, the narrator provides readers with a more detailed portrayal of Frank Warren. The profession of the man is revealed by Beryl's father, while he is having dinner with his family. The man tells his eldest daughter that Warren graduated from a college in Europe and that he is "a fine doctor now" (224). He thinks that the young physician's life is similar to the incredible story of a book,⁵⁰⁹ a past which will later be disclosed by Norman's mother. One day, the protagonist meets Nurse Warren, who tells her about her former life as a slave. She explains that her son was separated from her when he was only seven years old, and that he was sold to a Northern lady. After the end of the Civil War she moved to Westland, where she began to save her money to provide her son with a decent instruction: "So in case my boy ever came back to me, he would have money with which to procure an education, or to start himself in business" (227). Nurse Warren also talks about Mrs. Hayes, the woman that purchased her son. When he was just a little boy, Norman saved the life of his owner's two kids, and due to his brave act the white lady began to treat him as if he was her own child. When he turned eleven, Warren went to school with Mrs. Hayes's son Leon. Nevertheless, many pupils and teachers did not want him to stay in their class because he was black. It was for this reason that the lady decided to move to England where both Leon and Norman could have the "best educational advantages" (228). The former studied law, while the latter studied medicine. It is interesting to notice that both boys – not only the white one – had the chance to get an advanced and prestigious kind of education. Warren was treated as Leon's equal but when Mrs. Hayes died suddenly, she left no will, and the young black student found himself dispossessed. He decided to save the few money he had earned to return to America. He wanted to discover his true roots and to search for his beloved mother, a desire that he was finally able to fulfill.

Beryl is fascinated by Mrs. Warren's tale. She finds that Norman has a sad but at the same time romantic story to tell. Her interest towards the black physician increases in the following months, when the two characters spend more time together and become friends. Their new life in the South is very busy. While the protagonist studies, helps her father and Binie on the farm, and looks after her siblings, Norman begins to practice medicine and opens his own office in the city. Following this

⁵⁰⁸ Browner, p. 206.

⁵⁰⁹ The fact that Beryl's father compares Norman's life to the story of a book is probably in keeping with his profession as a black doctor. At that time, the effective number of African American medical professionals was limited and the few that were able to establish their own practice represented a little exception.

brief reference to their daily routine, there is a change in time. Two years have passed, and Beryl and Norman are now considered the most important guides of their black community, who needs their help. As a matter of fact, in Westland there are more than three hundred African Americans, and most of them are destitute and illiterate people. Both characters dedicate their life and do their best “to elevate the narrow-minded villagers” (231). In particular, Norman is a very active participant in the city’s social initiatives: for example, he “had given a series of earnest talks on practical subjects, [and] taught a night-school (...)” (231). Like Dr. Latimer in *Iola Leroy*, Dr. Warren is admired and respected by everyone. The villagers “fairly idolized” him and consider him a “genial doctor” (231). The black physician is here portrayed as a talented, virtuous, and reliable figure, whose characterization classifies him as the ideal leader of the black community. The black doctor’s high education and prestigious profession elevate him to a relevant social position. Norman is depicted as an admirable and successful professional man, whose medical practice enables him to provide service, pride, and leadership for his needy African American community. His “skill as a physician [goes] far and wide” (231), and he takes care of black and white patients indistinctively.⁵¹⁰ Moreover, he is respected by other doctors, who often want to collaborate and consult with him.⁵¹¹

Besides this ideal – and somewhat utopian – representation of the black physician and of the place where he exercises his profession, it is also important to refer to Norman’s relationship with the novella’s heroine. The latter admires the young man’s increasing success and often looks at him “with a world of tenderness in her dark eyes” (232). Beryl is falling in love with the doctor’s kindness, honesty, and dedication. Nevertheless, she is not sure that Norman reciprocates her feelings, as she “had evinced toward her a kind, brotherly regard – nothing more” (232). They spend a lot of time together, but “still never a word of love was breathed into the young girl’s ears” (232). For Warren’s part, his “code of honor was too high” for that sentiment (232). He esteems the young woman’s strong ambition and determination, but she is nothing more than a sister to him (232). And yet, their union is almost necessary, as both the black physician and the future black teacher are envisioned as the role models of the African American community. They represent the perfect couple: through their education, their resolution and kindness, the hero and the heroine will be able to support black people.

The only part of the novella in which the black doctor expresses his opinion on the race problem is represented by his private conversation with Harold Griswold, the new pastor of Westland’s church. The latter is described as an educated and sensible man, a graduate from Oberlin

⁵¹⁰ The narrator affirms that he has “many Anglo-Saxon patients as well as Afro-American ones.” (Tillman, 231) Nonetheless, as mentioned in the first chapter, in real life the majority of black doctors’ clientele was made up of black patients. The number of whites was instead very limited.

⁵¹¹ The peaceful and harmonious collaboration between black and white doctors does not really correspond to the reality that the first African American physicians found in the South (See the first chapter of this thesis).

College, Ohio. The two characters discuss the important question of race and talk about the condition of African Americans in the United States. Dr. Warren's initial observation on the situation of black people in the South is the result of his life abroad and of his Northern education. Norman believes that black people "should emigrate to places where prejudice does not exist" (233). In particular, he suggests that African Americans go to Europe, where they could have more rights and more chances. He also mentions his formative and worldly experience in England as a medical graduate. He is convinced that in America "[t]here is little or no show for the colored people," and that "they ought to leave" the country as soon as possible (233). His words reveal his discouragement and his profound disappointment. According to him, blacks should abandon the United States and go abroad, where people are more open-minded and their thoughts are more liberal. He also remarks that "[he] never saw as much rank prejudice shown towards people of color as [he] witnessed during one day spent in the city of New Orleans" (233). In England, he affirms, people treat African Americans as their equals and do not show any prejudice or racist attitude toward them. On the contrary, the situation in the United States – and especially in the South – is quite different. Indeed, Norman affirms that in New Orleans (but also in other places), blacks "are not allowed to eat in any of the hotels or restaurants, or to occupy the best seats in the theatre; in short, they are completely ostracized because of their color" (233). Curiously, the young man uses the pronoun *they* to refer to the experience of African American people, as if his prestigious medical profession automatically excluded him from isolation and white preconceptions. By avoiding the use of the 'inclusive' pronoun *we*, Norman somehow wants to show his superiority and his authoritative social position, all aspects that he may attribute to his advanced academic formation.

The conversation between the black physician and the young minister continues in the following chapter, titled "The Race Problem."⁵¹² Rev. Griswold expresses his opinion and provides an answer to his interlocutor's remarks. He thinks that Norman's observations are true, but he also believes that there is still hope for a better future for African Americans. According to him, there are some black people that "are making progress even in that place,"⁵¹³ and he gives the doctor some concrete examples of the "wealthiest colored men" living in Louisiana (234). He acknowledges that there are "fearful odds against which to contend, and that [their] race between the two races is an unequal one," but he also deems that African Americans should stay in the United States and "push the battle to the gates" (234). If blacks have to go somewhere – he affirms – they ought to go to the

⁵¹² The section opens with an optimistic and hopeful tone: "Adversity's cold frosts will soon be over/It heralds brighter days: The joyous spring/ Is cradled on the winter's icy breast, /And yet comes flushed in beauty." (Tillman, 234) With these words, the author probably referred to African Americans' new possibilities after years of bondage and oppression; she envisioned a brighter and better future for all black people.

⁵¹³ Griswold is here referring to the South where, in spite of the oppressive and racist climate, some black people have been capable of making progress and achieving success.

North, where they have more educational and employment possibilities than in the South. In his opinion, it should be forbidden to “let them dream of leaving the land for which they have shed their blood upon a thousand battlefields” (234).

The two men have different points of view on black people’s future: Norman thinks that African Americans should abandon the United States and go abroad, while Griswold believes that they should stay there and collaborate in order to promote racial unity and advancement. After listening to the pastor’s interesting speech and to his reference to Southern states, Dr. Warren wants to know more about the progresses made by his people in the former slave states. He admits that he is unaware of what is going on in his country because he has been away for many years: “You see I have not been reared in the United States, as you have, and I am no doubt ignorant of many important facts relative to my race” (234). Griswold laughs at the physician’s naïveté, and tells him that blacks are “outstripping the dominant race in both education and wealth in several of the Southern States!” (234) For example, he refers to the opening of many African American schools, run by competent black men and women; he also mentions that there are many black “churches, banks, stores, several publishing houses, and over two hundred newspapers.” (234). Griswold hopes in a better future, and his strong confidence is emphasized by the following question: “If we have accomplished this under the hand of God, and in the face of bitter persecution and foul calumny, what may we not expect when our foes cease to molest us, and we can dwell in peace under ‘our own vine and fig-tree?’” (235) The minister later shows the physician two papers and a magazine written by African Americans, and Warren exclaims: “It is marvelous (..) Less than fifty years have elapsed since we were forbidden to learn to read, and now behold the command that we have of the English language!” (235) Norman, who did not know what was going on in his country, has now become conscious of his black people’s little but relevant accomplishments. He has changed his mind, and while before Griswold’s speech he referred to African Americans as *they*, he now feels part of his community and uses the pronoun *we*.

Dr. Warren and Griswold also talk about the novella’s heroine. In the former’s opinion, Beryl’s life is “bound up in her books, children and church” (238). According to the latter, she is one of the “noblest women [he] has ever met” (238). The pastor states that “in the humblest family, if there is a case of sickness or destitution, [he is] sure to learn of Miss Beryl’s kindness from some of her admirers” (238). Beryl is always depicted as a kind and lovely person, who fondly takes care of poor and sick people. She is an “unusual girl,” and many believe that “God intends her to plan an important part in the work of uplifting the race” (238). Thanks to her education and resoluteness, the protagonist is seen as the perfect female leader of African Americans. The young woman will not act alone; she will need the help of a male figure, which is here embodied by Warren or Griswold. Both

their professions as a black doctor and as a black minister give them a certain authority, a great prestige, and identify them as the heroine's ideal partners. But when the young pastor proposes to Beryl, she rejects him: she does not want to be the wife of a religious man because she is "too ambitious" (240) and because she is in love with Warren. The refusal of the reverend's proposal is significant. Beryl is too determined for Griswold and the only man that is suitable for her is the black doctor. Although the minister is an educated and influential person, Dr. Warren is the one that can really help her in her plan to uplift blacks. His high education represents a model for his people and his medical expertise enables him to take care of African Americans' precarious health conditions.

Beryl and Warren's friendship will deepen in the last part of the novella. The heroine's little brother falls ill, and Warren thinks that he has diphtheria. The two friends watch over the poor Joey, and it is during these days of anxiety and concern that "a great tenderness of Beryl sprang up in Dr. Warren's heart" (242). After Joey's death, the protagonist is overwhelmed with grief, but as "her father's heart was well-nigh broken, (...) she tried to arouse herself for his sake" (243). Many things have changed since the child's death. Griswold – who was initially opposed to black people's emigration – is now headed to Africa, where he will help all "those who sit in great darkness" (246). Norman finally confesses his love to Beryl and they soon get married. Their marriage is not seen as an object of female desire. Rather, it is one of the civil and social institutions that are "seen as central prerequisites for racial progress, as the basis of civilization itself."⁵¹⁴ The protagonist also manages to publish her first poems and becomes a successful teacher of modern languages. She and her husband decide to cast down their bucket in the South, where their help is most needed. They are esteemed, respected, and they are "everywhere recognized as leaders in every movement for the advancement of their own oppressed race" (246). Therefore, the end of the novella is full of sentimentalism and optimism in a better future. Tillman presents an idyllic and embellished final situation, where both the hero and the heroine triumph and achieve success. In this story there is no direct intrusion of white society, and the most complex issues of race – like alienation, discrimination and institutionalized racism – "are either unrealistically depicted or missing altogether."⁵¹⁵ In her introduction to *The Works of Katherine Davis Chapman Tillman*, Claudia Tate explains that this absence of criticism or protest is the result of the author's era, which "was extremely hostile to explicit racial contests."⁵¹⁶ Tillman's short stories, plays and essays "endorse personal development through apparently one-dimensional, transparent, prettified discourses of untarnished faith in the American dream."⁵¹⁷ They "outline ideal patterns of male and female ego formation as well as racial

⁵¹⁴ Claudia Tate. Introduction to *The Works of Katherine Davis Chapman Tillman*, p. 8.

⁵¹⁵ Tate, p. 53.

⁵¹⁶ Tate, p. 54.

⁵¹⁷ *Ibid.*

individuation and socialization through the configuration of a black female protagonist” and her relationship with an ideal partner.⁵¹⁸ This characterization is particularly evident in this story, where the two protagonists do not meet any racial or social obstacle. They instead “rise (...) to the level of their own abilities and are rewarded (...) on the basis of their individual worth.”⁵¹⁹

In conclusion, in this novella the representation of the black physician is similar to the one seen in the previous novel. Like in Harper’s *Iola Leroy*, in “Beryl Weston’s Ambition” the writer “rests her optimistic and conciliatory vision upon the figure of the doctor.”⁵²⁰ The latter is portrayed as an educated, talented, and respectful professional man, who “bridges the gap between domestic duty and lofty ambition and between competing programs for uplift.”⁵²¹ His presence within the plot is relevant and has a significant impact on the protagonist’s life. Thanks to his influence Beryl finally “learns the sentimental heroine’s lesson that she must set aside selfish ambitions for broader ideals – domestic duties and race uplift.”⁵²² As Iola and Frank, Beryl and Norman have a sort of spiritual and heroic mission to carry out: that of educating and improving black people’s life and social conditions. There are two important aspects that link the two characters. On the one hand, their birth in the South makes them “true blacks,” as Booker T. Washington used to define authentic Southern African Americans.⁵²³ On the other, their Northern education ascribes them to a prominent position, and enables them to be recognized as two of Du Bois’s Talented Tenth. In her literary work, Tillman imagined what ambitious middle-class leaders could do in an African American rural community. Norman and Beryl can be considered the black population’s New Man and New Woman, who “represent an attractive amalgamation of several models for racial uplift, including liberal education, women’s economic self-sufficiency, and agricultural success.”⁵²⁴ Their final decision to stay in the South is in keeping with their willingness to do the good of the black community. The South symbolizes their origins (mostly exemplified by the maternal figure), their past but also their future. In their new life together, the hero and the heroine have a moral and almost spiritual responsibility. Their union is not defined by “romantic passion,” but by “magnanimous compassion for others and dedication to the advancement of the race.”⁵²⁵ Beryl will be her husband’s helpmate and will use her education to train honest, kind, and upright people. Norman will instead exploit his medical knowledge to look after and heal black bodies. Contrary to Dr. Latimer in *Iola Leroy*, in “Beryl Weston’s Ambition” the black physician does not directly challenge white supremacy and racialist

⁵¹⁸ *Ibid.*

⁵¹⁹ *Ibid.*, p. 55.

⁵²⁰ Browner, p. 200.

⁵²¹ *Ibid.*

⁵²² *Ibid.*

⁵²³ *Ibid.*, p. 199.

⁵²⁴ *Ibid.*, p. 200.

⁵²⁵ Tate, p. 55.

medical discourses. However, the author offers a promising and bright future for each character. She seems to suggest that even though some African Americans are depicted as the leaders and as the elite of their community, all of them, “regardless of class or history, are part of a family that must remain devoted to each other.”⁵²⁶ Thus, the black doctor and the black teacher are finally able to rise and to achieve a prominent social position, but they cannot forget their past and their roots. They must bear in mind that they are equal to all African Americans, and that “their destiny is inseparable from that of the masses.”⁵²⁷

4.4 The Utopian Return to Africa: The Black Doctor as a Heroic Figure in *Of One Blood*

In Pauline Hopkins’s *Of One Blood: or, The Hidden Self*⁵²⁸ – a science fiction serial novel published between 1902 and 1903 – the figure of the black physician is embodied by the book’s protagonist, Reuel Briggs. The latter, in contrast to Dr. Latimer and Dr. Warren, is a particular kind of medical practitioner. He is not a college graduate doctor but a brilliant medical student with an interest in mesmerism and metaphysical phenomena. While in the first part of the novel the leading character is presented as a tormented and mysterious young man who has to struggle with his racial identity, in the second part of the book he joins an important expedition that enables him to “develop greater pride in his black heritage (...).”⁵²⁹ In *Of One Blood* the black physician will become the leader of an ancient African tribe. We cannot say with certainty what the main reasons that led the author to portray this specific kind of character might have been. Perhaps, given that in the years in which the novel was serialized the black physician was part of a promising and expanding professional class, Hopkins may have been inspired by this rising and positive figure. It is not an accident that the protagonist of her book will be recognized as the most powerful leader of black people, almost as to emphasize the relevant role that the African American doctor was slowly assuming in real life. The writer was also influenced by the popularity that utopian fiction acquired at the turn of the nineteenth century and created her own utopia by transforming “a contemporary dystopian historical reality of racial violence, segregation, disfranchisement into an “anticipatory” (...) vision of liberation and empowerment.”⁵³⁰ Her novel – like most of African American utopias

⁵²⁶ *Ibid.*

⁵²⁷ *Ibid.*

⁵²⁸ Pauline Hopkins (1859-1930) was one of the most prolific African American women writers of the late nineteenth and early twentieth centuries. Her career was not limited to the writing of fiction. She also published short stories, essays, articles, and biographic sketches. *Of One Blood* – serialized in the *Colored American Magazine* – marked the end of her productive period in fiction writing. (Deborah McDowell. Introduction to Pauline Hopkins’s *Of One Blood Or, the Hidden Self*, p. v, vi). The novel is an interesting combination of gothic, science fiction, utopian, and sentimental literary elements. (Mandy A. Reid. “Utopia Is in the Blood: The Bodily Utopias of Martin R. Delany and Pauline Hopkins,” p. 96).

⁵²⁹ M. G. Fabi. *Passing and the Rise of the African American Novel*, p. 47.

⁵³⁰ *Ibid.*, p. 46.

produced in that period⁵³¹ – “emerge[s] both as a defensive tool to combat the discourses of segregation and white supremacy and as an aggressive fictional means of community building.”⁵³²

Through her peculiar representation of the black doctor and through her utopian writing, Hopkins was able to respond to white oppression and build a spatial, temporal and metaphysical alternative that “de-familiarize[s] and potentially disrupt[s] the violence of the ‘real world.’”⁵³³ In her novel, the author attempted to deconstruct late nineteenth-century obsession with the definition of race and with the taxonomies of diversity, which classified “individuals, nations, and “races” according to a set of immutably “distinguishing” traits.”⁵³⁴ She defied all pseudoscientific and racist discourses through the characterization of the black physician, here depicted as a sort of modern hero that is destined to guide his African people to greatness. A man whose medical studies and future exercise of a prestigious and esteemed profession allows him to pose a challenge to all those white physicians that at that time exploited their authoritative position to ‘prove’ the inferiority, ignorance, and amorality of the African American population.

4.4.1 Reuel Briggs and his Identity Crisis

From the very beginning of the novel, Reuel is described as a solitary and melancholic character: “Briggs could have told you that the bareness and desolateness of his college apartment were like his life, but he was a reticent man who knew how to suffer in silence.”⁵³⁵ There is something that disturbs and haunts him, but the reader is unaware of its cause. Reuel asks himself a series of questions with “tormenting persistency,” and expresses his desire to “cut the Gordian knot⁵³⁶ and solve the riddle of whence and whither for all time” (1). This sort of stream of consciousness confuses the reader, who has to make assumptions about the character and about the reasons behind his misery. The man wants to resolve what seems to be an intricate and unsolvable problem. He has tormented himself for months, “but the courage was yet wanting for strength to rend the veil”⁵³⁷ (1). The veil

⁵³¹ In “Race Travel in Turn-of-the-Century African American Utopian Fiction,” Maria G. Fabi refers to a series of utopian novels by African American authors, like *Of One Blood*, Sutton E. Griggs’ *Imperium in Imperio* (1899), *Iola Leroy* and Edward A. Johnson’s *Light Ahead for the Negro* (1904). (See Fabi, M. Giulia. *Passing and the Rise of the African American Novel*. Urbana, Ill: University of Illinois Press, 2005).

⁵³² *Ibid.*, p. 48.

⁵³³ Jalondra A. Davis “Utopia and the Gendered Past in Pauline Hopkins’ *Of One Blood; Or, The Hidden Self*,” p.8.

⁵³⁴ Deborah McDowell. Introduction to Pauline Hopkins’s *Of One Blood Or, the Hidden Self*, p. ix.

⁵³⁵ Pauline E Hopkins and Deborah E. McDowell. *Of One Blood Or, the Hidden Self*, New York, NY: Washington Square Press, 2009, p.1. All the quotes from Hopkins’s novel are taken from this edition and indicated within round brackets in the text.

⁵³⁶ The image of the Gordian knot, which stands for the difficulty of solving intricate problems, is also used in “Benito Cereno,” a novella by Herman Melville published in 1855.

⁵³⁷ By using the expression “to rend the veil,” Hopkins probably referred to Du Bois’s *The Souls of Black Folk*. In this work, the famous sociologist used the symbol of the veil to express the concept of the “‘color line’ of racial oppression and injustice.” (Savory, 334) It is a motif that recurs in his essays, “expressing aspects of the problems contributing to the Color Line barrier separating Blacks from Whites” (Savory, 335). According to Du Bois, black people could only tear the

stands for something that has been hidden, a secret that has been repressed for a long time and that must be disclosed. The narrator later explains that Reuel “had not stirred from his room since coming from the hospital – had not eaten nor drunk, and was in full possession of the solitude he craved” (2). He is too busy reading “The Unclassified Residuum,”⁵³⁸ a book that is often read by students of mysticism, and also a text that deals with the new discoveries in the field of psychology (2). The protagonist is fascinated by that book, which reflects his current mood. Reuel is in fact thinking about the nature of the “things recorded under the name of divinations, inspirations, demoniacal possessions, apparitions, (...) miraculous healing and productions of disease, and occult powers possessed by peculiar individuals over persons and things (...)” (2). In “The Unclassified Residuum” he also reads a passage that refers to ordinary medical professionals, who often dismiss the validity of these inexplicable events and classify them as “the effects of imagination” (3). As it will later be revealed, Briggs is studying to become a doctor, a profession that is in contrast to his interest in supernatural phenomena. While medicine is in keeping with science, reason, and objectivity, mysticism instead relies on something that cannot be explained scientifically or in a rational way. Reuel is interested in both disciplines, and seems to be entrapped between two different perspectives, the logical and the spiritual one. Furthermore, the reading of the book makes him think about his own mastery of occult and mystic events: “I have the power, I know the truth of every word (...) and could I but complete the necessary experiments, I would astonish the world” (3). Although the opening of the novel does not really clarify the nature of the protagonist’s knowledge, it can be seen that Briggs is conscious of his power, and that his words denote self-confidence.

In the following paragraph, the reader is provided with Reuel’s physical description and with some references to his life as a promising medical student. The character is portrayed as a talented, strong, and attractive young man. He is a person that could not never be despised, neither physically nor morally. He is said to be blessed by Mother Nature “with superior physical endowments (...)” (3). He has an athletic body, broad shoulders, a “strong throat that upheld a plain face, the long limbs, the sinewy hands,” and a mouth “which betrayed a passionate, nervous temperament (...)” (3). He also has an “aristocratic nose, although nearly spoiled by broad nostrils (...),” and a face that “interested and fascinated men and women” (3). His skin is white, “but of a tint suggesting olive, (...) which is a mark of strong, melancholic temperaments.”⁵³⁹ All these particulars anticipate the reader’s

veil if they began “at the top,” through the precious efforts of the so called Talented Tenth. (See Jerold Savory. “The Rending of The Veil in W. E. B. Du Bois’s *The Souls of Black Folk*”).

⁵³⁸ The passage Reuel is reading comes from “The Hidden Self,” an essay published by American psychologist William James in 1890. (McDowell, xiii) In this work, the latter expressed interesting notions on the nature of the unconscious. He was known “to combine aspects of the emergent field of academic psychology with various forms of popular psychology – mesmerism, spiritualism, mysticism, and mind-cure.” (*Ibid.*, xii)

⁵³⁹ According to Pascha A. Stevenson, the characterization of the novel’s protagonist shows that Pauline Hopkins was interested in nineteenth century scientific debate upon the origins of life. In particular, in her novels she referred to Darwin

following discovery of Reuel's secret origins, the veil that he symbolically wants to tear apart and reveal to the world. He is a 'mulatto', a racial identity and a sort of stain that has made him suffer for a long time. His past is mysterious, and no one knows anything about his true origins. He has always masked his true heritage, but is now trying to find the courage to disclose it. Even though many students and professors see him as a weird man, they also consider him "a genius in his scientific studies, and much was expected of him at graduation" (4). Furthermore, Reuel is described as a lonely and introverted person. He has no relatives and his "correspondence was limited to the letters of editors of well known local papers and magazines" (4). Thus, Briggs is a man of superior beauty and of exceptional intelligence, a characterization that clearly "speaks to the spurious science of the day."⁵⁴⁰ His physical and intellectual traits defy all those 19th-century 'scientific' theories that classified African Americans as ugly, unattractive, savage, and ignorant people.

Following this brief parenthesis on the protagonist's physical characteristics and on his solitary life, the narrator introduces Aubrey Livingston, Reuel's only friend and an aspiring physician like him. The latter is presented as an ambiguous character: he is as handsome as a "Greek God," but "his sculptured features did not inspire confidence" (6). The narrator immediately warns the reader about the obscure and enigmatic nature of this figure. He and Briggs are very close to each other, and "the affection and worship Reuel had conceived for his deliverer was dog-like in its devotion" (6). The protagonist trusts him, and this is evident when he tells him about his personal concerns. For instance, he confesses to Aubrey that he is still thinking about the "problem of whence and whither" (7), and that he wants to "search for more light in the mysteries of existence" (8). He wants to solve the riddle of his life and states that "the wonders of a material world cannot approach those of the undiscovered country within ourselves – the hidden self-lying quiescent in every human soul" (7). In his opinion, everyone has a concealed identity, an inner personality that needs to be revealed. Before the two characters leave Reuel's room to attend a concert of "Negro Music," Aubrey asks him what he thinks about the "Negro problem" (9). He is curious to know his point of view because "it is the only burning question in the whole category of live issues and ologies about which [he is] silent." (9) Reuel replies with the following statement: "I have a horror of discussing the woes of unfortunates, tramps, stray dogs and cats and Negroes – probably because I am an unfortunate myself" (9). The man compares blacks to miserable animals, and explains that he always avoids discussing black

and Spencer's articulation of the evolutionary theory and to their belief that "physical traits, especially those related to racial identification, are read as markers of potential behavior." (429) This aspect is evident in *Of One Blood*, where the author clearly showed that she was not totally "immune to the popular conflation of physique with intellect or moral quality." (430) Indeed, her fictional hero possesses some characteristics and physical traits that "are indicative of behavioral traits as well." (Pascha A. Stevenson. "'Of One Blood', Of One Race: Pauline E. Hopkins' Engagement of Racialized Science," p. 430.)

⁵⁴⁰ Pascha A. Stevenson. "'Of One Blood', Of One Race: Pauline E. Hopkins' Engagement of Racialized Science," p. 438.

people' tragic story since he is himself a lonely and suffering person. Actually, he does not want to talk about the conditions of African Americans because he is one of them and fears that by expressing his personal ideas he risks to uncover the hidden side of his identity.

While the protagonist is a reserved person, his best friend is more outspoken and always expresses his opinion. The difference between the two characters is especially evident in the second chapter, which opens with an allusion to the time in which the novel is set, similar to the one seen in *Iola Leroy* and "Beryl Weston's Ambition." Indeed, the narrator affirms that "[t]he passing of slavery from the land marked a new era in the life of the nation," and that "[t]he war, too, had passed like a dream of horrors" (11). Following this brief reference to the setting of the book, the narrator focuses on Reuel and Aubrey, who are waiting for the concert of "Negro music" to begin. While the former is uncomfortable and a "great nervous dread of he knew not what possessed him" (12), the latter talks about the presence of some pretty girls in the band. He says that two of them are as white as them, and that they "range at home from alabaster to ebony" (12). After observing the group of singers, the white medical student makes a comment that highlights his arrogant attitude and supposed superiority. Aubrey in fact affirms that the "results of amalgamation are worthy the careful attention of all medical experts" (12). Here Livingston is talking about the effects of miscegenation, which should be examined by professional physicians. He probably believes that the only positive effect of the 'amalgamation' between blacks and whites is given by the presence of white blood, which 'washes away' the stain that is in keeping with black bodies. Reuel does not pay attention to his friend's words: he is absorbed in his thoughts and he once again avoids to talk about the 'race question,' a subject that makes him suffer. The concert represents an important moment for the protagonist's state of mind since it "soothed [his] restlessness" (13). Reuel is pervaded by a sudden excitement, a "flutter of expectation" that appeases his tormented soul (13). The young man carefully listens to the group's glorious hymns, to those that "were representatives of the people for whom God had sent the terrible scourge of blood upon the land to free from bondage" (14). He is particularly intrigued by the group's soloist, "who was not in any way the preconceived idea of a Negro" (14). Like him, the girl – whose name is Dianthe Lusk – is a 'mulatta,' "[f]air as the fairest woman in the hall (...)" (14). However, although the two characters are physically similar, Dianthe passes for a black woman, while the protagonist is instead passing as white. The singer's angelic voice represents a "sensory experience of blackness:"⁵⁴¹ it reflects all the horrors of slavery and all African Americans' sufferings. Her song 'awakens' Reuel, and makes him aware of "the awfulness of the hell from which a people had been happily plucked" (15).

⁵⁴¹ Jalondra A. Davis, p. 13.

In chapter four, the reader is provided with a detailed insight into Reuel's life as a medical student at Harvard University. The narrator explains that although the young man is not a professional physician yet, he is "a recognized power in the medical profession" (27). He is said to be an expert in brain diseases. At the opening of the chapter, the protagonist is woken up by an insistent knocking at his door. It is a messenger from the hospital, telling him that there has been a train accident and that they need his help. People believe in him and in his medical skills even if he is just an undergraduate. Once in the hospital, a nurse tells Briggs what is going on: a woman has been taken out of a train's wreck, she shows no sign of injury, but the other doctors are unable to "restore her to consciousness;" they think that she is already dead, but the nurse hopes that Reuel will do something for her. She trusts him: he is a respectable and serious young man who knows how to do his job. Once he enters the ward, his friend Aubrey tells him "[i]t's no use, Briggs (...) Your science won't save her. The poor girl is already cold and still" (27). Livingston does not believe that Reuel will be able to keep the girl alive. He refers to Briggs' peculiar kind of science, but the reader is still unaware of its nature.

The aspiring doctor soon discovers that the patient is Dianthe Lusk, the jubilee singer. While he is standing beside the young woman's immobile body, Reuel meditates on the fascinating and extraordinary phenomenon of death. To him, the "most marvelous thing to watch is the death of a person" (28). It is in that moment that "the opposite takes place to that which took place when life entered the first unit, after nature had prepared it for the inception of life" (28). He also reflects on the existence of an afterlife, an idea that is in contradiction with the rational and logical side of his future profession as a physician. These are the thoughts that are crossing his mind while he is observing Dianthe's motionless figure, who is the "cynosure of all the medical faculty there assembled" (28). She is at the center of physicians' attention, the object of their dominant medical gaze. These latter believe the case to be an ordinary death. Conversely, Briggs thinks that there might be a solution to save the girl's life. The other doctors see him as an upstart, as a weird and unconventional medical student: "Of his skills and wonderful theories they had heard strange tales, but they viewed him coldly as we are apt to view those who dare to leave the beaten track of conventionality" (28). Reuel tells his colleagues that no one but him "holds the key to unlock this seeming sleep of death" (29). He is the only one that can do it since he had advanced "fair afield in the mysterious regions of science [and] he had stumbled upon the solution of one of life's problems: the reanimation of the body after seeming death" (29). Briggs is finally ready to divulge the results of his experiments. All the other physicians are skeptical about his scientific methods and do not believe that he can reanimate a dead body. Nevertheless, they are all curious and feel that something odd is about to happen (29).

Reuel carefully examines Dianthe: he supposes that the woman “has been long and persistently subjected to mesmeric influences, and [that] the nervous shock induced by the excitement of the accident has thrown her into a cataleptic sleep” (29). He does not care about his colleagues’ opinion. The protagonist really wants to do something to bring the girl back to life. He is not afraid, and he does not want to fail. He feels that there is “some mysterious mesmeric affinity existing between them,” a connection of an unknown nature that he wants to preserve (30). His colleagues still think that they are wasting their time, but they are also impressed by the young physician’s confidence and self-control. Reuel explains his theory and the result of his experiments on animals. He has discovered that “life (...) may be infused into organized bodies even after the organs have ceased to perform their legitimate offices” (32). In his opinion the secret of life can be found in what he defines “volatile magnetism” (32). By using some scientific terms that prove the author’s knowledge and interest in the medical field, Briggs explains his theory and shows his colleagues the vial where his discovery lies. The latter – he makes clear – is the “exact reproduction of the conditions existing in the human body” (33). The gentlemen’s attitude suddenly changes. Almost all the students and physicians are “now eager listeners,” who look at him with deference, “straining their ears to catch every tone of the low voice and every change of the luminous eyes” (33). At some point, a surgeon gives voice to his dubiousness and says that Reuel’s theory “smacks of the supernatural (...), charlatanism, or dreams of lunacy;” he also believes that he should “leave such assertions to quacks, generally, for the time of miracles is past” (33). The protagonist’s reply proves his confidence in the occult and in the unearthly element: “Life is that evidence of supernatural endowment which originally entered nature during the formation of the units of the evolution of man. Perhaps the superstitious masses came nearer to solving the mysteries of creation than the favored elect will ever come” (33). His words are once more in contrast to the rational and objective part of his studies.

Reuel is finally able to save Dianthe thanks to his life-giving powder. The girl regains consciousness, and everyone is shocked by her sudden awakening: they believe that Briggs has performed a miracle. Her reanimation is “the result of a fertile alliance between spiritualism and science,”⁵⁴² which compares the protagonist to a Christ-like figure that resurrects the dead. From that moment on, all the other physicians look at him with a profound admiration and respect. Dianthe has survived, but it is evident to “the man of science that hope for the complete restoration of her faculties would depend upon time, nature and constitution” (35). It is here interesting to observe that although Briggs’ scientific methods are unconventional, he still is defined as a man of science, conscious of the fact that the patient needs time and rest if she wants to fully recover. When Livingston

⁵⁴² Susan Gillman. “Pauline Hopkins and the Occult: African-American Revisions of Nineteenth-Century Sciences.” *American Literary History*, p. 73.

compliments him, the protagonist tells him: “True and tried friend, do not credit me more than I deserve. No praise is due me. I am an instrument – how I know not – a child of circumstances” (35). Reuel sees himself as an instrument in the hands of who or what we do not know. There is the idea that someone – probably God – has given him an important role: that of saving human lives from certain death. He is a sort of ‘divine’ figure that revives and restores people’s health.

Following the miraculous reanimation of Dianthe, the aspiring physician’s “lucky star was in the ascendant,” and “fame and fortune awaited him” (37). The colleagues that used to ignore him now try to establish a familiar association with him, and they often look at him with reverence and wonder. For his part, Reuel seems unaware of his increasing popularity among his colleagues and the scientific community. He does not care about success and devotes every moment of his spare time to the close study of his new patient. He scrutinizes her and tries to ‘read’ her body with attention and interest. The narrator also explains that Briggs has “a heart of gold, sensitive to a fault; desiring above all else the well-being of all humanity” and that “his faithfulness to those who suffered amounted to complete self-sacrifice” (38). In this short paragraph, Reuel is described as a sensitive and good-hearted person, a man that wants everyone to be happy and safe. He really wants to help people, and is willing to sacrifice himself in order to achieve this goal.

The protagonist carefully takes care of Miss Lusk, who usually falls into convulsions and lays for hours in a torpid and unconscious state. Similar to the previous portrayals of the black physician, in *Of One Blood* the African American doctor is depicted as a figure that heals and looks after black patients, here represented by the fragile and weak Dianthe. Reuel wants to guard her because he feels that there is something profound that unites them. At the concert, her song opened his eyes on black people’s painful history and sufferings. In some way she plays an important role in his gradual acceptance of his black identity. The girl’s delicate beauty and unknown past arouse both Reuel and Aubrey’s curiosity. While the former wants to nurse and protect her with his tenderest care, the latter is attracted to her. On Christmas Eve, Briggs and Livingston have a private conversation and talk about Dianthe. The protagonist reveals his desire to help her: “I will cure her. She is charming; and if it is insanity to be in love with her, I don’t care to be sane” (43). Aubrey replies that he is right: it is madness for him to love that girl because she is inferior to him and “she is not for the best” (43). In Livingston’s opinion, Reuel risks to ruin his professional career if he marries an African American woman. He believes that their relationship would only spoil and would represent an obstacle to his future success as a physician. Through these words, the white doctor gives voice to the scientific community’s common belief in the superiority of the ‘white race’ and in the inferiority of the black one. Once Aubrey makes this comment, the protagonist replies that he would stay with her regardless of her origins. At the end of the chapter, Livingston whispers something that makes Briggs blush and

say: “How – where – how did you know it?” (44); the former replies with the following words: “I have known it since first we met; but the secret is safe with me” (44). The reader does not know what Aubrey has told him, but can make guesses. The white Southerner may be aware of Reuel’s African American origins, a secret that the protagonist has been hiding his entire life.

In the days and weeks that follow the miraculous event, the protagonist struggles to heal Miss Lusk and to restore her to a normal condition of health. Physically, his medical procedure has proved successful, but mentally it has turned out to be a failure. The “unhappy girl” does not remember anything, and she does not know what happened to her before her awakening at the hospital (53). Many specialists and experts in hypnotic states come to visit her, but they all reach the same conclusion: only “rest, freedom from every care and time might eventually restore the poor, violated mind to its original strength” (53). The young woman becomes the medical staff’s adopted daughter and she finally finds an accommodation at the Vance’s estate.⁵⁴³ Briggs keeps an eye on her day and night. He is worried and feels responsible for her state of health. He and Aubrey watch her, carefully examine her progress, and look at her as if she was still their patient. Their medical gaze – and especially the white one – is evident here. In their opinion, the girl “accepted the luxury of her new surroundings as one to the manner born,” and both “noted her perfect manners, the ease and good-breeding displayed in all her intercourse with those socially above the level to which they knew this girl was born” (54). In particular, the white medical student sees her as a “thorough-bred,” and thinks that “the best blood of the country flows in the poor girl’s veins” (54). Livingston believes that the young woman’s noble and kind manners are given by the presence of white blood in her body. By making this statement, he asserts the superiority of the white ‘race,’ whose contact and union with the black one is thought to have produced less ignorant and more educated African Americans. There is the idea that African blood has been “diluted from amalgamation with [what is considered] the higher race.”⁵⁴⁴ Furthermore, when Briggs tells his friend that he fears a “public reawakening of her sleeping faculties,” Livingston replies that they “must risk something for the sake of science” (55). Dianthe is thus seen as a sort of test subject, whose body is thoroughly examined under the lens and the medical gaze of two different types of physicians. Both are interested in Dianthe and want her to fully recover, but while the white physician is attracted to her physically, Reuel’s interest is more profound and spiritual. The protagonist and the girl are presented as the “two children of misfortune,” (56) united by a similar and painful past.

The black physician wants to marry Miss Lusk and provide her with a decent life, but he has no money. He is described as a man that is too proud to ask for a loan. Nonetheless, he eventually

⁵⁴³ Charles and Molly Vance are Reuel and Aubrey’s friends.

⁵⁴⁴ Pascha A. Stevenson, p. 428.

decides to speak to his friend Livingston and to ask him for help. During their private conversation, Aubrey wants to know whether Riggs got a job offer. The latter replies that he received three proposals, but once he accepted them, he got “polite regrets that circumstances had arisen to prevent the acceptance of [his] valuable services” (58). According to Livingston, someone may suspect his African American origins. He affirms that this “infernal prejudice is something horrible” because it “closes the door of hope and opportunity in many a good man’s face” (58). He claims to be ashamed of his people, who do not recognize the talent of his friend. Aubrey is evidently lying: he does not want Reuel to marry Dianthe and is probably the one that revealed Briggs’s secret to his colleagues. Livingston has a solution to his problem. He explains that there is an archaeological expedition to Africa, whose final destination is “the site of ancient Ethiopian cities” (58). The mission aims at unearthing hidden places and a treasure that Sahara’s sands have buried for centuries. Aubrey tells the protagonist that they need a medical advisor and that “the salary is large.” (58) He also assures him that “there will be plenty of glory for those who return, beside the good it will do to the Negro race if it proves the success in discovery that scholars predict” (59). In the white physician’s opinion, the exploration will represent a positive event for all African Americans. If Briggs accepts the job, which will take him away for two years, he will be recognized as a hero, and his people will learn from him and from his experience.

Reuel is undecided and confused. He needs that job, but at the same time he does not want to leave Dianthe alone. The decision is in his hands: he has to choose between love and professional success. He wants to think about Livingston’s offer, and wants to ponder the pros and cons of the two options. The young medical student is ready to give up his ambitions for love. And yet, he is aware of the fact that he and Dianthe cannot live under that poor condition forever. He resolves that the “African position would at least bind them irrevocably together” (60). Both Reuel and Miss Lusk have black origins, and he is sure that the African mission will establish an even stronger bond between them. He finally decides to marry her and to leave her in the care of the Vance family until his return. He really hopes to come back “a wealthy man no longer fearing poverty” (60). Briggs seems another person, different from the character we have met at the beginning of the novel. He is no longer melancholic and pessimistic. He “had never before built golden castles, but now he speculated upon the possibility of unearthing gems and gold from the mines of ancient Meroe and the pyramids of Ethiopia” (60).

Reuel asks his friend to take care of Dianthe while he is away. He trusts Livingston’s intentions and he really believes in his devotion. The night before his departure and his marriage to Miss Lusk, the protagonist is the special guest of one of Aubrey’s fancy parties. In the after-dinner toasts, college students and professors congratulate on his marriage and on the adventure that he is

about to start. In this scene, the narrator highlights the young man's prestige and fame among the medical community. Indeed, thanks to his innovative and unusual experiments, Reuel is esteemed and admired by everyone. His "superiority was so evident that none disputed it; they envied him, but they were not jealous" (64). His expedition to Africa is seen as an important opportunity, and they all believe in the positive outcome of this experience. The day of the departure, Reuel and Dianthe get married. The protagonist is happy because he is no longer alone, and he is also filled with enthusiasm and "dreams of fame and fortune" (83). He sets off full of hopes and expectations, sure that his new bride will patiently wait for his return.

In order to raise the spirits of the family following Reuel and Charles Vance's departure, Molly and Aubrey decide to organize some parties. During one of these gatherings, Dianthe rises from her seat, goes to the piano, and starts to sing. At that moment "[t]here was a strange rigid appearance about the girl that was unearthly" (67). The young woman is surrounded by an aura that emphasizes her ethereal nature. Dianthe sings some verses of the song that Reuel and Livingston had heard at the concert: "Go down, Moses, way down in Egypt's land, / Tell ol' Pharaoh, let my people go" (67). The song is similar to a prayer: it is about the struggle of African Americans and about their dream of achieving freedom. The girl is little by little remembering things, and at the closure of the song she faints, as if the effort to remember was too painful. Her words preannounce Reuel's future role in Africa. Indeed, in this novel the black physician could be seen as a new Moses, a sort of savior that guides his people out of oppression, out of their painful and traumatic history.

4.4.2 Reuel's Heroic Mission and Salvific Role in Africa

Several artists, intellectuals and capitalists take part in the expedition to Africa (75). Reuel's fame is acknowledged by everyone. His "natural propensities for leadership were being fully recognized by the students about him" (75). Many members of the mission ask for his professional help and he is kept busy for many days. The narrator also refers to the protagonist's state of mind; s(he) affirms that he has "abandoned happiness for duty" (75). Briggs wants to make the most of this experience, he desires to reach success and enrich himself in order to provide his wife with a decent life. His arrival in Tripoli is followed by a description of the place and of its inhabitants. Reuel observes the surrounding landscape and notices that "as there is an intimate relation between the character of a country and that of its people, (...) the race who dwelt here must be different from those of the rest of the world" (76). Curiously, the protagonist is here talking about Arabs as if they were different from him. He sees them as the *others*, as if they belonged to a reality different from his own. He talks about them using the pronoun *they*, which distances him from that reality, where "the illusion vanishes and disgust seizes you" (77). The city's inhabitants are depicted as primitive,

uneducated, and noisy people, who signal, gesticulate, and speak at once. It is said that Tripoli “has remained the capital of a truly barbaric state, virgin of improvements, with just enough dilapidated abandon, dirt and picturesqueness to make the delight of the artist” (79). The author here appears to underline the fact that the arrival of Reuel and of the other members of the expedition can bring civilization to a country that is described as savage and underdeveloped.

During a long excursion in the desert, the protagonist faces and overcomes his first obstacle, an aspect that could be in keeping with his characterization as a hero. Indeed, this is a trope that can be easily found in most of ancient myths, epic poems, biblical episodes, stories, and novels that feature a heroic figure. In these latter, the literary archetype of the journey often includes the exploration of an unknown world and the encounter with a series of hindrances that will result in the hero’s final triumph. In *Of One Blood*, the heroic character is embodied by the black physician, who possesses some special qualities and abilities that enable him to confront the impediments that he meets along the way. This is particularly evident when Reuel escapes death for the first time. One day the protagonist decides to explore a cliff alone. While he is thinking about the “fame and fortune he would carry home to lay at a little woman’s feet,” (83) his daydream is suddenly interrupted by the presence of a menacing leopard. The young man has no chance to survive: he is alone, unarmed, and cannot run away because he is on the verge of a precipice. However, he is able to distract the animal, and is finally rescued by Charles, who has heard his cry for help. His death would have been inevitable if it were not for his primary and heroic position within the plot. Reuel cannot die, he still has an important mission to fulfill.

After escaping death, Reuel joins the other members of the expedition and listens to the astonishing tales of Professor Stone, the group’s guide. They carefully observe his map of Meroe – the ancient Ethiopian capital – and his cryptic parchment, which illustrates all the steps that the explorers have to follow in order to find the treasure. Briggs is enthusiastic and is determined to discover the hidden city. The tormented and melancholic image of the protagonist in the first part of the novel has been replaced by a more resolute and braver figure. After giving all the details of the mission and after showing all the dangers that the explorers might encounter, Professor Stone tells the story of Ethiopia. According to him, the Ethiopians “manifested great superiority over all nations among whom they dwelt” (98). He affirms that Africans “are a branch of the wonderful and mysterious Ethiopians who had a prehistoric existence of magnificence, the full record of which is lost in obscurity” (99). The professor’s audience hardly believes his words. Most of them do not trust him because African Americans are now miserable and exploited people, an aspect that is in evident contrast with their assumed prosperous past. Stone’s reply is significant, and silences all those ‘scientific’ and ethnographic theories that wanted to prove ‘Negro inferiority:’ “But from what a

depth does history show that the Anglo-Saxon has climbed to the position of the first people of the earth today” (101). With this rhetorical question, the professor wants to emphasize the fact that history has never demonstrated the superiority of white people. These latter consider themselves superior to black people, but they did not contribute to the development of the civilization as much as Ethiopians did. Stone also tells his fellow adventurers about his encounter with the man who gave him the secret map and the envelope with the parchment. The latter told him something that the manuscript withheld: “from lands beyond unknown seas, to which many descendants of Ethiopia had been borne as slaves, should a king of ancient line (...) return and restore the former glory of the race” (101). In his opinion, the long-lost heir of the ancient Ethiopian royal line should return, govern the land, and resurrect the former glory of the black ‘race.’ The professor adds that the heir can be recognized because he or she “bore a lotus-lily in the form of a birthmark upon his breast” (102). The protagonist starts at Stone’s revelation: the reader will soon discover that the black medical student is the very successor to the Ethiopian’s ancient throne.

One night, the protagonist decides to explore one of the pyramids with “no purpose, no sensation” (110). After wandering inside the cold and damp sepulcher, Reuel’s candle’s light “fell on the devilish countenance of the Ethiopian Sphynx” (111). He tries to retrace his steps, but something comes out of darkness and passes before his face. He becomes unconscious and wakes up four days after his entrance into the Great Pyramid. As he slowly uncloses his eyes, a group of mysterious people scrutinizes him “with looks of respectful admiration and curiosity mingled with awe” (112). Reuel slowly regains consciousness and is able to distinguish his surroundings: ruin and decay have been replaced by a “bewildering beauty that filled him with dazzling awe” (112). The protagonist describes the men surrounding him as “dark-visaged,” with a complexion that ranges “from a creamy tint to purest ebony,”⁵⁴⁵ and with “athletic and beautifully moulded” bodies (113). He is disoriented and asks the group’s assumed leader where he is. The stranger speaks in ancient Arabic, and tells Reuel that he has been brought there for a specific reason, which will shortly be made clear to him. Briggs immediately notices that the mysterious figure has a “kingly countenance,” a “combining force,” and that the “grace of a perfect life invested him like a royal robe” (114). Ai – this is the name of the young man – reveals that Reuel finds himself in the hidden city of Telassar, where the descendants of the ancient inhabitants of Meroe live. Ai – who turns out to be the prime minister – also makes clear that the place does not correspond to the “Telassar of Eden, but so like to Eden’s beauties did [their] ancestors find the city that thus did they call it” (115). He also explains that his people are waiting for the coming of their new king, “who shall restore to the Ethiopian race its

⁵⁴⁵ M. Giulia Fabi argues that Hopkins “moves beyond the pathological connotations miscegenation had in the United States and provides a utopian vision of peaceful cohabitation of people of different colors in the hidden city of Telassar.” (M. Giulia Fabi. *Passing and the Rise of the African American Novel*, p. 48).

ancient glory” (114). The man believes that Telassar’s new guide has the means to reestablish Ethiopia’s past grandeur, which “should again dazzle the world” (115). Reuel is amazed by Ai’s words, and thinks that he is having a hallucination. However, “his senses all gave evidence of the reality of the situation” (114). The protagonist is later introduced to the hidden city’s wonders. He is treated like a king: after a refreshing bath “came a repast of fruit, game and wine, served him on curious golden dishes that resembled the specimens taken from ruined Pompeii” (116).

The following day Reuel wakes up and finds out that his clothes have been replaced by silken garments and in the place of his revolver there is a “jeweled dagger literally encrusted with gems” (117). Ai enters his room and invites the protagonist to go with him and visit Telassar’s public buildings and works. There follows a description of the beautiful place where the prime minister and his people live. Telassar is presented as a heaven on earth, a utopian and self-sustaining community where everything is in order and where everyone has his or her precise role. It is an isolated and advanced African civilization “untouched by the ravages of European colonialism and the traumas and humiliations of enslavement.”⁵⁴⁶ A place where people live in harmony, each respecting others’ differences. The protagonist is astounded by the perfection of the surrounding environment. He seems to know that place and tells Ai that everything is familiar to him, “as if somewhere in the past [he] had known such a city as this” (119).

Later on, Reuel follows Ai into a beautiful temple, where he “beheld about twenty men prostrated before him” (120). Presently, these people “arose and each filed past him, reverently touching the hem of his white robe” as if he were a sort of divinity (121). Ai advances toward him and adjusts a golden and magnificent crown on his head. The young doctor is befuddled, and is unaware of what is going on. He neither knows what he is supposed to do nor what is expected of him. People call him “Ergamenes,” which is the name of the “long-looked-for king of Ethiopia” (122). Telassar’s inhabitants consider him the “[s]on of a fallen dynasty, outcast of a sunken people” (123). He is seen as a redeeming figure who has been assigned the important role to “begin the restoration of Ethiopia” (123). He has been chosen by God, the one that gave “wisdom unto the wise, and knowledge to them that know understanding” (123). After discovering his destiny, Reuel feels a strange force working upon him. If what Ai told him was true, his future would be great. The protagonist has concealed his blackness his entire life, he has exploited his fair complexion to pass for white and to pursue a medical career, but he is now becoming aware of that hidden heritage. He now feels part of a new reality and he is no longer ashamed of his origins. Briggs’s African ancestry is “shown as genetically superior, more powerful, and more desirable.”⁵⁴⁷ It now “asserts dominant

⁵⁴⁶ Jalondra A. Davis, p. 7.

⁵⁴⁷ Martin Japtok. “Pauline Hopkins’s ‘Of One Blood’, Africa, and the ‘Darwinist Trap,’” p. 408.

power over his being, despite amalgamation and temporal distance.”⁵⁴⁸ Reuel has finally recovered his black identity and is ready to reestablish Ethiopia’s past greatness and splendor.

One day, Briggs and Ai have a private conversation. The latter wants to know more about the protagonist’s modern world. In particular, he wants to know whether it is true that the “Ethiopian there is counted less than other mortals” (129). Reuel confirms Ai’s fears and adds that “the dark hue of [his] skin, [his] waving hair with its trace of crispness, would degrade [him] below the estate of any man of fair hue and straight locks (...), for it is a deep disgrace to have within the veins even one drop of the blood [he] seemed so proud of possessing” (129). Reuel confesses that it was the way white people treated African Americans that led him to conceal his past and his true identity. He initially wanted to be accepted by white society and by the white medical world, but he is now ashamed of himself because he feels that he has played “the coward’s part in hiding his origin” (129). Following the protagonist’s reference to the “unfortunate sons of Ham,” Ai notices that while in Briggs’s country black people are being oppressed, in the past Ethiopia spread all the arts and inventions that currently make up the modern world (129). Thus, its flourishing and grand past defies all those “degrading stereotypes of African peoples (...), and promises a luminous future (...).”⁵⁴⁹ Furthermore, Telassar’s prime minister tells the black physician the story of the Ethiopian’s population, and particularly refers to their institutions, their religion, and their education. He also mentions Candace, the female monarch and the “virgin queen who waits the coming of Ergamenes to inaugurate a dynasty of kings” (130). After listening to Ethiopia’s story, the hero begins to “understand his role in the kingdom’s anticipated future,” and “the transformation that had begun when [he] first accepted his role as divine instrument reaches fruition.”⁵⁵⁰

The protagonist’s racial identification is followed by a “physical and emotional empowerment,”⁵⁵¹ which according to Lorna Condit is best exemplified by his encounter with the lion. During a visit outside the city walls, Reuel, Ai and a group of travelers have to face the beast. Unlike the previous time, when he was able to distract the leopard and was finally saved by Charles, Briggs here proves to be braver and more determined. The newly crowned king of Ethiopia has now the courage to step forward, and fixes “his wonderful and powerful eyes upon the beast, literally transfixing him with a glance, [pouring] the full force of his personal magnetism (...)” (135). He uses his magnetic power and hypnotizes the animal, which eventually “turned himself about and slowly withdrew with a stately and majestic tread” (135). As Condit observes in her essay, while before

⁵⁴⁸ *Ibid.*, p. 407.

⁵⁴⁹ Lorna Condit. “Messianic Myth and Emotional Reality: (Re)constructing African American Identity in Pauline Hopkins’s *Of One Blood*,” p. 9.

⁵⁵⁰ Lorna Condit, p. 9.

⁵⁵¹ Lorna Condit, p. 9.

entering Telassar (and before accepting his black heritage) Reuel faced the leopard and “was only saved by his revolver, a relic of his “white” American identity,” in the encounter with the lion the use of a gun is not necessary.⁵⁵² On the contrary, Briggs exploits the knowledge he has inherited from his black ancestors and uses it to save himself and his companions. Once again, the black doctor is depicted as a heroic figure, whose role is to protect his people. Following his brave act, everyone recognizes his “remarkable powers,” and looks at him with wonder and respect (135). Telassar’s citizens acknowledge his leading position and see him as Queen Candace’s ideal husband. Their future union is fundamental, as the two will “give to the world a dynasty of dark-skinned rulers, whose destiny should be to restore the prestige of an ancient people” (139). The protagonist is no longer the sad and pessimist man that we have seen at the beginning of the novel. He is now calmer, seeing ahead of him a bright and prosperous future with the queen, who resembles his beloved Dianthe.⁵⁵³ Suddenly, “all doubts disappeared, and it seemed the most natural thing in the world to be sitting here among these descendants of the ancient Ethiopians (...), planning a union with a lovely woman (...)” (139).

Briggs becomes Telassar’s new king, but he will not act alone. He will rule the city thanks to the help of Candace and Ai.⁵⁵⁴ Together, they will reinstitute Ethiopia’s past greatness and will uplift black people. They have a salvific mission to fulfill, and their lives will always be protected. Ai also states that “[t]o us who are so blessed and singled out by the Trinity there is a sense of the supernatural always near us – others whom we cannot see, but whose influence is strong upon us in all the affairs of life” (142). Through these words, the prime minister highlights their exceptionality. In Ai’s opinion, Ethiopia will soon “[stretch] forth her hand unto God,” and he foretells the beginning of an immigration wave toward African shores, “so long bound in the chains of barbarism and idolatry” (143). When Reuel witnesses the performance of his companion’s supernatural powers, he looks at him “with a reverence that approached almost to worship” (145). He would like to know how his Harvard professors would react to this man’s peculiar abilities, and admits that in “the heart of Africa [there is] a knowledge of science that all the wealth and learning of modern times could not emulate” (145). The protagonist has finally become aware of Ethiopia’s worthiness and of all its

⁵⁵² *Ibid.*

⁵⁵³ The reader will discover that Candace is the reincarnation of Dianthe. The two women are similar, even though the former is described as a “venus in bronze.” Briggs, as Gordon Fraser explains in “Transnational Healing in Pauline Hopkins’s *Of One Blood; or, The Hidden Self*,” has not married two women. He “has married one – but he has fully embraced her more spiritually whole identity” (Fraser, p. 377). While Dianthe is considered the “embodiment of vulnerable and violated black life within the United States,” Queen Candace embodies “the pure and autonomous Afrotopia” (Jalondra Davis, p. 12).

⁵⁵⁴ Reuel discovers that Ai is a descendant of the Chaldeans, the ancient inhabitants of Babylonia, who were considered a wise and highly educated group of people. It is said that they were able to predict and interpret future events and dreams (See Jan P. Stronk. “Ancient History: Assyrians, Chaldeans, and Medes”). In *Of One Blood*, Ai is given an important role. Like the protagonist, he has a supernatural power: he can read past, present, and future events.

accomplishments. He compares its discoveries with modern science, which would never be able to imitate them. Reuel's comment implicitly asserts the prominence of African knowledge, and defies all those pseudoscientific theories that claimed blacks' ignorance. He specifically addresses his Harvard teachers, who work in a university which was at that time considered "the seat of the kind of [scientific] learning [Hopkins's] novel means to oppose."⁵⁵⁵

In the conclusion of the novel, the black medical student decides to stay in Ethiopia. There he "spends his days in teaching his people all that he has learned in years of contact with modern culture" (193). On one side, Briggs is influenced by his subjects' ancient teachings, and on the other Telassar's inhabitants learn something from his experience in the United States. Perhaps, he also exploits his medical knowledge to heal and to look after his citizens. Reuel, as maintained by Condit, "[establishes] the kingdom of God on earth,"⁵⁵⁶ and "[u]nited to Candace, his days glide peacefully by in good works" (193). The protagonist is "emotionally empowered by his new sense of self," and is "willing to accept responsibility not merely for himself, but for his community."⁵⁵⁷

The novel's ending is ambivalent and does not offer a clear resolution. It provides the reader with "an overwhelming sense of contingency, provisionality, and unknowability."⁵⁵⁸ Indeed, even though the hero is proud of his new role, there is something that torments him. He feels that "the shadows of great sins darken his life, and the memory of past joys is ever with him" (193). Additionally, even if he is far away from the wrongs and prejudices of American racist society, he watches "with serious apprehension the advance of mighty nations penetrating the dark, mysterious forests of his native land" (193). Reuel is "still emotionally bound to a horror-filled past,"⁵⁵⁹ and is worried about the future of his people. The young man is uncertain of Africans' fate, but he knows that "none save Omnipotence can solve the problem" (193). God is here envisioned as the ultimate judge, and "[c]aste prejudice, race pride, boundless wealth (...) are but puppets in His Hand" (193). He is the one that will prove his words: "Of one blood have I made all races of men" (193). This last biblical refrain reflects the confidence in a better future, where blacks will be considered equal to whites. Of course Reuel cannot forget his own struggles and the traumatic past of his people, but he can offer a solution through his 'messianic' service in Africa. According to Condit, the black doctor's implied project of racial uplift cannot be separated from African Americans' experience of loss, pain,

⁵⁵⁵ Martin Japtok, p. 411. In her introduction to the novel, Deborah E. McDowell makes clear that in setting *Of One Blood* in Boston, "Hopkins closed in on one of the nerve centers of the US cultural debate on "blood," bloodlines, and the roots of human family." (x) Moreover, McDowell explains that in the 19th century, Harvard University was especially known for its racist studies and for its pseudoscientific theories. For example, it was there that the racist biologist Louis Agassiz "became one of the leading spokesmen for polygenesis." (x)

⁵⁵⁶ Condit, p.10.

⁵⁵⁷ *Ibid.*

⁵⁵⁸ Gordon Fraser. "Transnational Healing in Pauline Hopkins's *Of One Blood; or, The Hidden Self*," p. 364.

⁵⁵⁹ Condit, p. 15.

shame, anger, and despair. Nonetheless, “by tempering such negative feelings with pride, hope, belonging, and love, a foundation can be established for motivating change.”⁵⁶⁰

The novel’s hero is also worried because he feels that he has a moral and social duty to fulfill. In accepting this role as Ethiopia’s new guide, Briggs confirms his willingness to do something concrete for his community. Hopkins, through the literary representation of a “messianic myth,” provided “a vision of hope for the future, tempered with an awareness of the present and of the past, a vision in which responsibility, action, and change are possible, if often painful and difficult.”⁵⁶¹ Even if there is not an ultimate personal and collective healing, and the threat of a new trauma is ever present, *Of One Blood* still offers a promise of African renaissance and a promise of a better future. The book provides its readers with “a rewriting of the past [that is] able to underpin a more stable, interconnected, and psychologically whole future.”⁵⁶² And given these premises, it is the figure of the black physician the one that will be assigned the important role to rewrite that past and change Africans’ destiny.

To conclude, in Hopkins’s serialized novel the black physician is presented as a positive and heroic figure. Just as in the previous two literary works, in *Of One Blood* this particular professional is seen as a utopian leader, whose mission is to support and improve the conditions of his people. His prestigious education and his medical knowledge allow him to occupy a significant position and to assume a prominent role within the plot. He could be identified as one of Du Bois’s Talented Tenth, whose high level of instruction and professionalism fit him as the perfect guide of the black ‘race.’ Reuel is an exemplary character defined by kindness, education and moral guidance.⁵⁶³ He could represent one of Hopkins’s self-made men, who often possess “natural intelligence, high ethical and moral standards, honor, determination, and self-reliance.”⁵⁶⁴ The author’s successful characters are also “esteemed for their social contributions, especially for their efforts to uplift the race;”⁵⁶⁵ they have “deep conviction, and [are] even willing to die for [their] cause.”⁵⁶⁶ The protagonist of *Of One Blood* embodies all these values: he is considered a genius among his medical community, he is self-confident, honest, honorable, and he has a natural propensity to help people.

Unlike Dr. Latimer in *Iola Leroy* and Dr. Warren in “Beryl Weston’s Ambition,” Briggs does not find a prominent social position in America. While the former work and try to uplift the black community in the South, the latter “emigrate[s] from the United States to fully realize [his] potential

⁵⁶⁰ Condit, p. 15.

⁵⁶¹ *Ibid.*

⁵⁶² Fraser, p. 370.

⁵⁶³ Alisha Knight. *Pauline Hopkins and the American Dream: An African American Writer's (Re)Visionary Gospel of Success*, p. xvii.

⁵⁶⁴ Knight, p. 23.

⁵⁶⁵ *Ibid.*, p. 22

⁵⁶⁶ *Ibid.*, p. 24.

for financial achievement and social progress.”⁵⁶⁷ Hopkins’s hero reaches prominence out of his country, and the “change in environment is significant in that it places [him] in the right locale to succeed.”⁵⁶⁸ Reuel’s mission as a black leader is more exceptional (and fantastical) than the one fulfilled by Latimer and Warren in the American South. Indeed, in this novel the protagonist is given a sort of ‘messianic’ role, which is undertaken in an African civilization, “existing both in the present and in the distant past.”⁵⁶⁹ The black doctor is here envisioned as a returning king and as Telassar’s new Messiah. He is portrayed as a Christ-like figure, and his very name evokes his religious and “kingly status.”⁵⁷⁰

In Telassar, Reuel does not meet a population of savages, as white society usually represented Africans. On the contrary, he encounters good people, who respect and pay homage to him from the very beginning. That isolated city is pictured as a utopian nation untouched by colonization, “one in which (...) artistry, mysticism, and science blend in a harmonious whole.”⁵⁷¹ A reality where there is neither hate nor racism; a site defined by kindness, high culture, high morals, and that constitutes a sort of shelter for the black hero.⁵⁷² It is in that perfect environment that the figure of the black physician will restore the past glories of the ancient kingdom, and will guide the African nation to the “true faith.”⁵⁷³ In Ethiopia, the protagonist manages to move “from the gloomy environment of his dank, third-rate boarding house to new, lush surroundings.”⁵⁷⁴ His journey into the heart of Africa is a “manifestation of his accomplishment of the gospel of success.”⁵⁷⁵ A “race travel”⁵⁷⁶ – as Fabi defines it – that “entails for [him] a movement into his own self, a movement intricately linked to his own racial awakening.”⁵⁷⁷

Reuel is different from the medical figures encountered in Harper’s novel and in Tillman’s novella. His knowledge is in fact characterized by two important dimensions: one is more scientific and the other is more linked to the occult. These two kinds of learning are apparently in contrast to

⁵⁶⁷ *Ibid.*, p. 53.

⁵⁶⁸ *Ibid.*, p. 69. Telassar is seen as the right place where the protagonist can achieve success because there there is no racial prejudice and Reuel can fully embrace his black identity. However, even though Hopkins represented a perfect and ideal African society in her novel, she did not intend to foster a future return to Africa. Rather, she wanted to create a new “awareness through the recovery of a largely discarded African heritage.” (Simone Francescato. “‘Nothing but a Feeling of Brotherhood’ The Interracial Question and the Return to Africa in Pauline Hopkins’s *Of One Blood*.” In *Recharting the Black Atlantic - Modern Cultures, Local Communities, Global Connections*, Oboe, Annalisa, and Anna, Scacchi, p. 338).

⁵⁶⁹ Fraser, p. 365.

⁵⁷⁰ Condit, p.6. Reuel, also known as Jethro or Hobab, is a biblical figure of the Old Testament. His name means “friend of God.” (See Britannica, The Editors of Encyclopaedia. “Jethro”. Encyclopedia Britannica, 13 Dec. 2017, www.britannica.com/biography/Jethro. Accessed 24 February 2021).

⁵⁷¹ Condit, p. 10.

⁵⁷² Knight, p. 70.

⁵⁷³ Condit, p. 10.

⁵⁷⁴ *Ibid.*, p. 14

⁵⁷⁵ Knight, p. 71.

⁵⁷⁶ M. Giulia Fabi. *Passing and the Rise of the African American Novel*, p. 47.

⁵⁷⁷ Knight, p. 71.

each other. On the one hand, the protagonist is influenced by his experience as a western-trained medical doctor, who studies and practices a profession that should be founded upon reason and logic. On the other, he is interested in mesmerism and in supernatural phenomena, which are often dismissed by the scientific community and are usually associated with unconventional methods and with popular tradition. This combination of a scientific and of a more spiritualistic knowledge, and the reliance on both rationality and mysticism, makes Reuel a unique character. His double interest reflects his double identity: the American and the African one. While his scientific knowledge is the result of his experience as a medical student at Harvard, his curiosity toward mysticism is the inheritance of his slave mother, who possessed mediumistic powers.⁵⁷⁸ The novel does not put in contrast but combines “Euro-American science and African spiritualism, offering different traditions (...) as the syncretizing meeting ground between the two civilizations.”⁵⁷⁹ It is the coexistence of these two distinct types of knowledge that allows the protagonist to be identified as a leader, who employs them to guide and educate his community.

Additionally, there is another factor that distinguishes Reuel Briggs from the previous two representations of the black physician, especially from Harper’s novel. Indeed, unlike Dr. Latimer, Hopkins’s hero does not directly challenge white physicians and their claimed superiority. In the first part of the novel – the one set in the United States – the protagonist passes for white and hides his true origins. When Livingston – who is identified as an oppressor and as the “representative of white, Western patriarchy”⁵⁸⁰ – wants to know Reuel’s opinion on the race question, the latter avoids the subject and does not attempt to defy his racist discourses. Only in Africa is he able to accept his past and to show his racial pride. He changes his mind once he discovers the prestige of Telassar’s civilization. In that place Reuel finally “adopts an identity that locates him in a unique relationship to [his] supernatural powers, an identity that will flower once he recognizes that this special relationship springs from his black heritage.”⁵⁸¹ Although he does not explicitly challenge white supremacy, he – like Dr. Latimer and Dr. Warren – is envisioned as the one that will lead, help, and collaborate with the black population. He somehow responds to Hopkins’s call “for African Americans to work cooperatively to ensure that the black individual and the black community achieve progress”⁵⁸² together. The black physician is thus depicted as a heroic figure whose final hope and new sense of belonging “outweigh the host of negative [and traumatic] emotions” that were still present in the United States after the abolition of slavery and “the less-than-successful efforts of Reconstruction.”⁵⁸³

⁵⁷⁸ Susan Gillman, p. 72.

⁵⁷⁹ *Ibid.*

⁵⁸⁰ Deborah Horvitz. “Hysteria and Trauma in Pauline Hopkins’ *Of One Blood; or, the Hidden Self*,” p. 246.

⁵⁸¹ Condit, p. 8.

⁵⁸² Knight, p. 13

⁵⁸³ Condit, p. 2.

5.5 Similar Representations of the Black Doctor

More than a decade after the publication of Hopkins' *Of One Blood*, the figure of the black physician appears in *Five Generations Hence* (1916), a novel by African American writer Lillian B. Jones Horace. This pre-Harlem Renaissance⁵⁸⁴ work shares some aspects with the previous literary texts. Firstly, the plot is similar to that of *Iola Leroy* and "Beryl Weston's Ambition:" it mainly focuses on a black heroine – Miss Grace Noble – an ambitious, kind, and respectable Texan schoolteacher that struggles to educate her people. The woman is depicted as one of the best representatives of African Americans, and her following encounter with the black doctor marks the beginning of a new married life devoted to the uplift of the black community. Secondly – like in *Of One Blood* – in *Five Generations Hence* the author employs the utopian genre to imagine an alternative society, and she envisions Africa as an ideal place of both present and future possibilities.⁵⁸⁵ More specifically, Horace adopts a "dual utopian project of emigration and female empowerment that defamiliarize[s] and challenge[s] the prevailing white supremacist and masculinist discourses of her time."⁵⁸⁶ Nevertheless, unlike Hopkins's novel, in *Five Generations Hence* the possibility of reaching an idealized African destination is only vaguely delineated.⁵⁸⁷ Thirdly, the setting is similar to the one encountered in the previous texts. Indeed, the novel opens in 1899, a period characterized by both the rise of black medical professionals and by "the institutionalization of segregation, economic subjugation, and political disfranchisement of African Americans."⁵⁸⁸

As regards the portrayal of the black physician, this character is only present in the book's final chapters, when an epidemic of meningitis hits the protagonist's town. Miss Noble meets Dr. Carl Warner while she is looking after her friend Pearlia, a little girl who is seriously ill. The sudden arrival of the physician is seen as a sort of miracle and brings back hope: the other doctors are all busy, there are no nearby hospitals, and he is the one that can "stamp out the deadly disease."⁵⁸⁹ Thanks to his expertise and delicate touch, his young patient survives. The black practitioner is here described as a reliable and responsible "man of good breeding" (78), a professional that speaks "with so much assurance" (75) and that always seems to know what to do. There is also a brief reference to his past life as a medical student. Carl "was not born with the proverbial silver spoon in his mouth" and had to study hard in order to get a degree (78). However, despite all the obstacles he encountered,

⁵⁸⁴ M. Giulia Fabi. "Of the Coming of Grace: African American Utopian Fiction, the Black Woman Intellectual, and Lillian B. Jones Horace's *Five Generations Hence*." *Recovering Five Generations Hence: The Life and Writing of Lillian Jones Horace*, p. 163.

⁵⁸⁵ *Ibid.*, p. 5.

⁵⁸⁶ *Ibid.*, p. 163.

⁵⁸⁷ *Ibid.*, p. 164.

⁵⁸⁸ *Ibid.*

⁵⁸⁹ Karen Kossie-Chernyshev and Lillian B. Horace. *Recovering Five Generations Hence: The Life and Writing of Lillian Jones Horace*, p. 74.

he “made it through (...) and today (...) he possesses a healthy bank account and keeps his mother, if not in luxury, surely in great comfort” (78).

Toward the end of the novel, Carl declares his feelings to the protagonist and they finally get married. They esteem each other, and Grace sees him as “her equal in everything” (94). The couple ultimately decides to stay in the South, where black people need their help. The two heroes – who embody the values of education, honesty, and self-sacrifice – are depicted as the future guides of the African American community. They are Du Bois’s Talented Tenth, who have the important mission to enhance the conditions of their people. Miss Noble’s new successful career as a professional writer and Dr. Warner’s prestigious occupation enable them to provide future generations of African Americans with two positive models to follow. Therefore, the representation of this medical professional is similar to that encountered in the three previous texts. Nevertheless, contrary to *Iola Leroy*, “Beryl Weston’s Ambition” and *Of One Blood*, in this novel the black physician is just a marginal figure. He does not play an active role and never gives voice to his ideas. He is somehow ‘overshadowed’ by the book’s heroine and his presence within the plot is reduced to a few scenes charged with romanticism. In *Five Generations Hence* Horace prefers to focus on “black female intellectualism,”⁵⁹⁰ and she articulates a “groundbreaking, rounded, complex portrayal of a black woman intellectual”⁵⁹¹ to express the need of a new African American female leadership. Through her educated characters, the author also emphasizes the relevance of formal education and she encourages all black men and women to follow their own interests and to see their own value.

In the 1920s the character of the black physician appears in Jessie Redmon Fauset’s *There is Confusion* (1924), a novel that explores the lives of Northern middle-class African Americans, a group of educated men and women that attempts to advance both socially and economically. The medical profession is here seen as an authoritative and prestigious job associated with “greatness,”⁵⁹² an occupation synonymous with determination, dedication, and perseverance. In this book the figure of the black doctor is represented by Peter Bye, the male protagonist of the story. The young man is depicted as a brilliant medical student and as an aspiring surgeon. Nevertheless, in spite of his talent, Peter is not ambitious and he is described as a “shiftless” boy, “not too proud, not very grateful and with no sense of responsibility” (30). His idleness and lack of aspiration are the result of his family’s influence, especially of his father’s disillusion and cynical vision of life. The latter – a frustrated man

⁵⁹⁰ Courtney Novosatt et al. *Spectacular Struggles: Utopian Whiteness, Black Resistance, and the National Imaginary in Nineteenth-Century America*, p. 236.

⁵⁹¹ M. Giulia Fabi. “Of the Coming of Grace: African American Utopian Fiction, the Black Woman Intellectual, and Lillian B. Jones Horace’s *Five Generations Hence*,” p. 167.

⁵⁹² Jessie Redmon Fauset. *There is Confusion* (1924), p. 23.

that did not manage to become a doctor – used to tell him about the “futility of labor and ambition” (25) and thought that “[f]ate favors [only] those whom she chooses” (26). Peter has also inherited his father’s bitterness and hatred toward white people. He “grew up with the feeling that he and his had been unusually badly treated” and that the “world owes [him] a living” (26). The boy does not really know what he wants to do, he is confused, and develops a sort of inferiority complex. The only person that tries to change his negative attitude is Joanna Marshall, the female protagonist of the novel. The girl – who wants to become a professional dancer – is obsessed with the idea of being somebody and she is “mightily interested in people who had a “purpose” in life” (11). She is the one that encourages him to attend medical school and she “drives Peter into a course of action which left to himself he would never pursue” (159). Joanna’s dream to achieve success influences Peter, who always wants to please her. The boy admires her “overwhelming ambition” (159) and almost worships her. He sees the girl as a model, and he lives up to all her desires and expectations. He does not want to disappoint her and tries to give his best in order to meet her standards.

Thus, Peter’s decision to study medicine is not given by a personal goal but by his willingness to seek the girl’s approval. In Philadelphia, the young man lives his most formative period and begins to appreciate what will be his future profession. However, even though he “had youth, he had inspiration, he had the promise of love (...)” (94), he also faces some obstacles. For instance, during his college years he has to struggle to make ends meet and sometimes he is a victim of racial injustices. Indeed, while one professor is fond of him and thinks that he has “[i]deal surgeon hands” (127) another teacher does not allow him to attend an operation in a white hospital. The clash with prejudice disheartens him and “dampen[s] his passion for medicine.”⁵⁹³ Peter momentarily quits medical school and thinks about the possibility to start a career as a jazz musician. Joanna does not accept his choice. She does not want “a husband who is just an ordinary accompanist” (128). She hates mediocrity, and she is unwilling to marry a weak man who is “less than she in any respect” (128). Joanna wants him to perform a profession that is appropriate for her, and she believes that that of the doctor is a distinguished and prestigious position. In her opinion, Peter should ignore injustices and fight for his dreams. For his part, the boy is sick of “college, [his] everlasting grind, [his] poverty, this confounded prejudice” (137). There is a “considerable confusion in his life” (159) and he constantly “feels the oppression of being in a predominantly white space.”⁵⁹⁴

Little by little Peter discovers himself and manages to find his place in the world. There are two fundamental encounters that make him change his mind and retrace his steps. When the racist Mrs. Lea – who hires his band to entertain her guests – discovers that he is the grandson of a former

⁵⁹³ Washella N. Turner. *Unity Or Dissension? African American Literary Perspectives on Twentieth-Century Interracial Organizations and Relations*, p. 25.

⁵⁹⁴ Washella N. Turner, p. 24.

slave, she notices that Peter is not that different from his ancestors: he still ‘serves’ whites, even if in a different way. The man immediately makes clear that he is not an entertainer but a medical student. Following the conversation with Lea, Peter decides to continue his studies: he wants to prove his worth and to show whites that he is not inferior to them. The second decisive moment is represented by the conversation Peter has with young Meriwether Bye, the descendant of the white Byes. The two men meet each other in France, during the First World War. They both exercise the medical profession and they both fight for their country. When Meriwether discovers Peter’s identity, he admits the mistakes of his racist family. He feels guilty and ashamed of his ancestors’ past as slaveholders. The man’s remorse astonishes Peter, who begins to “ease the long resentment of the years” (218). The white doctor’s following death is almost symbolical: through his sacrifice, Meriwether wants to pay his debt and to pass the baton to Peter, the last of the Byes who now has to replace him and “be the man that he would have been” (256). Thus, war becomes a “time of reconciliation” and “resolution of racial tensions.”⁵⁹⁵ Indeed, after the encounter with Meriwether, Peter returns to the United States as a completely different person. The white man “made [him] see life from an entirely different angle” and made him realize that “it was now [blacks’] turn to fight for freedom” (256). The young male protagonist undergoes “a complete metamorphosis” (264). He becomes more tolerant and develops a new sense of responsibility. He is determined to “get along with his fellow man,” and he “no longer proposed to let circumstances shape his career” (265). He now wants to “captain his ship,” “to be a successful surgeon, a responsible husband and father, self-reliant man” (265).

His new awareness and Joanna’s love guide him out of the confusion (257). Peter finally reaches maturity and realizes that if he wants to gain respect, he has to demonstrate his talent and his individual potential. He knows that he has the skills to become a doctor and he wants to prove his value. He ultimately learns that “[t]here comes a time where regardless of the limitations placed on them, being black can no longer be a hindrance or an excuse for not achieving their goals.”⁵⁹⁶ In this novel – unlike the previous literary texts – the black physician is not portrayed as the leader at the head of the African American community. Peter seems to be more interested in showing his skills and in proving himself worthy of Joanna’s love. His willingness to become a medical professional is more driven by a sort of personal redemption and by a desire to show that he is different from his inept father. Still, through this character Fauset wanted to represent “the rejection of racism and the personal triumph over whites who continue to impede black progress.”⁵⁹⁷ Peter Bye is the “living

⁵⁹⁵ Mary Jane Schenck. "Jessie Fauset: The Politics of Fulfillment vs. the Lost Generation," p. 110.

⁵⁹⁶ Christina Cruse et al. *Classism, Racism, and Identity Issues in Jessie Fauset's "Plum Bun: A Novel Without A Moral", "Comedy: American Style" and "There Is Confusion,"* p. 69.

⁵⁹⁷ Washella N. Turner, p. 26.

embodiment of the true modern spirit, his family's legacy, and the country's future."⁵⁹⁸ He is the "new figure of the American citizen: black, professional, young, (...) the quintessential New Negro male."⁵⁹⁹ Together with Joanna he reflects the hope and the trust placed in a younger generation of talented and educated African Americans.

⁵⁹⁸ Jane Kuenz. "The Face of America: Performing Race and Nation in Jessie Fauset's *There is Confusion*," p. 102.

⁵⁹⁹ *Ibid.*

CHAPTER 5

The Hope and Disenchantment of the Black Physician

5.1 Introduction

In this final chapter I will focus on the representation of the black physician in three novels: Charles Chesnutt's *The Marrow of Tradition* (1901), Walter White's *The Fire in the Flint* (1924) and George Schuyler's *Black No More* (1931). Although they belong to different genres and were published in distinct historical periods, they share aspects that distinguish them from the previous series of texts. These novels were all written by African American male authors, who had specific real-life doctors in mind when they built their characters.⁶⁰⁰ While the three female writers described the black physician as the triumphant leader and ideal guide of the African American community who defies any sort of hindrance, in these books the reader is provided with a less 'romanticized' and less 'optimistic' portrayal of this figure. Harper, Tillman, and Hopkins tended to highlight the exceptionality, the heroic and missionary role played by this character. On the contrary, in these novels the black doctor is more depicted as a victim of the American racist environment.

All the three physicians return to their hometown after studying abroad, and there they find different types of obstacles. In *The Marrow of Tradition* and *The Fire in the Flint* this figure has to fight against people's prejudice and suspicion firsthand, whereas in *Black No More* the physician encounters opposition after discovering an absurd scientific method that claims to eliminate racial differences. While in Chesnutt's and White's books the portrayal of this character is very similar, in Schuyler's satire this characterization is more complex and elusive. However, the three doctors have something in common. They all start their medical career filled with hope and idealistic zeal. They think that thanks to their medical expertise they will manage to help their African American community. Nonetheless, their naïve enthusiasm will soon be replaced by a sense of disillusion and by an intensified awareness of the racism that dominates the United States. In their novels, the three male authors did not sentimentalize the life and career of the black doctor. Rather, they portrayed him

⁶⁰⁰ Chesnutt might have been inspired by Dr. Alexander Augusta, a civil war veteran and teacher at Howard University. (Gretchen, Long. "Conjuring a Cure: Folk Healing and Modern Medicine in Charles Chesnutt's Fiction," p. 108.) White's Kenneth Harper was based upon the author's friend Dr. Louis Wright, chairman of the NAACP. (Kenneth R. Janken. "Civil Rights and Socializing in the Harlem Renaissance: Walter White and the Fictionalization of the 'New Negro' in Georgia," p. 822) As regards Schuyler, in an interview he affirmed that when he created the character of Dr. Crookman he had an actual Harlem doctor in mind. He did not say who this was, but given "his prominence and connection with the NAACP, [Louis] Wright is the likely candidate." (Jeffrey Ferguson and Judith E. Jacobson. *The Sage of Sugar Hill: George S. Schuyler and the Harlem Renaissance*, p. 285).

as a middle-class professional of high ideals that attempts to find a strategy to live in a segregated environment and that learns something from his experience. Through the perspective of this particular figure –a threat to white supremacy – and through the use of harsh, critical, and ironic tones, they showed their readers the reality of the country in the late nineteenth and early twentieth centuries. A reality where violence, prejudice and racial hatred are still present and prevailing.

5.2 The Black Doctor's Attempt to Overcome the Color Line in *The Marrow of Tradition*

In *The Marrow of Tradition* – an historical and racial protest novel published in 1901 – African American author Charles Chesnutt did not provide readers with a utopian portrayal of the black physician. The latter is envisioned as an important “agent of moral and cultural uplift and as a man who will improve the health of his people,”⁶⁰¹ but unlike the literary works I have discussed earlier, his representation is more realistic and more faithful to the experience made by black doctors in those years. In this novel the black physician faces a series of obstacles that question his seeming privileged position and social status. This figure is here embodied by Dr. Miller, who is one of the central characters of the story. While *Iola Leroy*, “Beryl Weston’s Ambition,” and *Of One Blood* end optimistically with the black doctor arriving in the South or deciding to go back and stay in Africa, this novel opens with a black practitioner heading South and “immediately encountering the ugly world of Southern racism.”⁶⁰² It is through Dr. Miller’s eyes that the reader understands the reality of late nineteenth-century America. His perspective enables us to see the conditions of black people and the “limitations imposed on black medical providers by all members of stratified white southern society.”⁶⁰³

The novel is set in the post-Reconstruction era, a period marked by oppression and deplorable health conditions that affected most black communities of Southern states. At that time, these people were in desperate need of college-educated black physicians, who could provide medical care and support them. As mentioned in the first chapter of this thesis, these black practitioners were often considered important leaders, but they also had to face many social, economic, and political barriers. This is precisely what happens in *The Marrow of Tradition*, where the task of the African American doctor is not as easy as the previously analyzed literary works imagined in their hopeful and “rosy

⁶⁰¹ Stephanie Browner. *Profound Science and Elegant Literature: Doctors in Nineteenth-Century U.S. Periodical Fiction*, 206.

⁶⁰² *Ibid.*

⁶⁰³ Patricia Spiegel and Jennifer Travis. *Melancholia, Medicine, and the Machine: Health and Healing in the Works of Charles W. Chesnutt, Jessie Redmon Fauset, Nella Larsen, and Kate Chopin*, p. 19.

endings.”⁶⁰⁴ According to Chesnutt, “cheery theories of race uplift ignore political realities,” while his novel, on the contrary, “traces the political education of a naïve physician.”⁶⁰⁵ The writer also shed light on how the increasing number and importance of black professionals was beginning to worry white supremacists and was resulting in “a measurable loss of white power.”⁶⁰⁶ Therefore, on the one hand Chesnutt’s character directly witnesses the profound question of racism and discrimination that pervaded the United States. On the other, he also challenges white prejudice and ‘violates’ the basic tenet that forbade black doctors to touch white bodies. Despite the author’s ‘unsweetened,’ critical and ruthless representation of reality, his depiction of Dr. Miller still symbolizes the accomplishments and successes obtained by black physicians at the turn of the century. The powerful weapon represented by his high education and his professionalism continue to defy and serve as a “response to [current] racist scientific theories of black degeneracy.”⁶⁰⁷

5.2.1 The Return to the South and the Clash With a Racist Reality

Dr. Miller’s name appears in the very first pages of the novel, which opens in medias res.⁶⁰⁸ During the conversation between Dr. Price and Mammy Jane, the latter tells him the story of her white mistress’s family. She particularly refers to Olivia Merrell’s black half-sister, Janet. The old nurse affirms that the girl was sent to a Northern school where she had the chance to study to become a teacher, and she later married William Miller, the son of a wealthy dockworker and a well-known black physician. After the marriage, the couple went to Europe and then returned to the South, where they opened a hospital and a school that trained black nurses.⁶⁰⁹ Price – the Carterets’ white family doctor – thinks that the man is a good practitioner and that he is doing a useful work for his people. Miller is thus described as a competent black professional, a characterization which is also shown in the second chapter of the novel, during Dodie’s (Olivia’s and Major Carteret’s newborn) Christening party. On that occasion, one of the guests – old Mr. Delamere – expresses his opinion on black people’s achievements after the end of slavery. He observes that despite their limited opportunities,

⁶⁰⁴ Browner, p. 206.

⁶⁰⁵ *Ibid.*

⁶⁰⁶ *Ibid.*, p. 207.

⁶⁰⁷ *Ibid.*, p. 209.

⁶⁰⁸ *The Marrow of Tradition* opens in the bedroom of Major Carteret and Olivia Merrell, who is about to give birth to her first child. The woman risks to die because due to a nervous shock she has to deliver her baby prematurely. Dr. Price assists her during the labor. In the library, the physician takes a break and talks to old Mammy Jane, who has been the mistress of Olivia’s mother and Olivia’s nurse when she was a child.

⁶⁰⁹ Like some African American physicians in the 1890s, Miller opened a training school for black nurses and was able to found a black hospital without the aid of white philanthropy. This aspect does not correspond to reality, as in the late 19th century most Southern black hospitals were founded by white philanthropists, who “filled a void in black medical care created by the increasing exclusion of blacks from institutions” (Danielson, p. 81).

African Americans “have done very well.”⁶¹⁰ He mentions William Miller’s honest family, and he refers to him as a “good doctor [who] stands well with his profession” (19). Furthermore, Delamere thinks that the hospital that the young man has founded can be seen as a positive accomplishment for African Americans, who now have more chances to get an adequate medical assistance.

Dr. Miller’s advanced education and dedication to black patients ascribe him to a prominent and leading position. Through his medical help, William enhances his people’s health conditions and through his school he promotes the fundamental value of instruction. His actions also represent a threat to white supremacists, who fear the advancement of African Americans and reject any kind of “negro domination” (24). Major Carteret is one of those racist men who do not accept to share their power with those that were not so long before considered their property. In his opinion, whites and blacks can live together, but only if the latter accept the former’s superiority. The racist Southerner refuses to recognize the equality between black and white people. To him, “the Negro is capable of a certain doglike fidelity,” which “fits him eminently for a servile career” (19). He thinks that the black’s unfitness is “due to his limited education, his lack of experience, his criminal tendencies, and more especially to his hopeless and physical inferiority to the white race” (22). The reader can immediately notice that his words reflect the content of late 19th-century pseudoscientific theories, which attempted to demonstrate blacks’ savagery and depravity.⁶¹¹ The man also believes that “young negroes are too self-assertive,” too spoiled, and that they “are not content with their station in life” (30). In some way he fears them, and he thinks that if they “overstep the mark,” white people will soon have to react (30). Carteret’s racist ideas are nonetheless deconstructed by Miller’s portrayal as an intelligent, hard-working, and expert professional man. His talent and experience will soon put into question and silence white Southerners’ false beliefs and racist principles. Miller “exemplifies the modern medical professional class,”⁶¹² and is also one of the main representatives of a younger and more educated generation of African Americans, whose new level of instruction and culture distinguishes them from an older generation of black Americans, the “relic of ante-bellum times”⁶¹³

⁶¹⁰ Charles W Chesnutt, and Werner Sollors. *The Marrow of Tradition: Authoritative Text, Contexts, Criticism*, New York: W.W. Norton & Co, 2012, p. 19. All the quotes from Chesnutt’s novel are taken from this edition and indicated within round brackets in the text.

⁶¹¹ Chesnutt’s fiction – and this novel in particular – proves the author’s “keen understanding of the pseudo-scientific writings on race that bolstered prejudice among white Americans” (Gretchen Long, “Conjuring a Cure: Folk Healing and Modern Medicine in Charles Chesnutt’s Fiction,” p. 97). The writer was interested in medicine, and he found in it “a fertile field to explore questions of race, compassion, difference and history.” (*Ibid.*,102) In *The Marrow of Tradition*, this interest in medical themes is evident from the word “marrow” in the novel’s title (*Ibid.*, 106).

⁶¹² Susan Danielson. “Charles Chesnutt’s Dilemma: Professional Ethics, Social Justice, and Domestic Feminism in *The Marrow of Tradition*,” p. 79.

⁶¹³ In this novel, African Americans’ generational conflict is mostly evident in the portrayal of Old Mammy Jane and the Carterets’ new nurse. The two women belong to two distinct generations, and their contrast is represented by their different type of knowledge. The old woman’s knowledge finds its roots in slavery and in folk medicine. From her first characterization in the novel, she is envisioned as a superstitious character, who uses alternative forms of healing and

(29). Therefore, from the opening chapters of the novel there emerges a sense of suspicion, worry and mistrust towards a younger and better educated generation of black Americans. A concern that will increase with the arrival of the black physician, whose medical knowledge and success will be seen as something problematic.

It is now interesting to focus on Miller's first appearance in the novel and on his characterization as a black doctor. The reader meets him on his journey south to Wellington, where he works and lives with his family. In a train car in Philadelphia William approaches Dr. Burns, his former mentor and a famous white surgeon. The narrative voice observes that the two acquaintances "represented very different and yet very similar types of manhood" (33). S(he) notices that "[l]ooking at these two men with the American eye, the differences would perhaps be the more striking, or at least the more immediately apparent, for the first was white and the second black" (33). Another visible contrast is given by their age, as Burns is perhaps fifty years old, while Miller is in his early thirties. However, despite their distinct physical traits, "both seemed from their faces and their manners to be men of culture and accustomed to the society of cultivated people" (33). In this short portrait of the two doctors, the narrator prefers to focus on their similarities rather than on their contrasts. S(he) also uses the means of irony to debunk racist discourses that tried to determine the biological and innate distinction between black and white people. Indeed, the narrative voice depicts Mr. Burns as "a fine type of Anglo-Saxon, as the term is used in speaking of our composite population," and refers to Miller as an intelligent and handsome 'mulatto,' whose "erect form, broad shoulders, clear eyes, fine teeth, and pleadingly moulded features showed nowhere any sign of that degradation which the pessimist so sadly maintains is the inevitable heritage of mixed races" (33). By using these words, the narrator explicitly criticizes and laughs at all those pseudoscientific theories that condemned race mixing and that thought that miscegenation would only create degenerate and ignorant people.

Following the physical description of the two characters, the reader discovers something more about their relation and about the black physician's life and professional career. In the past Burns and Miller had been teacher and pupil. The latter studied in the former's medical school in Philadelphia and used to attend his lectures. For his part, Burns "had been attracted by [William's] earnestness of purpose, his evident talent, and his excellent manners and fine physique" (34). Once again, the black physician is depicted as a capable and well-mannered man, whose determination and natural abilities enabled him to "[inherit] both health and prosperity" (33). Indeed, after graduating from medical

who believes in the power of spiritual signs. On the contrary, the young nurse is a girl who – like Dr. Miller – has received a more formal and scientific training that distances her from the peculiar methods used by the old conjure woman.

college William won an important scholarship, which allowed him to study abroad, in the hospitals of Vienna and Paris.⁶¹⁴ In Europe he spent “the two most delightful years of his life,” and thanks to his mentor’s influence he developed “his natural inclination toward operative surgery” (34). The narrator later refers to Miller’s origins and to his father’s struggles to provide his sons with a decent life, “in the proud hope that his children or his grandchildren might be gentlemen in the town where their ancestors had once been slaves” (34). With part of his father’s inheritance, William was able to open the already mentioned hospital and training school for nurses and doctors, to which he wanted to add a medical college and a school of pharmacy. Dr. Miller’s resoluteness is further strengthened by his decision to stay in the South. The protagonist initially wanted to leave his hometown and to move to the North, “where race antagonism was (...) at least less oppressive,” or to Europe, “where he had never found his color work to his disadvantage” (34). Nonetheless, he finally decided to stay in Wellington, where his people needed his support and his service as a black physician. He really wanted to help them, to enhance their health conditions, and through his institution he sought to “contribute to their uplifting” (34). As in *Iola Leroy* and “Beryl Weston’s Ambition,” the black physician is here envisioned as a man who has given up the possibility to live a quieter life in the North or abroad in order to help his community of blacks in the racist south. He is presented as a character full of hopes and expectations, who believes in a better future for his ‘race.’ Miller thinks that “it will take a great deal of learning of all kinds to leaven [the] lump,”⁶¹⁵ but at the same time he is sure that African Americans’ problem “[will] be well on the way toward solution” (34-35). This character can be seen as a leading figure or as one of Du Bois’s Talented Tenth, an intellectual who “could absorb the highest values and professional skills of Western culture and use those for the uplift and betterment of [his] race.”⁶¹⁶ However, he is also depicted as a naïve man of high ideals, who immediately has to face the sad and harsh reality of the American South. His high formation and the practice of an esteemed profession do not “automatically ensure his being accepted as a surgeon in white society,”⁶¹⁷ and do not exclude him from the experience of racial oppression, an aspect that is particularly evident during his train ride to Wellington.

Indeed, following the brief parenthesis on Dr. Miller’s life, the narrative voice focuses on the protagonist’s clash with Southern racist laws. While the two physicians are discussing the future of

⁶¹⁴ Such “an educational background,” explains Susan Danielson in her essay, “connects him to the latest scientific medical training, which would not have been available to white or black physicians educated in the United States in the 1890s.” (Danielson, p. 78.)

⁶¹⁵ There is no clear explanation of the meaning of the expression “to leaven the lump.” The lump might represent racism, a sort of mass that must be “leavened” through the instruction of black people. It could also reflect ignorance, which can be molded and transformed through the powerful means of education.

⁶¹⁶ John Wideman. “Charles W. Chesnutt: *The Marrow of Tradition*,” p. 131.

⁶¹⁷ Gretchen Long. “Conjuring a Cure: Folk Healing and Modern Medicine in Charles Chesnutt’s Fiction,” p. 109.

black people, the train stops at Richmond and a conductor suddenly enters the car. The latter wants to know whether Miller is travelling with Mr. Burns. He thinks that William is his servant, but the white physician immediately makes clear that the black gentleman is his friend. The train porter tells him that the “law of Virginia does not permit colored passengers to ride in the white cars,”⁶¹⁸ (36) and that the rule has a “strict impartiality [which] applies to both races alike (37). Burns is outraged, and tries in vain to find a solution. On the contrary, Miller accepts to move to the colored coach because “it is the law” and they “are powerless to resist it” (37). As a black man – the narrator explains – William must not “lose sight of his disability” and must always keep in mind that “between him and the rest of mankind not of his own color, there was by law a great gulf fixed” (38). Miller’s blackness is here compared to a sort of disability, a condition that limits his possibilities and that labels him as the *other*. He and Dr. Burns have many things in common: they are competent physicians, they are well-educated, well-dressed, and well-mannered but the different color of their skin creates a gap that cannot be overcome. The protagonist knows that his black origins will always constitute a problem and for this reason he does not try to fight against the injustice of being “branded and tagged and set apart from the best of mankind (...) like an unclean thing” (38). He shows his compliant behavior, since he does not want to “thrust himself upon the society of white people” (38).

In the Jim Crow car, William reflects upon his situation as a middle-class African American living in the segregated South. When he sees a black nurse and her mistress finding a place in the white car with no objection, he notices that white people never “object to the negro as a servant” (38). They only repudiate him when he is considered their professional equal. They exclude and alienate him because they do not want to admit to themselves that all their theories of African Americans’ inferiority are actually unfounded. Miller is conscious of the consequences that are related to his position as an educated black man, and “since he [wishes] to be happy, and [is] not exactly a fool, he [has] cultivated philosophy” (38). He has decided to stay away from the problems that can hinder his career. While Miller is philosophizing about his condition as a black professional, a group of African American farm laborers enters his car. They are described as “noisy, loquacious, happy, dirty, and malodorous” (38). Miller is initially amused by their presence: they “were his people, and he felt a certain expansive warmth toward them in spite of their oblivious shortcomings” (38). He feels a sense of compassion and affection towards this crowd of black workers, but at the same time he observes that “apart from the mere matter of racial sympathy, these people were just as offensive to him as to the whites in the other end of the car” (41). While looking at them, Miller meditates on the “black

⁶¹⁸ The legalization of racial segregation in 1896 and the controversial “separate but equal” doctrine, made Southern states’ separate-car laws constitutional.

man's incongruous [and frustrating] social situation."⁶¹⁹ He thinks that it is "a veritable bed of Procrustes,⁶²⁰ this standard which the whites had set for the negroes" (41). On the one hand, those who like him have been able to get above the standard and get themselves a decent education, "must have their heads cut off, figuratively speaking" and "must be forced back to the level assigned to their race" (41). On the other, those that instead "fell beneath the standard" and now live in a miserable condition, "had their necks stretched, literally enough, as the ghastly record in the daily papers gave conclusive evidence"⁶²¹ (41). Miller's comment focuses on his people's precarious situation, a remark that somehow foreshadows his ultimate disappointment. However, in spite of this pessimist and sad observation, the protagonist still has confidence in a better future for African Americans: "Was it not, after all, a wise provision of nature that had given to a race (...) a cheerfulness of spirit which enabled them to catch pleasure on the wing, and endure with equanimity the ills that seemed inevitable?" (41) He also adds that black people's "ability to live and thrive under adverse circumstances is the surest guaranty of the future" (41). Miller has not lost his hope and believes that his people will be the "race which at the last shall inherit the earth" (41). Moreover, he thinks that the "Negro was here before the Anglo-Saxon was evolved, and his thick lips and heavy-lidded eyes looked out from the inscrutable face of the Sphynx across the sands of Egypt while yet the ancestors of those who now oppress him were living in caves (...)"⁶²² (41). He considers that in the past his African people constituted an evolved, glorious, and advanced civilization, which could be recovered in his present.

In Wellington, Dr. Burns introduces Miller to Dr. Price and informs the latter that he has invited his former medical student to assist him in the operation of little Dodie Carteret, who has accidentally swallowed a piece of his rattle and needs surgery. He tells him that William was his favorite pupil and that he "is a credit to the profession" (42). Dr. Price agrees with his colleague and he also believes that Miller is a "capable man, and very much liked by the white physicians" (42). The protagonist is excited and is looking forward to assisting his mentor. He sees the operation as a great opportunity for his career, which might enable him to gain more notoriety and prestige among

⁶¹⁹ Andrews William L. "'Baxter's Procrustes': Some More Light on the Biographical Connection," p. 77.

⁶²⁰ Procrustes is a mythical figure who is said to have tied his victims to a bed "fitting them to its length by stretching them out or cutting off their legs." (See *The Marrow of Tradition*, footnote p. 41) The bed of Procrustes "has become proverbial for arbitrarily – and perhaps ruthlessly forcing someone or something to fit into an unnatural scheme or pattern." (See Britannica, The Editors of Encyclopaedia. "Procrustes". Encyclopedia Britannica, 4 Jan. 2011, www.britannica.com/topic/Procrustes. Accessed 4 March 2021.) The image of Procrustes's bed is here used as a metaphor to indicate all the limitations experienced by African Americans, whose progress and opportunities were always hindered by white society's decisions.

⁶²¹ This last remark is an evident reference to the racial climate of the Post-Reconstruction period. Miller here refers to the common Southern custom of hanging and lynching African Americans, a daily practice which was always reported in local newspapers.

⁶²² The protagonist's comment reflects contemporary 19th-century antiracist studies, which examined early African origins and stressed the importance of African people's various contributions to modern civilization and human progress. Miller's words also echo Pauline Hopkins's *Of One Blood*, where there is a similar representation of African past and heritage.

both the black and the white community. Miller's "affairs [are already] prosperous" (43) and his black fellow citizens consider him a trustworthy professional. When he opened his office in his hometown, his counterparts had welcomed him "with a cordiality generally frank, and in no case much reserved" (43). They did not see him as a threat and collaborated with him. After founding his own hospital, William was able to build up a practice, "but except in the case of some poor unfortunate whose pride had been lost in poverty or sin, no white patient had ever called upon him for treatment" (43). Most of his patients are black because the African American population of the city is large and requires his help. On the contrary, his white clientele is reduced to a few miserable people, who only consult him when they have no other solution and are in desperate need.⁶²³ By representing a "scientifically-trained physician's inability to provide quality care to any but the town's black and poorest white residents," Chesnutt shows the "results of racist ideology intended to block Negro uplift in the form of education, professional training, and social amalgamation."⁶²⁴ The protagonist would like to change this situation: he wants more white patients, and the operation of a Southerner's son would represent an important chance for his career. Miller is aware of his abilities and desires to make a name for himself because he knows that "white physicians were not unwilling to share this unprofitable practice with a colored doctor worthy of confidence" (43). He is proud of his job, he is a self-assured man, and the following words prove it: "He knew very well the measure of his powers (...) and was secretly conscious that in point of skill and knowledge he did not suffer by comparison with any other physician in the town" (43). William does not feel inferior to his white peers. Conversely, he believes that his high education allows him to compare himself with his colleagues and to receive "many kind words and other marks of appreciation" (43). He sees before him a brighter career and a precious collaboration with Wellington's white physicians. He believes that Dr. Burns's and Dr. Price's words of esteem and admiration "offered a further confirmation of his theory: having recognized his skill, the white people were now ready to take advantage of it" (43). Nevertheless, his hope to be acknowledged as whites' equal will soon be destroyed.

The second important moment in the novel that shows the protagonist's clash with the racist reality of the South is clearly represented in chapter seven, which opens with Dr. Price and Dr. Burns talking about their decision to let Miller assist Dodie's operation. The former is worried about the consequences of that choice and tries to convince the latter to withdraw his invitation. He – a liberal man like Burns – sees "no reason why a colored doctor might not operate upon a white male child," but he fears that the other old-fashioned physicians who will be present at the young patient's surgical

⁶²³ This reference to the reduced number of white patients reflects the reality of late 19th- and early 20th- century South.

⁶²⁴ Patricia Spiegel, and Jennifer Travis. *Melancholia, Medicine, and the Machine: Health and Healing in the Works of Charles W. Chesnutt, Jessie Redmon Fauset, Nella Larsen, and Kate Chopin*, p. 12.

operation “might not relish such an innovation”⁶²⁵ (44). He admires Dr. Miller’s talent, but cannot ignore the existence of the color line and of Southern traditions. He explains that Southerners are generally conservative and would never accept to be looked after or to collaborate with a black physician. He is also afraid of Carteret’s reaction, because he is aware of his “unrelenting hostility to anything that savored of recognition of the negro as the equal of white men” (45). The Major could never accept to see a black physician touch his beloved child. If William “were going as a servant, to hold a basin or a sponge, there would be no difficulty; but as a surgeon – well, he wouldn’t borrow trouble” (45). By letting him operate on his son would mean recognizing his skills and accepting that he is equal to his white counterparts. According to Dr. Burns, on the contrary, Mr. Price misjudges white people, and believes that they are more tolerant than he thinks. He has not changed his mind and is willing to take his responsibility. At Carteret’s house, they find the group of physicians that Dr. Price has invited for the occasion. They are all described as gentlemen of good social and professional standing, who “considered it a high privilege to witness so delicate an operation at the hands of so eminent a member of their profession” (45). The narrator here refers to Dr. Burns, the Philadelphian specialist who is about to perform the operation with the help of Miller. When Dodie’s father enters the room, he is introduced to the famous surgeon. He looks anxious, but his worry “lightened somewhat at sight of the array of talent present” (45). The Major knows the risks of the operation, but the presence of these practitioners gives him the “assurance of all the skill and care which science could afford” (45). In this particular section of the novel, Carteret’s thoughts reflect late 19th-century’s confidence in modern medicine, in the power and prestige of educated medical professionals.

All the doctors are ready but Miller has not arrived yet. While Dr. Price hopes that “a happy accident, or some imperative call” has detained him, Burns is instead worried about his delay (46). He does not want to begin the operation without him, and he makes it clear to the other group of physicians. At this point Carteret wants to know who Dr. Miller is. Burns tells him that he is a surgeon of unusual and excellent skill, and that although he is a black doctor, “one would never think of his color after knowing him well” (46). Dodie’s father immediately shows his disapproval. He explains that “in the South [they] do not call negro doctors to attend white patients,” and that he would never “permit a negro to enter [his] house upon such an errand” (46). Dr. Burns does not want to give up: he is the one that has invited Miller, and now he has to find a solution. He says that his “professional honor is involved,” and that it is “a matter of principle, which ought not to give way to a mere

⁶²⁵ The presence of Dr. Miller at Dodie’s operation is here seen as an “innovation,” since at that time the collaboration between black and white physicians was extremely rare if not nonexistent (See chapter one for more information).

prejudice” (46). He has asked for Miller’s help because of his unique talent as a surgeon, which has nothing to do with his skin color.

Dr. Price acts as a sort of mediator, and tries to make Mr. Burns understand the reason behind Carteret’s hostility toward Dr. Miller. He reiterates that the man has some prejudices and “certain inflexible rules of conduct by which he regulates his life” (46). In Price’s opinion this is not “a mere question of prejudice, or even of personal taste;” it is a “sacred principle, lying at the very root of [Southern] social order, involving the purity and prestige of the [Anglo-Saxon’s] race” (47). According to him, Dr. Burns cannot understand this attitude because he comes from a different background and lives in a different reality: “You Northern gentlemen do not quite appreciate our situation; if you lived here a year or two you would act as we do” (47). Nonetheless, his words do not convince the Northern doctor, who is still resolute in his decision to wait for Miller’s arrival and in his choice to “stand upon [his] professional rights” (47). As for Carteret, he finds himself at a crossroads. He has to decide as soon as possible, otherwise his son will die. He thinks that if “the negro’s presence were indispensable he would even submit to it, though in order to avoid so painful a necessity, he would rather humble himself to the Northern doctor” (47). The Major has to find a way of escape, and he finally tells Dr. Burns that there are other “vital, personal reasons, apart from Dr. Miller’s color, why his presence in [his] house would be distasteful” (47). He particularly refers to his wife Olivia, who would never let Miller – the husband of her despised step-sister – touch her beloved son. His is just an excuse: in fact, he does not want Miller to take part in the operation because he does not tolerate that a black person exercises a profession superior to his. Carteret ultimately convinces Dr. Burns, who decides to begin the operation without the help of the black physician, conscious that “if there is a personal question involved, that alters the situation” (48).

While the surgery is about to take place, Miller arrives at the Carterets’ and talks to Dr. Price, who meets him at the entrance of the surgical room. The latter has offered to tell William the truth, as he believes that Southern people understand the ‘negroes’ better than Northerners like Dr. Burns. He thinks that Miller will humbly accept their decision without complaint because he “knows the feeling of the white people,” and is used to it (48). However, once Price finds himself face to face with him, he wavers. He realizes that it “had been easy to theorize about the negro,” whereas now “it was more difficult to look this man in the eyes (...) and tell him the humiliating truth” (48). Miller is a good physician, and “at this moment he felt to be as essentially a gentleman as himself” (48). Price likes William and believes him to be “much of a gentleman for the town, in view of the restrictions with which he must inevitably be hampered” (48-49). The white doctor feels sorry for his colleague’s condition, and sees him as a victim. He considers him “a social misfit, an odd quantity, educated out

of his own class, with no possible hope of entrance into that above it” (49). If he were in his place, Price “would never have settled in the South – he would have moved to Europe (...) where questions of color were not regarded as vitally important” (49). In this short paragraph, Chesnutt criticizes Dr. Price’s sudden pietism, and he does it through an ironic comment: “There was something melancholy, to a cultivated mind, about a sensitive, educated man who happened to be off color” (49). The white character attempts to sympathize with Miller’s condition, but he will never be able to understand him fully because he is white, and he speaks from a powerful and privileged position. Price does not want to lie, “even to a negro” (49). His *noblesse oblige* forces him to tell him the truth because to “a man of his own caste, his word was his bond” (49). However, he finally tells Dr. Miller that Dodie’s condition got worse, and that the other physicians had to begin the operation sooner than expected. William is disappointed because he has lost his chance to prove his skill, but he knows “that in such cases danger might attend upon delay” (49). As he is leaving the house, one of Carteret’s servants tells him the truth, which leaves him with “a bad taste in the mouth” (50). Miller feels humiliated, and his feeling is emphasized by the following words: “The rebuff came with a corresponding shock. He had the heart of a man, the sensibilities of a cultivated gentleman; the one was sore, the other deeply wounded” (50). He realizes that his academic formation and medical competences will never be enough to gain whites’ respect. While Miller finds comfort in his wife, who thinks that her “unacknowledged relationship [with her sister] had been the malignant force which had given her husband pain, and defeated his honorable ambition,” in Carteret’s nursery everything is in “readiness – the knives, the basin, the sponge, the materials for dressing the wound – all the ghastly paraphernalia of vivisection” (50). Nevertheless, this time Dodie does not require surgery: Dr. Burns picks him up by his feet, slaps his back, and the child finally spits the rattle.

The episode at Carteret’s home is significant because it once again enables the protagonist to meditate upon his condition as a black American living in a racist reality. In this section of the novel, the author reveals and criticizes Miller’s naiveté. Both he and his former mentor directly face the oppression and prejudice of the South. Burns “accedes to local racist customs, joining the white southern doctors and Major Carteret in their exclusion of the non-white doctor.”⁶²⁶ While on the train he tried to oppose institutional racism, “his professional ethics as well as scientific objectivity are inadequate guides when he is confronted by personal bigotry.”⁶²⁷ As for the black physician, his “credentials, training, demeanor, and medical standing are forgotten in the wake of community traditions.”⁶²⁸ William really believed that his talent as a surgeon gave him the right to be recognized

⁶²⁶ Danielson, p. 79.

⁶²⁷ *Ibid.*

⁶²⁸ *Ibid.*, p. 79-80.

as an equal and to be accepted by the white medical community. His hope to create a strong alliance and a collaboration between black and white professionals is slowly crushing. That exclusion from the dominant medical society is now gradually giving space to his discouragement and to his disillusion.

5.2.2 Miller and the Encounter With Josh Green: Resistance or Obedience?

In spite of his anger and disappointment, Miller still believes in the peaceful coexistence between black and white people. He does not want to react to racial oppression and violence. On the contrary, he always tries to keep out of trouble and attempts to avoid a direct confrontation with the ‘dominant race.’ This submissive behavior is evident in chapter twelve, where the narrator focuses on the first encounter between the black physician and another relevant African American character, who is depicted as the protagonist’s very opposite. One morning, Miller receives a patient with a broken arm. He carefully examines him and wants to know how he broke his arm. He already knows the man, who has always had “a reputation for absolute fearlessness” (69). Josh Green – this is the name of the black patient – tells him that he got into one of his usual fights with a South American sailor who insulted him and called him with racist epithets. From his first characterization within the novel, the black stevedore is presented as a quick-tempered character who is unable to accept any sort of injustice. He firmly believes that “no man kin call [him] a damn’low-down nigger and keep on enjoyin’ good health right along” (69).

Dr. Miller warns him to be careful because he may “hit the wrong man one day” (69). He is convinced that his behavior will soon get him into trouble, as “[t]hese are bad times for bad negroes” (69). The black physician thinks that Josh should “endure a little injustice, rather than run the risk of a sudden and violent death” (69). These words denote the protagonist’s pacific and docile attitude. He knows that the African American population is the principal victim of unfairness and discrimination, but at the same time he does not want to risk his life for his ideals or for what is right. Conversely, Josh is unable to mask his hatred toward white people, especially toward those that ruined his life. He particularly refers to one specific event that traumatized him and destroyed his family.⁶²⁹ Green is depicted as a resentful and vengeful man. He has nothing to lose, and is willing to die in order to seek revenge. Following the reference to Josh’s past trauma, Miller reflects on “the continuity of life,” on “how inseparably the present is woven with the past, [and on] how certainly the future will be but the outcome of the present” (70). He knows that traumatic and painful events cannot be

⁶²⁹ When Josh was a child, the Ku Klux Klan came to his house and brutally killed his father; his mother survived but lost her mind. Josh – who at that time was only ten years old – witnessed the murder. He was also able to look at the face of the Klan’s leader (who happens to be Captain McBane), and made the promise to kill him one day.

completely forgotten, but he also “supposed [that] this old wound healed,” and that the “negroes were not a vindictive people” (70). He trusts African Americans, and he is sure that they will soon forget their “dark story” (70). Simultaneously, however, Miller knows that this injury is still bleeding, and that the “fruit of one tragedy [is] the seed of another” (71).

William does not accept Josh’s “application of the Mosaic law of revenge”⁶³⁰ (71). On the one hand, he admires his resolution and believes that when “his race reached the point where they would resent a wrong, there was hope that they might soon attain the stage where they would try, and if need be, die, to defend a right” (71). On the other, he admits to himself that he would never be able to die for a worthy cause, and does not think that revenge is the most viable solution to the ‘negro problem.’ He tries in vain to discourage him from “[carrying] out this dark and revengeful purpose,” and every “worthy consideration required him to dissuade his patient from such a desperate course” (71). Miller quotes the Bible and “offers a turn-of-the-other-cheek philosophy”⁶³¹ when he says that “we should ‘forgive our enemies (...) and do good to them that despitefully use us” (71). He is sure that Josh’s “revenge would do no good” and “would right no wrong” (72). Therefore, in this chapter there is a focus on the contrast between these two African American characters, a distinction which will be emphasized in the final part of the novel, during the Wellington riot. The reference to Miller and Josh Green’s first conversation is important because it shows the reader another aspect of the black physician’s attitude. It displays his benevolence, his reliance on the value of forgiveness, but it also reveals his unwillingness to use violence and to fight back against the injustice perpetrated on black Americans.

The protagonist’s naiveté and his clash with South’s intolerance and racial discrimination is also represented in another important episode of the book. One day, Mr. Watson – a well-known black lawyer –tells Miller that an innocent black man has been accused of murder and has been sentenced to death. There follows a discussion with Josh, who knows the man and is sure of his innocence. The author highlights the black physician’s unawareness of Southern racist laws and traditions. Indeed, the latter believes that they “ought not to lynch him, even if he committed a crime, (...) but still less if he didn’t” (113). This remark clearly reflects Miller’s unfamiliarity with the practice of lynching, a daily occurrence in the South and a form of execution that usually condemned black people with no sufficient proof. William seems unconscious of this brutal custom, probably because he has been abroad for a long time. He is no longer used to that type of violence, which he

⁶³⁰ The “Mosaic law of revenge” refers to the Exodus’ following words: “And if any mischief follow, then thou shalt give life for life, Eye for eye, tooth for tooth, hand for hand, foot for foot, Burning for burning, wound for wound, stripe for stripe.” (See *The Marrow of Tradition*, footnote p. 71).

⁶³¹ P. Jay Delmar. “The Moral Dilemma in Charles W. Chesnutt’s *The Marrow of Tradition*,” p. 270.

thought to belong to “a page of history which most people are glad to forget” (70). While Josh urges the other two to counterattack, Miller and Watson instead try to dissuade him from using violence.

When the black lawyer tells them that “[w]hite men with whom [he has] long been on friendly terms passed [him] without a word,” Miller finds the whole thing “profoundly discouraging” (115). His words reflect his disappointment and his sadness: “Try as we may to build up the race in the essentials of good citizenship and win the good opinion of the best people, some black scoundrel comes along, and by a single criminal act (...) neutralizes the effect of a whole year’s work” (115). The protagonist is here referring to the injustice perpetrated on black professional men, whose efforts to make themselves a good name in both the black and the white community can be suddenly destroyed by the crime of a single individual. Josh and Watson awaken William to the reality of the South: they make him realize that black men would not be lynched if they were white, and that the “whole machinery of the state is in the hands of white men” (115). Miller’s frustration increases when he and Watson try to find “some white men in the town who would stand for law and order” and defend the innocent man’s cause (116). The physician talks with his colleague Dr. Price, sure that he will help him. However, the latter does not want to meddle in black people’s affairs. He tells him that he has “too much respect for [his] profession to interfere in such a matter,” and thinks that William too “will accomplish nothing, and only lessen [his] own influence, by having anything to say” (116). Miller really believed in the collaboration with his white peers, but he now understands that their supposed friendship “dries up entirely when it strikes their prejudices” (117).

5.2.3 The Descent in the “Valley of Shadows”

The protagonist’s profession as a black physician does not enable him to be fully accepted by whites, and does not change their preconceived opinion on black people. Rather, his mastery of a knowledge that at that time saw African Americans as an inferior race represents an evident threat to whites’ authority, a menace that these latter attempt to prevent and destroy. This aspect is particularly evident on the eve of the riot, when the three conspirators – Major Carteret, Captain McBane and General Belmont – discuss the final act of their plan. The three Southerners want to limit black people’s power and progress. They talk about black professionals and mention the possibility of running them out of Wellington. All of them believe that there are “several negroes too many in this town,” and that it “will be much the better without them” (150). They also refer to Watson and Miller, who embody “a burgeoning professional class [that] instigates much of the white anxiety underpinning all southern relationships.”⁶³² As regards the black physician, the three supremacists

⁶³² Patricia Spiegel and Jennifer Travis. p. 22.

have different positions. On the one hand, General Belmont does not think that it is a good idea to interfere with him. In his opinion, Miller is a good person, who “doesn’t meddle with politics, nor tread on any one else’s toes” (151). He believes that the example of his father – who was a good and trustworthy citizen – “counts in his favor,” and that he is contributing to the prosperity of the black community thanks to the foundation of his hospital and of the nursing school (151). On the other, McBane thinks that Miller “sets a bad example” for black people, and that he will “make it all the harder to keep the rest of’ em down.” (151). According to him, the protagonist’s prestigious medical profession might be dangerous. William represents a role model for his black citizens, who see him as a sort of leader. His prominent position⁶³³ in his hometown constitutes a menace to white supremacy, a danger which is marked by McBane’s following words: “This is a white man’s country, and a white man’s city, and no nigger has any business here when a white man wants him gone” (151). Although Miller is a good surgeon who has managed to get a decent education and to establish a lucrative practice in the South, white people are unable to overlook his black origins. The same goes for white physicians, who recognize his competence and intelligence, but “cannot see past his race and treat him fully as a professional equal.”⁶³⁴ While he initially believed that his superior education and his profession entitled him to be treated differently from more ordinary people, Miller now has to come to terms with the truth and with the racist reality of his country.

In the last chapters of the novel, the reader witnesses the violence of the segregated South, and does it through the black physician’s direct gaze upon that ruthless reality. On his way back to Wellington, he sees “ahead of him half a dozen men and women approaching, with fear written in their faces, in every degree from apprehension to terror” (165). He is initially disoriented: he does not know what is going on, but he senses “a vague feeling of alarm” (165). He supposes “with this slumbering race consciousness which years of culture had not obliterated, that there was some race trouble on foot” (166). His assumption is not wrong: one of the black rebels tells him to be careful, as white citizens are rising against all African Americans, independently of their social status. He begs him not to go into town, but the young man wants to protect his family and rushes back to Wellington. Miller now seems more aware of the whole situation, and this new consciousness is highlighted by the narrator’s following intervention: “He knew the history of his country (...) and he was fully persuaded that to race prejudice, once roused, any horror was possible” (167). Suddenly, the protagonist meets his friend Watson on the road, who explains to him what is happening. The black lawyer does not think that white people “mean [William] any harm,” but he wants to warn him

⁶³³ The prestige and successful practice of the black physician is highlighted by the consistent number of black patients, his “hospital, and the diamond ring, and the carriage (...)” (Chesnutt, 151). All elements that at that time measured the prosperity of African American medical professionals.

⁶³⁴ Patricia Spiegel and Jennifer Travis, p. 34.

because he is “too valuable a man for the race to lose” (167). As a black physician, Miller is considered an important professional: he must be protected because Wellington’s black citizens need his medical help.

As the two friends are talking, Josh Green and a group of black rebels come down the road and address them. Josh is looking for a leader that can guide and help them to counterattack. Watson does not think that violence is the right solution. He considers that the “negroes (...) haven’t the arms, nor the moral courage, nor the leadership” to defeat whites (168). In his opinion, all African Americans should be patient and wait for the end of the uprising, as they “won’t gain anything by resistance” (169). He is sure that the “affair will blow over in a day or two,” and that “white people will be ashamed of themselves” the following day (169). Meanwhile, Miller reflects on Green’s proposal. For him that is an “agonizing moment” (169). He does not want to be labelled as a weak or coward person. Nevertheless, although a “manly instinct urged him to go forward and take up the cause of these leaderless people, and, if need be, to defend their lives and their rights with his own,” William does not see it as a reasonable choice (169). He finally refuses their “plea to accept the leadership role that is his by virtue of his professional standing within the community.”⁶³⁵ He does not want to risk his life and thinks that if he guides Josh and his group, the outcome will be the same: whites will kill them during the revolt, or they will hang them afterwards. The black physician tells Green that he would like to lead them, but if he “attempted it (...) [his] life would pay the forfeit” (169). He makes them know that if he dies, black people will no longer be able to rely on his support as a medical professional: “Alive, I may be of some use to you, and you are welcome to my life in that way (...). Dead, I should be a mere lump of carrion” (169). His statement somehow “reveals that his life is worth more than those of his compatriots, and fear, if not cowardice, provides the motive for his lack of action.”⁶³⁶ Miller thinks that his advice is not heroic but wise. African Americans cannot do anything to defeat racist Southerners, as they “stand in the position of a race, (...) without money and without friends” (169). The only thing that they can do is to be patient and wait for better times. The protagonist’s decision not to lead his community of black people distinguishes him from previous representations of the black physician, where this character is envisioned as African Americans’ hero and utopian guide. In this novel, on the contrary, the portrayal of the black doctor is more realistic and ‘human.’ Miller does not see himself as a heroic figure: he only wants to protect his life and his family from white oppression. He does not care about guiding the group of black

⁶³⁵ Danielson, p. 81-82.

⁶³⁶ Danielson, p. 82.

rebels because he thinks that retaliation is not the best answer to resolve the ‘race question;’ it is not the right ‘panacea’ that can heal the cancer of racism.

And yet, although he is “entirely convinced that he had acted wisely in declining to accompany them,” Miller is “conscious of a distinct feeling of shame and envy that he, too, did not feel impelled to throw away his life in a hopeless struggle” (170). He feels entrapped into a moral dilemma, but he finally decides to adopt a more “Washingtonian attitude,”⁶³⁷ which does not contemplate rebellion. He cannot waste any more time and must find his family as soon as possible. While he desperately rides his buggy through the city’s streets, Miller does not even stop to aid the casualties. Indeed, when he bumps into the body of a wounded man, he ignores him: his “professional instinct urged him to stop and offer aid to the sufferer,” but “the uncertainty concerning his wife and child proved a stronger motive and urged him resistlessly forward” (173). During his journey back to Wellington, the protagonist witnesses a climate of horror, death, and fear, and realizes that Watson and Green’s news was true. While he is looking at the town’s “gruesome spectacle,” he hears a familiar voice which orders him to halt and to get off his horse (172). Miller immediately recognizes the white man, who is a clerk in a store where he used to buy most of his family and hospital supplies. While before the outburst of the insurrection this man “emptied Miller’s pockets in the course of more or less legitimate trade” (172), he now searches him and his buggy, fearing that he carries weapons with him. The white clerk pretends not to know William, and treats him as if he was a criminal. The protagonist is no longer the respectable and estimable black doctor of Wellington’s community; he is now seen as a ‘nigger’ and as a ‘brute beast’ like all the other black citizens. The group of white men ignore his professional position and his social status. Nevertheless, they finally decide to let him go and warn him “to keep his hands out of this affair,” as from now on Wellington “will be a white man’s town” (172). This episode has a strong impact in Miller’s life, and it shapes his political education. Toward the end of the novel, the image of the optimist and hopeful black physician is replaced by a more disappointed and pessimist figure. Miller is here represented as a man who is “sick at heart,” who “could have wept with grief, even had the welfare of his own dear ones not been involved in this regrettable affair” (174). With “prophetic instinct,” he now foresees “the hatreds to which this day would give birth; the long years of constraint and distrust which would still further widen the breach between two peoples whom fate had thrown together in one community” (174). After his “literal and

⁶³⁷ As mentioned in chapter two, Booker T. Washington did not believe in the efficacy of black protests and rebellions. In his opinion, black people had to be patient and get a professional education, which was the only solution that could enable them to be accepted by the white community. In *The Marrow of Tradition*, Miller adopts the famous black thinker’s model of practical education, which “can slowly raise blacks to a position at which white society will be prone to accept them.” The protagonist “preaches passive reaction to white oppression until his goal of educational bootstrapping can be fulfilled” (Delmar, P. Jay, pp. 269-270).

symbolic descent” in the “Valley of Shadows,” Miller has “the bone-deep knowledge that men are either black or white and that nothing can occur between them that does not first take into account that dichotomy.”⁶³⁸ These words clearly highlight the protagonist’s disenchantment and discouragement. The black doctor now “holds little hope for constitutional protections or professional acceptance.”⁶³⁹ He has realized that the “color line cannot be transcended or avoided, not even by a black professional” like him.⁶⁴⁰

Meanwhile, whites’ revolution has turned into a “murderous riot,” and Josh Green is ready to counterattack (177). He and his group of armed men make their way to Dr. Miller’s hospital. They want to protect every African American institution, and are willing to risk their life in order to do that. Josh is here described as a heroic figure, a man that – contrary to the protagonist – has decided to take up the important role as a leader.⁶⁴¹ He is a brave and determined man, who does not fear death and “lives for the day when he can return violence for violence.”⁶⁴² That day has now come, and Josh faces white people with “reckless courage” (183). Black rebels seek refuge into the hospital, which is presented as a shelter and as a sort of fortress from which Josh and his group can defend themselves. As stated by Susan Danielson, the protection of Miller’s hospital “suggests that the black community supports modern science and the professionalism for which it stands.”⁶⁴³ Josh trusts Miller’s activity as a physician: he knows that his medical support is fundamental, and by protecting the medical center, he indirectly defends the protagonist himself. The black leader finally manages to kill McBane, but dies during the act. Chesnutt does not condemn his murder: even though God said “Vengeance is mine,” those that “do violence must expect to suffer violence.” (184) His heroic action is put in contrast with Miller, who has instead adopted a more pacific political stance. In this novel there is no exaltation of violence, but Josh’s death enables to awaken the protagonist and to make him understand the importance of acting and of fighting against injustice. Josh has sacrificed himself for his people: he has protected them and their institutions till the end. However, his efforts are insufficient and do not prevent the burning of Miller’s hospital.⁶⁴⁴ The Wellington riot ends with the sad image of the destruction of “the testament to the wedding of African American progress to science and medicine,”⁶⁴⁵ which is burned to the ground: “The flames soon completed their work, and this

⁶³⁸ John Wideman. “Charles W. Chesnutt: *The Marrow of Tradition*,” p. 133.

⁶³⁹ Long, “Conjuring a Cure: Folk Healing and Modern Medicine in Charles Chesnutt’s Fiction.” p. 109.

⁶⁴⁰ Browner, p. 211

⁶⁴¹ Josh’s leading position is also suggested by the meaning of his name, which evokes Joshua, a biblical figure who led the Israelites after Moses’s death.

⁶⁴² Delmar, p. 269.

⁶⁴³ Danielson, p. 81.

⁶⁴⁴ In her essay, Susan Danielson states that the burning of the hospital and the deaths of Josh and of his group of black rebels “foreshadow[s] Dr. Miller’s moral collapse in the face of white violence” (81).

⁶⁴⁵ Long, p. 111.

handsome structure, (...) the monument of [Miller's] philanthropy, a promise of good things for the future of the city, lay smouldering in ruins (...)”(184) Through this powerful image, Chesnutt seems to suggest that “racial hatred has triumphed, not only over civility and order, but over medicine as well.”⁶⁴⁶

5.2.4 Performing a ‘Social Surgery’ on a White Body

The riot has ruined Miller's life: it has resulted in the destruction of his hospital and in the death of his only son, who has been hit by a stray bullet. However, the protagonist does not seek revenge, not even when he directly confronts Major Carteret, one of the main perpetrators of the brutal revolt. The latter urgently needs the black physician's help. His son Dodie is severely ill and risks to die. Carteret turns to William because he is unable to find any white doctor: all of them have fled the town because of the riot. Drugstores are all closed, and nurses cannot do anything to soothe the child's pain. Dodie's condition gets worse by the hour. He needs surgery, and the only professional that can treat him is Dr. Miller. He is the only one in Wellington with expertise and with the tools to perform a tracheotomy. Initially, Carteret does not know what to do and thinks about the moment when he refused to admit William to his house. On that occasion, he “had acted in accordance with his lifelong beliefs,” but “the present situation was different” (188). He has to ask for his help if he wants his son to survive: “this was a case of imperative necessity, and every other interest or consideration must give way before the imminence of his child's peril” (188). He does not believe that William will reject his call, as “it would be too great an honor for a negro to decline” (188). In his appeal to the protagonist's “personal honor,” Carteret assumes the presence of a “racial hierarchy (...) in which a black man, no matter his status, would be honored to help a white man.”⁶⁴⁷ He is sure that his “professional ethics would require him to respond” (189). The white man also acknowledges that Miller is a person “of fine feeling, – for a negro, – and might easily have taken to heart the day's events” (189). In recognizing the black physician's medical skills, the white Southerner must momentarily abandon his prejudiced principles, including the belief that “forbids the recognition of the negro as a social equal.”⁶⁴⁸ By turning to the black surgeon, Carteret can no longer affirm that the “negro” must be limited “to that inferior condition for which nature had evidently designed him.”⁶⁴⁹

When Carteret arrives at Miller's home and begs him to operate on Dodie, the black physician is furious and overwhelmed with pain. He opens the door and shows him the lifeless body of his son. William holds the white Southerner responsible for his death. Miller does not want to leave his wife

⁶⁴⁶ Long, p. 107.

⁶⁴⁷ Danielson, p. 84.

⁶⁴⁸ Browner, p. 209.

⁶⁴⁹ *Ibid.*

alone, and refuses to look after Carteret's son. The newspaperman accepts the black doctor's choice. After all – the narrator intervenes – Carteret “possessed a narrow, but a logical mind, and except when confused or blinded by his prejudices, had always tried to be a just man” (190). He sympathizes with William: the latter has lost his only son, and his refusal to go with him “was pure, elemental justice” (190). For once, “the veil of race prejudice was rent in twain, and he saw things as they were, (...) saw clearly and convincingly that he had no standing [there], in the presence of death, in the home of this stricken family” (190). The Major cannot blame him; in his place he would have done the same thing. He also observes with “a certain involuntary admiration” Miller's power of decision: the man “held in his hands the power of life and death, and could use it, with strict justice, to avenge his own wrongs” (191). His medical expertise makes him indispensable and gives him authority and control. He is the only one that can save Dodie, but Carteret cannot change his mind.

The white man returns home and explains that the doctor will not look after the child “for a good reason” (191). His wife does not accept Miller's refusal. The woman rushes to Miller's house, determined to convince him to operate on Dodie. She implores the black physician to help them, but William seems resolute in his decision. The “work of [his] life is in ashes,” his child has been killed, and he does not want to save the son of a murderer. Olivia even throws herself at his feet, “at the feet of a negro (...)” (193). Miller is moved by her prayers, but “he had been more deeply injured” (193). The black doctor does not make the final choice: he asks his wife to decide for him, “relying on a personal and domestic rather than a professional creed to reach a decision.”⁶⁵⁰ The two step-sisters confront each other. When Janet refuses Olivia's request, the latter begs her to save her child, who “is [her] own near kin” (184). The white woman has ignored Janet her entire life and she has always despised her because she reminded her of her father's betrayal and of his affair with a black servant. And yet, she now recognizes their kinship and even calls her ‘sister.’ Olivia's tolerance and fondness are of course the result of her desperation. She does not really care about the Millers' loss. Her only interest in William and his wife “is in their capacity to save her son. Never does she acknowledge a need for racial justice”⁶⁵¹ and for blacks and whites' reconciliation. Nevertheless, by asking for the help of a black physician, both she and her husband have to accept his skills and to “question the fundamental basis of [their] white supremacy.”⁶⁵² As for Jane, she repudiates the bond with her sister, and she believes that Olivia and Carteret's racial prejudices make them equally responsible for the death of her son. However, she ultimately allows her husband to operate on the child. She can “still assert her (...) capacity for right feeling,”⁶⁵³ and her sympathy is evident from the following words:

⁶⁵⁰ Danielson, p. 85.

⁶⁵¹ *Ibid.*

⁶⁵² *Ibid.*

⁶⁵³ *Ibid.*, p. 87.

“But that you may know that a woman may be foully wronged, and yet may have a heart to feel, even for one who has injured her, you may have your child’s life, if my husband can save it” (195). In authorizing her husband to treat the child, Janet “renounces individual interests for the good of the community,”⁶⁵⁴ and she makes him understand that “true healing of the underlying racism that afflicts Dodie and Wellington can only take place under conditions of compassion and social justice, not in a context of violent racial hatred.”⁶⁵⁵

The novel ends with Dr. Miller entering Carteret’s house and asking whether the child is alive. William still has time to save Dodie. He is going to perform a “delicate operation” on the son of a white supremacist and riot agitator (188). His act will violate one of the most important principles of race relations, the tenet that “had been bred in the Southern white consciousness” and that stated that “the person of a white man was sacred from the touch of a negro” (180). While in the early part of the novel Dodie did not require surgery, now he needs it, and it is significant to observe that the one that will perform the medical procedure is a black physician. Miller will slit a white body, will suture it, and will try to heal it. He is the one that has the “power of judgment,” the one that will give the instructions and will guide the operation.⁶⁵⁶ By operating on a white child, the protagonist shows an authority “based on knowledge rather than violence,” and a “scientific power that was often denied black physicians by local medical societies and hospitals.”⁶⁵⁷ Miller will have to cut Dodie’s throat, a “medical touch” that will be “both violent and healing.”⁶⁵⁸ Indeed, surgery is one of the most difficult and delicate medical practices, a treatment that is also characterized by an element of violence. Miller could use his scalpel – “the symbol of advanced medical technique”⁶⁵⁹ – to seek revenge and kill the baby, but the novel seems to suggest that he will save him. The reader can imagine the black physician as he is approaching Dodie’s room: he is probably thinking about his poor son, who has been one of the many victims of racial hatred. He is desperate, disillusioned, and is now conscious that it will be difficult to overcome the color line and to live in harmony with white people. And yet, despite all the pain and suffering, William finally decides to rely on the ethical code of his profession: Dodie is as innocent as his son, and he cannot blame him for his father’s wrongs.

We do not know if Carteret’s baby will survive. The novel ends abruptly and the author invites the reader to make assumptions about the possible outcome of the operation. Miller’s surgical act is almost symbolic: Dodie’s sick body stands for “the white body politic [which] needs radical surgery,”

⁶⁵⁴ *Ibid.*, p. 77.

⁶⁵⁵ *Ibid.*, p. 87.

⁶⁵⁶ Browner, p. 211.

⁶⁵⁷ *Ibid.*

⁶⁵⁸ *Ibid.*, p. 212

⁶⁵⁹ Long, p.111.

and “the black doctor’s touch” is seen as something that “will be both violent and, perhaps, transformative.”⁶⁶⁰ This image also echoes Du Bois’s call for a “social surgery at once the delicatest and nicest in modern history.”⁶⁶¹ The operation that the African American thinker referred to is similar to the “one Dr. Miller will perform on Dodie, [which] negotiates past and future, anger and hope (...).”⁶⁶² According to the author of *The Souls of Black Folk*, surgery is a radical therapeutic, and the only solution that can maintain peace between blacks and whites. Its “precision cutting, careful splicing, and delicate suturing – is what it will take to for a black man to live next to a white man peacefully.”⁶⁶³ Through this image, Du Bois also wanted to express his confidence in black leaders, the only ones that can perform that social surgery and that can collaborate “with their white neighbors toward a larger, juster and fuller future.”⁶⁶⁴ However, his confidence in a future where black and white people live together and tolerate each other, does not really reflect in *The Marrow of Tradition*. Indeed, the very last sentence of the novel indicates that “the resolution of the dilemma has the appearance of a temporary truce;” the story “seems to stop, not end, and the reader is left with the uneasy feeling that something is not quite right.”⁶⁶⁵ Miller’s surgical act may be transformative and may result in a more pacific relationship with the Carterets and with Wellington’s white citizens. Nonetheless, the possible positive result of his operation will not offer a definitive resolution nor a clear remedy to the country’s ignorance and racial violence. Miller will have to react, to fight for equal civil rights and for social justice, as “[t]here’s time enough, but none to spare” (195).

5.3 A Call for Action and for Social Justice: The Black Doctor in *The Fire in the Flint*

Walter White’s⁶⁶⁶ *The Fire in the Flint* (1924) – is a more bitter and pessimistic revision of Chesnut’s novel.⁶⁶⁷ It traces the political education of its protagonist and concentrates on his progressive “fall from innocence.”⁶⁶⁸ The latter is a Northern-trained black physician who – like Dr. Miller – returns to his hometown in South Georgia full of hopes and optimism, but immediately has to face the segregationist reality of the South. By focusing on the character of the black doctor, the

⁶⁶⁰ Browner, p. 212

⁶⁶¹ *Ibid.*, p. 213.

⁶⁶² *Ibid.*

⁶⁶³ *Ibid.*, p. 182.

⁶⁶⁴ *Ibid.*, p. 213.

⁶⁶⁵ Delmar, p. 271.

⁶⁶⁶ Walter Francis White was an African American novelist and activist. He led the anti-lynching campaign launched by the NAACP for more than twenty years. His fair complexion enabled him to infiltrate Ku Klux Klan’s meetings during his lynching investigations. As regards his literary career, White is considered “a creative and journalistic writer of the Harlem Renaissance.” (Donald Jenkins, and SallyAnn H. Ferguson. *Playing by the Rules and Losing: The Merit Myth in Selected African American Fiction*, p. 69.)

⁶⁶⁷ Browner, p. 214.

⁶⁶⁸ *Ibid.*

author highlighted the relevance represented by his profession and by his medical knowledge, which challenged popular ‘scientific’ theories about the ‘Negro’ intellectual and moral inferiority.⁶⁶⁹ Through this figure, the writer also wanted to demonstrate that black practitioners’ superior education and professional status were not sufficient and did not completely exclude them from racism. As maintained by Browner, the book is the result of White’s activity as a civil rights activist and it also reflects his political work, “both as an infiltrator of white supremacist meetings and as an advocate for black physicians’ professional rights.”⁶⁷⁰ The writer was familiar with the racial conditions in the South and with the obstacles encountered by black professionals in the aftermath of World War One. This awareness is clearly reflected in this novel, where through the use of critical and harsh tones, White denounced the reality of the South in the 1920s, still dominated by prejudice and oppression. And thanks to the perspective of Kenneth Harper – this is the name of the black protagonist – the reader sees the difficulty in overcoming the color line and is provided with a possible resolution to the country’s race ills.

5.3.1 The Black Physician’s Accommodationist Strategy

The novel opens at the protagonist’s new medical office. He has just arrived in his hometown, the fictional Central City, and is ready to receive “the stream of patients he felt sure was coming.”⁶⁷¹ The man is excited, and a “smile of satisfaction” reflects his “inward contentment” (11). The reader soon discovers that he is a general practitioner and an aspiring surgeon, who has been working hard for eight years to fulfill his dream of becoming a successful doctor. He embodies the “ideal candidate for professional and material prosperity.”⁶⁷² While the young man is waiting for his patients, he lets “his mind wander over the long trail he had covered” (14). He thinks about the years spent at Atlanta University and about all those students that “had left comfortable homes and friends in the North to give their lives to the education of coloured boys and girls in Georgia” (14). He recalls them with a certain nostalgia: while at university his white friends used to treat him like “a human being,” in Central City “he had always been made to feel that because he was a “nigger” he was predestined to inferiority” (15). Nevertheless, that positive experience “made him realize that all white folks weren’t bad, that there were decent ones, after all” (15). Like Dr. Miller in Chesnut’s novel, Kenneth respects

⁶⁶⁹ By the time the novel was written, biological theories of racial differences were still present in the United States and still “gave credence and fueled existing prejudices.” These pseudoscientific principles persisted in popular thought and “influenced not just ideas about black people but how they were treated – or mistreated in life.” (M. N. Stein. *Measuring Manhood: Race and the Science of Masculinity, 1830-1934.*, p. 267.)

⁶⁷⁰ Browner, p. 214

⁶⁷¹ Walter White. *The Fire In the Flint*, New York: A. A. Knopf, 1924, *HathiTrust Digital Library*, p. 11. All the quotes from White’s novel are taken from this edition and indicated within round brackets in the text.

⁶⁷² Donald Jenkins and SallyAnn H. Ferguson. *Playing by the Rules and Losing: The Merit Myth in Selected African American Fiction*, p. 53.

whites and always minds his own business in order to keep out of trouble. He tries to follow the advice of his father, who once told him that “the best way to get along with white people [is] to stay away from them and let them alone as much as possible” (17).

Then, Dr. Harper reflects on the conditions of black people in the segregated South, who have to ride in Jim Crow Cars, cannot vote and are usually lynched for minor crimes. He is convinced that “only bad Negroes ever got lynched” (17). He believes that his position as a medical professional gives him a sort of protection and the right to be accepted by both the black and the white community. Kenneth refers to Booker T. Washington, who does not believe in the efficacy of resistance and of black protests. The latter thinks that all black people should get a trade or a profession, and that those “who were always howling about rights were wrong” (17). The young physician shares the famous thinker’s accommodationist ideas. In his opinion, blacks must avoid problems, and he is sure that “the ballot and all the other things now denied them would come” (17-18). If they are patient and compliant, white people will “see that the Negro was deserving of those rights and privileges” (18). He also thinks that only if they get a decent education and make themselves a good name, will African Americans be able to achieve racial uplift and find a solution to the ‘race question.’ Kenneth wants to build a reputation and be recognized by his community. He is proud of himself and of all his achievements. He later refers to his graduation at the medical college, to the prestigious internship at Bellevue hospital and to his service as the first lieutenant in the medical corps during the First World War.⁶⁷³ The protagonist’s reminiscences allow the reader to learn something more about his life and about his brilliant career as a young black medical professional. All his experiences have led him to Central City, the town where he was born. Now he wants to make money, to specialize in surgery, and to open a sanitarium. He is optimist, filled with idealistic zeal and hopes to reach success.

Kenneth’s “retrospection and day-dreams” (20) are suddenly interrupted by the arrival of his younger brother. The doctor tells him that he is waiting for his patients, and goes on “talking enthusiastically of the castles in the air he had been building (...)” (20). The fact that the narrator refers to the protagonist as someone that builds castles in the air is in keeping with his characterization as an idealist and dreamy man. Dr. Harper tells Bob about his future plans, but the latter is not listening to him. He shares “none of the atmosphere’s lazy contentment,” and listens to “Kenneth’s rhapsodies with what was almost a grimace of distaste” (21). From their first conversation, Bob is presented as the leading character’s very opposite. On the one hand, Kenneth is described as a naïve and

⁶⁷³ As explained in chapter one, this event allowed some black physicians to prove their value and to show a positive image to their people. The African American doctors that served the nation were often welcomed in triumph by their fellow citizens, who saw them as their future leaders. Kenneth is one of those black doctors that joined the war and that served the United States with honor and courage.

excessively optimistic person. He is ambitious and his life is completely devoted to study and to his career. He has a “philosophic turn of mind,” and always “forget[s] himself in his work, and when that was finished, in his books” (22). He is “the natural pacifist” and “never bothered trouble until trouble bothered him” (24). On the other hand, Bob is “the natural rebel,” and “revolt was part of his creed” (24). He is a more realistic and hot-tempered person. He is “of a highly sensitized nature, more analytical of mind, more easily roused to passion and anger” (22). Contrary to Kenneth, Bob hates white people and always shows his hostility toward them. When their father died, he had to abandon his studies and return to Central City. There, he had to administer his parents’ estate, and had “come in contact with all the chicanery, the petty thievery (...) that only petty minds can devise” (22). That experience embittered him and increased his anger. Even though Kenneth was their father’s favorite son, Bob has never been jealous of him. On the contrary, he makes fun of his naiveté and wants to awaken him to the reality of the South.

While Kenneth is enthusiastically talking about his future projects, Bob interrupts him. He wants to know why he has come back to Central City. If he had been in his place, he would have made a different choice. In the North, the protagonist had more possibilities and could live in a place “where you don’t have to be afraid of getting into trouble with Crackers all the time” (24). Kenneth laughs at his brother’s observation and tells him that he has returned to the South because he is sure that he “can make more money here than anywhere else,” and “build up a big practice” (24-25). Like Dr. Miller in *The Marrow of Tradition*, Kenneth wanted to come home both for himself and for his black community, which needed his medical help.⁶⁷⁴ He is completely unaware of the political and social situation in the South, and Bob tries to make him understand that “the way things were (...) are a lot different from the way they are now” (25). Kenneth has been away for nine years, and is no longer used to the oppressive reality of South Georgia. He believes that Bob is exaggerated and too pessimistic. According to him, some whites want black people to succeed, and “aren’t going to let any decent coloured man be bothered” (27). The young physician is self-confident and does not doubt his skills. Conversely, Bob thinks that his brother’s superior education may constitute a problem, as most whites do not accept to see intelligent and prosperous black people. Both the rich and the poor citizens of Central City despise ‘negroes,’ especially those that have been able to get a decent education and profession.

Following the conversation that clearly marks the differences between the two brothers, Kenneth discovers the reality of his hometown, dominated by prejudice, ignorance, poverty, and

⁶⁷⁴ As specified in the second chapter, the population of Central City “was between eight and ten thousand, of which some four thousand were Negroes” (32). At that time there were not many black doctors in the South, and this may be one of the reasons why the protagonist has decided to return to his hometown.

degradation.⁶⁷⁵ It is a “rude shock” to him when he begins to see “these things through an entirely different pair of eyes than those with which he had viewed them before he left Central City for the North” (41). He now witnesses the “sordidness, the blatant vulgarity, the viciousness” of the place, which “appalled and sickened him” (41). He is disgusted by all that misery, but tries to ignore and dismiss “the whole affair from his mind” (41). He is still convinced that “the best thing for [him] to do is to stick to [his] own business and let other people’s morals alone” (41). He pretends not to notice the situation that surrounds him, and spends most of his days in his office. When “work grew wearisome or when memories would not down” (44), Harper seeks refuge in literature. He likes reading philosophical works and all those novels that enable him to fantasize and escape real life. He particularly admires Du Bois’s writings, although he reads them “with a curious sort of detachment,” as if they were something that affected him “in a more or less remote way” (46). He respects the thinker’s ideas and his theories against race prejudice, but he does not share his appeals to black protests. Even if the ‘negro question’ is close to him, Kenneth – like Dr. Miller – shows a more pacific and philosophic attitude. He is conscious of all the annoyances and obstacles encountered by his people, but these constitute a “thing which had always been and probably would be for all time to come” (47). The protagonist does not seem to be interested in guiding his community. He has an individualistic vision, which is evident from the following statement: “Better it was for him if he attended to his own individual problems, (...) and left to those who chose to do it the agitation for the betterment of things in general” (47).

Despite his optimistic view of life, the black physician has to face some obstacles that disappoint him. The first difficulty is represented by the limited number of clients. Indeed, Kenneth soon finds that “the flood of patients did not come as he had hoped” (48). The black citizens of Central City do not want to consult him because they are skeptical, and they generally do not trust the ability of black physicians. They believe that “no Negro doctor, however talented, was quite as good as a white one” (48). These people are suspicious of the ability and competence of African American medical practitioners because these latter perform a practice that traditionally belonged to whites.⁶⁷⁶ This mistrust is the product of a slave mentality and the narrator affirms that it is “the greatest handicap from which the Negro suffers, destroying as it does that confidence in his own ability which would enable him to meet without fear or apology the test of modern competition” (48). The general diffidence toward Dr. Harper’s practice is also given by his young age. Black people do not want him

⁶⁷⁵ The whole second chapter is dedicated to the realist and almost naturalist description of Central City, which is presented as a typical Southern town, “reasonably rich (...) in money and lands and cotton – amazingly ignorant in the finer things of life,” like culture and education. (39)

⁶⁷⁶ The novel’s reference to the difficulty in finding black patients reflects the reality encountered by the first black physicians who opened their medical practice in Southern states (See chapter one).

to treat them when they are sick because they believe him to be inexperienced. Furthermore, the town's black citizens do not have confidence in doctors of their own 'race' because of the incompetence of Dr. Williams, the other African American physician in Central City. The latter is described as a pompous and arrogant middle-aged man who believes that his position gives him authority. Like Harper, he avoids trouble and his "bows to white people were twice as low and obsequious as to those of darker skin" (50). Williams belongs to the "old school" and "moved on the theory that when he graduated some eighteen years before (...), the development of medical knowledge had stopped" (49). He practices what Thomas J. Ward defines "Grandpap medicine"⁶⁷⁷: he does not keep himself updated with the new scientific discoveries in the medical field and continues to use his obsolete methods and remedies. He treats minor ailments and when his patients have more serious illnesses or require surgery, he addresses Dr. Bennett, the city's white physician. It is Williams's ineptitude the factor that increases people's skepticism toward black professionals and affects the protagonist himself, who has instead received a more professional and modern type of education.

Both doctors represent an obstacle to the protagonist's practice. Kenneth has a lot of spare time and that discourages him. However, one day he has the chance to look after Mrs. Bradley, a black woman who has a strange stomach-ache. When he arrives at her house, Harper meets Dr. Bennet. The latter is happy to see him, and expects the young man to help him "treat these niggers for colic or when they get carved up in a crap game" (53). Just like Dr. Williams, Harper will have to treat minor diseases and leave the most serious cases to the 'expert' hands of a white physician. Bennett also warns him to be careful and to follow his father's example if he wants to "keep the white folks' friendship" (53). He hopes that Kenneth "ain't got none of them No'then ideas 'bout social equality" (53), and that he will not meddle in white affairs. Following their brief conversation, Dr. Bennett tells Mrs. Bradley's husband to give her some pills and then he takes his leave. Kenneth carefully examines the suffering woman and his thoughtful silence echoes Foucault's concept of the modern physician's medical gaze. He pays attention to all her symptoms, which point to an attack of acute appendicitis. The protagonist thinks that the woman needs urgent surgery, otherwise she will die. However, he does not have the authorization to operate, and for this reason he asks for Dr. Bennett's help. The latter refuses to assist him: he is mad at Kenneth because he has questioned his medical knowledge and expertise. While he believes that Mrs. Bradley has a simple bellyache, Harper thinks that the woman's life is at risk. The white physician cannot accept to be humiliated in that way, and he "wa'n't goin' to let no young nigger doctor tell him his bus'ness" (56).

⁶⁷⁷ Thomas Ward, p. 106.

Kenneth finally decides to operate on Mrs. Bradley in his office. He is both worried and “jubilant at securing his first surgical case since his return to Central City” (57). He does not perform the surgery alone: he needs the support of Dr. Williams, who will give the anaesthesia. Dr. Harper has no other choice and must wait for his arrival, “for he knew no white doctor would assist a Negro surgeon or even operate with a coloured assistant” (57). Nevertheless, the “old fossil” – this is how the protagonist calls the other black doctor – does not want to assist him. He – “*the* coloured physician of Central City,” could never accept to collaborate with a young and seemingly inexpert practitioner (58). In this passage the clash between an older and younger generation of medical figures is evident. Williams is too proud to recognize the protagonist’s talent and thinks that he is the only competent black doctor in the city. He does not want to be the assistant of a young physician whose experience cannot be compared with his. Harper threatens him: if the old man does not help him, he is going to reveal what he has done. Williams does not stand the insolent behavior of that “whippersnapper just out of school” (60), but at the same time he cannot risk to ruin his career, and he finally agrees to aid him. Kenneth operates on the woman with concentration and dexterity. With “sure, deft strokes” and with a delicate touch, he makes an incision and removes the appendix (60).

Kenneth has saved Mrs. Bradley’s life, and thanks to the positive outcome of his first operation, he is able to attract more patients and to build up a profitable practice. Nevertheless, the two other doctors see his new success with bitterness and envy. Williams – of a “petty and vindictive nature” – feels humiliated and waits for the perfect moment to punish “the upstart who had so presumptuously insulted and belittled him” (61). Dr. Bennett, on the other hand, sees him as a rival, but he will never admit it to himself. When Kenneth takes the bottle containing the woman’s appendix to the white physician “to show that worthy that he had been right,” the latter does not congratulate him (61). Bennett also finds an excuse to justify his wrong diagnosis. Indeed, he believes that ‘negroes’ do not have ‘natural’ diseases like white people, and thinks that his incorrect identification of Mrs. Bradley’s illness is given by African Americans’ animal-like characteristics, which often prevent white doctors from understanding the real cause of their ailments. Thus, Bennett resorts to pseudoscientific theories and discourses because he does not want to acknowledge the black physician’s talent and skills. His racist discourses make Harper realize “that in spite of the superiority of his medical training to that of Dr. Bennett’s, the latter did not recognize him as a qualified physician, but only as a ‘nigger doctor’” (62). He learns that the color of his skin will always be seen as a sort of stigma, a hindrance to his desire to be recognized as whites’ equal. The protagonist is slowly becoming aware of the harsh reality of the South, where all blacks – independently of their social status – are treated as inferior and ignorant people.

In the months that follow Mrs. Bradley's operation, Harper has become a successful physician. Like his colleague Dr. Williams, he treats minor ailments and venereal diseases. He is proud of his activity, but he "longed to reach the time when he could give up his general practice and devote his time to surgery" (63). The protagonist is ambitious and determined to climb the ladder. One day, Roy Ewing – one of the most prominent white citizens of Central City – consults Dr. Harper because he has contracted a sexually transmitted infection.⁶⁷⁸ The man asks for his help because he does not want his friend Bennett to discover his embarrassing problem. He is ashamed and is sure that the black physician will keep his secret. Kenneth initially looks at him in amazement, but he "knew too much of the ways of the South (...) to make any comment or let too much of what was going on in his mind show on his face" (64). He now begins "to see more clearly that his was going to be a difficult course to pursue." (65). Kenneth is thus introduced to "one part of the work of a coloured physician in the South" (64): the clandestine treatment of white patients. He knows that Mr. Ewing has not turned to him – a black doctor – because he deems him more talented and more expert than Dr. Bennett; he has addressed him only for a matter of privacy. He also understands that if he wants to establish a "peaceful coexistence with white people, he has to limit himself to the treatment of poor patients and to whites with venereal diseases. That restriction is "tantamount to limiting his economic and social mobility."⁶⁷⁹

5.3.2 Kenneth's Racial Consciousness and New Leading Position

The protagonist's naiveté and passive attitude are once again highlighted by his brother, who thinks that Kenneth pretends not to see the reality of the South, where black men and women are constantly harassed or lynched with no proof. For his part, the young doctor does not tolerate Bob's cynicism. In the latter's opinion, there is no clear resolution to the race problem, which "will be here long after [they] are dead and gone" (66). Bob believes that "the reason why things are as bad as they are is just because the majority of Negroes are like [Kenneth] – always dodging anything that may make them unpopular with white folks" (66). The protagonist would like to build up a pacific coexistence between blacks and whites, but his hope slowly vanishes when he talks with Mr. Ewing. Kenneth believes him to be a good man and thinks that he and other decent whites will help blacks to come out against lynching and against black women's harassment. Nevertheless, Roy does not want to be labelled as a "nigger-lover" (70), otherwise he will ruin his business. He esteems the black doctor and needs his private medical care, but he also knows that if he supports him and the African

⁶⁷⁸ As explained in the social-historical chapter, in some Southern states white people consulted black practitioners. They turned to them if they could not afford to pay a white doctor or if they wanted to conceal an embarrassing infection, like a venereal disease.

⁶⁷⁹ Donald Jenkins and SallyAnn H. Ferguson. *Playing by the Rules and Losing: The Merit Myth in Selected African American Fiction*, p. 73.

American community, he will destroy his reputation. He warns Dr. Harper to stay away from risky matters, or he will get into trouble. Suddenly, Harper realizes that the “whole situation seemed so vast, so sinister, so monstrous (...)” (72). He gradually becomes conscious of his condition: “Here I am (...) with the best education money can buy. And yet Roy Ewing, who hasn’t been any further than high school, tells me I’d better submit to all this without protest” (72). He understands that Bob is right and that something must be done. He is beginning to “comprehend the delicate position a Negro always occupies in places like Central City – in fact, throughout the South” (73). Kenneth is now aware of one fixed and immutable factor: “the more intelligent and prosperous the Negro and the more ignorant and poor the white man, the graver the danger,” because in the latter’s mind there are “jealousy and ignorance and stupidity and abject fear of the educated and successful Negro” (74). In the days that follow his conversation with Ewing, the protagonist attempts to find a possible solution to the ‘race question.’ He thinks about the power of religion, which has always been a “guide and refuge of the fathers and mothers (...) through the dark days of slavery” (90). In his opinion, the Church should “attract more intelligent and able young men of his race,” new Moses figures that could “offer a solace as effective to enable these people of his to bear the burdens that lay so heavily upon them” (91). For the first time the black physician momentarily abandons his individual problems and reflects on the condition of his black community, which needs the help of a leader that is able support and uplift them.

Kenneth continues to “attend to his own business” (93), but his work cannot always protect him from Southern violence and racism. Indeed, one day he finds himself in the middle of a sordid affair that shocks him. After trying to relieve the pain of Bud Ware, a black man who has been shot by a white supremacist, the protagonist goes to report the murder to the county health commissioner. He tells him the cause of Bud’s death and he also reveals the name of his murderer. The policeman rejects his report and warns him never to denounce a white man killing a ‘nigger’ again. He tells him that he had better keep his mouth shut or he will get into trouble. At that moment, the young doctor realizes that he has made a mistake: even though he “had determined to stay out of reach of the long arms of the octopus they called the race problem (...) he felt himself slowly being drawn into its insidious embrace” (98). He realizes that his position as a black doctor – a profession that he has always associated with prestige, fame, and protection – does not prevent him from encountering obstacles and from experiencing racial oppression. He now clearly sees that “the theory he had had that success would give a Negro immunity from persecution” is false (74).

Kenneth is afraid and wants to tell someone what happened. He finds comfort in a black clergyman, Mr. Wilson. The latter explains to him how to keep away from trouble. The priest has

been living in the South his entire life, and perfectly knows how it is to live and work in that reality. He refers to his personal experience as an educated black man and makes Harper understand that “the Negro in the South had many things in common with the chameleon – he had to be able to change his colour figuratively to suit the environment of the South in order to be allowed to stay alive” (108). Wilson himself has learnt to conceal his intelligence and his true capabilities before his black congregation and before Central City’s white citizens. Like an animal in a new habitat, he had three possibilities: to “adapt, migrate, or perish.”⁶⁸⁰ He finally chose the first option, deciding to play the role of the chameleon. He now masks his true identity by speaking dialect instead of using his refined speech, thus pretending to be an ignorant and illiterate man. His revelation opens Kenneth’s eyes, who will discover firsthand that the priest’s statement about the suspicions white people have of educated blacks is true. Wilson also wants to help Kenneth because he believes that the young man might be a good guide of Central City’s black community. His working-class congregation needs an educated and skilled man like him. This is why he invites him to attend an important meeting, where he and other people will discuss some important matters. Kenneth accepts the invitation, even if “it seemed that the more a man tried to keep away from the race question, the more deeply involved he became in it” (109). At the conference, Dr. Harper learns about the abusive and dishonest system of sharecropping, where most black farmers are exploited, underpaid, and robbed by their white landlords. Wilson and the other members of the congregation want to find a solution to that problem, and they ask the young physician to work out a plan. They trust him and see him as a leading figure.

Bob and Reverend Wilson are not the only people that awake him to the reality of the South. Indeed, the other important figure that has a strong impact on the protagonist’s life is Jane Phillips, an educated and ambitious black teacher.⁶⁸¹ When they are together, the two young characters talk about their successes, their failures and about their hopes for the future. One day, they discuss the race problem, and Jane makes Kenneth see his naiveté and blindness. She tells him that the situation in the South is different from the one encountered by his father, and that blacks are now suffering many injustices. In her opinion, African Americans are the principal victims of white people because these latter “resent seeing a Negro more prosperous than they, and they satisfy their resentment by making it hard on that Negro” (138). They are worried about the progress and growing power of educated blacks, and their system is based on a “stark, abject fear – fear that he whom they termed inferior might, with opportunity, prove himself not inferior” (126). Jane does not have a concrete

⁶⁸⁰ Donald Jenkins, and SallyAnn H. Ferguson, p. 82.

⁶⁸¹ It is curious to observe how in most of these selected literary works the character of the black doctor is usually accompanied by a female figure, who is often a nurse or a teacher. Like in the previously analyzed novels, in *The Fire in the Flint* Kenneth and Jane could be seen as two of Du Bois’s Talented Tenth, whose education and talent give them the responsibility to uplift their community of black people.

answer to the race question, but she uses an interesting metaphor to explain the urgent need to find a solution before it is too late. According to her, racism is like a malignant tumor, “which is going to grow so big it’s going to consume the South and America” (139). Surgery represents the last resort: only if courageous white and black people collaborate and perform this both delicate and violent operation, will they be able to find a remedy to racial issues. Jane is optimistic, and she thinks that black people should not feel inferior to whites. On the contrary, she considers that all African Americans need to learn that they “belong to a race that was centuries old when the first white man came into the world” (139). She wants Kenneth to be proud of his people, as “the Negro today is contributing as much of the work that makes this civilization possible as the white race, if not more” (139). Kenneth carefully listens to Jane’s words and feels like a coward who has always ignored his responsibilities. However, the young woman does not mean to hurt his feelings. She only wants him to react and to fight against all the injustices that dominate the South. She believes him to be the perfect guide of Central City’s black community, and she is sure that “[i]t’s men with [his] brains and education that have got to take the leadership” (140).

Therefore, Jane is one of the characters that makes the protagonist take an active stance and that encourages him to found and run a cooperative society that defends black farmers’ rights. Following his conversation with the woman, Kenneth goes home full of expectations and “with his head whirling with the project’s possibilities” (145). He now sees ahead of him “a new day when a man in the South would no longer be exploited and robbed just because he was black” (145). He feels invincible and compares himself to a modern disciple that will bring a new solution and a new hope to his people: “He felt already like Matthew and Andrew and Peter and John and the other disciples when they started out to bring the good news to the whole world” (145). Full of enthusiasm, the black physician studies his old textbooks on economics, and takes notes of all the ideas that could be useful for the establishment of the association. He is hopeful and can “see a lifting of the clouds of ignorance which hung over all the South, an awakening of the best of all the people (...)” (146). Jane perceives a change in his attitude and sees that he has “emerged from the shell in which he had encased himself” (149). Kenneth now observes “some sort of half-way ground between rank cowardice and uncompromising opposition to the conditions which existed” (148). He has drawn up a plan that enables him to both help his black community and to avoid any danger or trouble with his white neighbors. The protagonist sees himself as a future pacific leader, a man that will not use violence and that will be “almost puritanical in his devotion to the fixed moral code he had worked out for his own guidance” (168). When he returned to Central City, “it was galling to him to accept a position of subserviency to things he knew were unjust and wrong,” and to “admit his inferiority to men to whom he knew he was superior in morals and training (...)” (169). He pretended not to see the

precarious reality of black Americans, “had refused to face the facts his mind told him were true and had plunged more deeply into his work, seeking in it an opiate” (169). But now, thanks to Jane, he has become aware of that situation and wants to do something concrete.

In the days that follow his decision to lead the newly founded “National Negro Farmers’ Cooperative and Protective League,” Kenneth outlines his ambitious plan to its collaborators, who accept it with enthusiasm. These latter also suggest that he use a simple and inspirational rhetoric, as most of Central City’s black sharecroppers are illiterate men. At the organization’s first gathering, the protagonist shows his ability as a public speaker and with “a clear, forceful, and convincing recital” (178) he explains the purpose of his newborn cooperative society. His zeal becomes contagious, and his audience begins to share his fervor. Before listening to Kenneth’s speech, these humble people “had the feeling (...) of having been face to face with a blank wall of immeasurable height and impenetrable thickness” (178). But now, the black physician’s words make them see a gleam of hope, “the miraculous opening of a door in this wall” (178). As for Dr. Harper, he “had seen a light where he had thought there was no light,” and his “voice rang true and firm” (178). The young man calls for action and for collaboration. He urges black farmers to struggle and to sacrifice themselves for their rights. While in the past he had taken an individualistic stance, he now believes that single-handed, blacks cannot do anything, while organized, they can “strike a blow for freedom, not only for [themselves] but for countless generations of coloured children yet unborn” (179). Kenneth acts as a real guide, and people see him as a “Daniel [who] had arisen to lead them” (180). His high education and his noble profession as a physician enable him to be recognized as an authoritative and trustworthy figure, a sort of new Moses that will help and lead his community of African Americans into the “promised land of economic independence” (196). Kenneth will be accompanied by Jane – his faithful ally – and together they will try to improve black Americans’ living conditions.

Nevertheless, Kenneth’s hope and confidence in a future where black people can live in peace and obtain their rights are soon overshadowed by the murderous rage of the Central City Klan. The latter is a group of white supremacists who want to intimidate and silence all those that “have acted in a manner displeasing to the Invisible Empire” (124). Their first victim is Bud Ware’s wife, ‘guilty’ of having revealed the name of his husband’s murderer. The poor woman has been whipped and her body is covered with blood and tar.⁶⁸² Kenneth is the one who finds her: Nancy is almost dead, but he manages to save her. When she regains consciousness, the traumatized woman tells the protagonist

⁶⁸² Tarring and whipping were two forms of torture and two methods of public humiliation used by the Ku Klux Klan against African Americans. Like Nancy Ware in the novel, the victims of these criminal groups were often kidnapped, beaten up, whipped, and painted with hot pitch.

what happened. Her confession shocks Dr. Harper, whose “optimism over the organization of the co-operative societies began to cool” (188). His enthusiasm is immediately replaced by “a blind, unreasonable hatred and furious rage” against the men that have tortured the poor Nancy (188). However, he also knows that he can do nothing to punish their brutality. He feels powerless and “impotent because his skin was black and he lived in the South” (188). His interference would only be “a useless and foolhardy butting of his head against a stone wall” (194). The Klan is sending intimidatory messages, and Kenneth must be careful because he risks to be their next victim. Indeed, Central City’s supremacists fear his growing power and see him as a threat to the advancement of white civilization in the South. They believe that he and his followers are plotting to kill all of them. They know that Dr. Harper is the leader of a newly founded association, and they think that he is dangerous. Thus, the protagonist, who has always tried to avoid problems and to meddle in white affairs, is now beginning to make himself some enemies.

In the weeks that follow Nancy’s assault, Kenneth keeps his mind busy and works day and night. He now has more patients, and his association counts a considerable number of affiliates. Furthermore, there is an important turning point in his career as a doctor, which increases his success among the black community. Indeed, one day the protagonist performs his second operation on a white girl. The latter is Roy Ewing’s nineteen-year-old daughter Mary, who is seriously ill. No one knows the cause of her pain, not even Dr. Bennett. The white physician is worried and does not really know how to relieve her sufferings. For the first time he admits his inability to find a final diagnosis. Initially, he thought that she had an attack of appendicitis, but he now assumes that she has an internal hemorrhaging. He must find a solution as soon as possible, as her condition is worsening by the hour. Bennett knows that Mary needs surgery, but he does not want to put at risk the life of his closest friend’s only daughter. Roy and his wife beg him to do something, but he has not changed his mind. He cannot perform the operation: the only doctor in Central City that can do it is Kenneth. According to Bennett, the black surgeon represents their last chance to save Mary’s life.

As Major Carteret in *The Marrow of Tradition*, Roy Ewing does not want to see a black doctor touch his beloved daughter. He would rather see her dead than have a ‘nigger’ put his hands on her naked body. He does not know what to do: on the one hand, there is Mary, who is too young to die, but on the other there is his “inherent, acquired, environmental prejudice” (212). By allowing Harper to operate on his daughter, Mr. Ewing would have to recognize his talent and to question his belief in the inferiority of black people. The man has many doubts, and the narrator explains that “[n]one but those who know intimately the depth and passion of that prejudice as it flourishes in the South can know what torture – what a hell – what agony Ewing was going through” (212). His soul is “tormented

at such an unheard-of thing as a Negro operating on his daughter,” but his wife makes him change his mind (212). Mary’s mother implores her husband to give Harper a chance. She does not care about the doctor’s skin color, and in her eyes “flashed that brilliant, burning look of mother love that submits to no dangers, no obstacles” (213). Like in Chesnut’s novel, the maternal figure is the one that makes the final decision.

When Dr. Bennett calls him and asks him to come to Roy’s home as quickly as possible, Kenneth is surprised but he goes at once. He thinks that one of the servants is sick, and when he finds out that he has to operate on Mary Ewing, “he could not conceal his amazement” (213). He realizes that “he, Kenneth Harper, a Negro doctor, had been called to treat a white person – a white woman – in the South” (213). The young physician tries to put aside his puzzlement and begins to examine the suffering girl. He observes her with a watchful eye, and he listens without speaking to Dr. Bennett, who tells him all the symptoms that Mary has shown. Kenneth thinks that she is having a severe internal hemorrhaging and that surgery is the only and last hope. When he asks for Ewing’s consent to operate on the girl, the latter “faltered, hesitated, seemed about to refuse to allow it” (214). However, when he hears Mary’s scream of pain, he “shrugged his shoulders in assent to the operation” (214). Harper does not perform the surgery alone: Dr. Bennett and Mrs. Johnson – a black nurse – will be their assistants. The protagonist rapidly prepares his instruments, and begins “the delicate and perilous task” (214). And yet, even in the middle of that dangerous and tense moment, he “could not keep down the ironical thoughts that crept to his brain in spite of all the efforts to bar them” (215). He realizes that the South is a “funny place” (215), and that it must have been “a mighty hard thing for old Bennett to have to admit that he, a Negro, knew more about operating in a case like this than he did himself” (215).

There follows a scene full of suspense, apprehension, and a detailed description of the operation that proves the author’s knowledge of medical terms and surgical procedures. The young patient has lost a lot of blood and Kenneth does his best to save her. The reader does not know if Mary will survive, and shares the protagonist’s anxiety and worry. Dr. Bennett himself senses the gravity of the situation, but he does not dare to interrupt “the deft, sure touch of the operator” (215). During what seems to be an endless operation, the black physician makes a mistake, but he immediately tries to repair the damage. Bennett is impressed by Harper’s dexterity, and his smile of encouragement reassures the surgeon, who sutures the incision. At this point, the narrator intervenes and observes the peculiarity of the scene: “It was a strange sight. Anywhere in America. In Georgia it was amazing beyond belief. A white woman patient. A white anaesthetizer. A black nurse. A black surgeon...” (216). It is ironic and almost paradoxical to see that in the segregated South an African

American physician performs a surgery on a white body and that a white doctor assists him. Thanks to Kenneth's ability and expert medical touch, Mary survives. She is still weak and she is not out of danger, but Bennett reassures Mr. Ewing and tells him that Harper "did all he could" (217). While in the past he did not trust the young man because of the color of his skin, the white physician now has to admit his skills.

The following day, Kenneth reflects on his successful surgical intervention. He observes that it must have been "a mighty terrible ordeal" for Ewing to let him operate on his daughter (225). He also meditates on the controversial and absurd question of race prejudice. He believes that whites' behavior is hypocritical. On one side, white people accept to "eat food prepared by black hands, have it served by black hands, have [their] children nursed by a black nurse" (225), and many of them even "consort with black women at night to whom they wouldn't raise their hats in the daytime" (226). On the other, when it comes to "recognizing a Negro outside of menial service, then there came the rub" (226). The protagonist seems to be more conscious of the real conditions of African Americans in the South. He knows that white people will not easily tolerate to see a black person as their equal or as someone who occupies a superior social position. And yet, Ewing's decision to let him operate on Mary has given him some hope and confidence in a future where the race problem will find a solution. Kenneth is still depicted as a man of "too-high ideals for his environment," who desires a "newer and brighter day for his people in the South" (245). Nonetheless, his optimism is once again replaced by a pessimistic and critical reading of reality.

5.3.3 From a Passive to an Active Stance

When his mother tells him that his brother Bob died⁶⁸³ and that his sister Mamie has been raped by a group of white men, Kenneth is overwhelmed with grief and anger. He laughs – "an agonized, terrible mockery" (267) – and blames himself for his naiveté and ignorance. Since his return to Central City, he has always "given up everything that might antagonize the whites" (268), but he ultimately acknowledges that there is no use trying to avoid trouble in the South. While in the past he wanted to build a peaceful coexistence with whites, the black doctor now wants to "fight them to the death" and "pay them back in kind for what they had brought on him" and his family (268). The narrator describes him as a "wild beast, cornered, determined to fight" (269). The rape of his sister and the suicide of his brother have finally moved him "from vacillation and ambivalence to decisive action;"⁶⁸⁴ they have lighted the "fire that lay concealed in the flint until struck" (269). The

⁶⁸³ Bob dies in the attempt to punish the men that raped his sister. He succeeds in killing two white boys, but he is hunted down, and finally kills himself to prevent being taken by the crowd. When they find him, white supremacists desecrate and mutilate his body. The scene is full of macabre and brutal images that reveal the primitive nature of racist rituals.

⁶⁸⁴ Donald Jenkins and Sally Ann H. Ferguson, p. 98.

philosophical and pacific attitude “with which he had carefully built his faith and a code of conduct was cast aside and forgotten” (269). Kenneth is determined to seek revenge and to “exact the last drop of blood from his enemies with all the cruelty he could invent” (269). Blinded by hatred and pain, Kenneth ignores his mother’s pleas. She tries to convince him not to react impulsively, and she begs him not to kill anyone. The poor woman does not want to lose another son, but the man seems resolute in his decision to murder all those that violated Mamie and that disfigured Bob’s body. He recognizes that his brother was right. While Bob fought and died like a brave man, he – “with all his professed and vaunted wisdom” – has always been a coward who just wanted to build “a fool’s paradise” and a “house of cards” (271).

Suddenly, the telephone rings. It is Mrs. Ewing, who asks for Kenneth’s help. Mary has had a relapse, and her condition has worsened. Dr. Bennett can do nothing for her, and the only one that can heal her is Harper. The black physician initially refuses to look after Mary. He does not want to save the life of a person that belongs to a murderous and violent ‘race.’ He knows that Mrs. Ewing and her family are innocent, but he blames them for the simple fact that their skin is white. His words are full of hatred and reveal his “raging torment:” “Mrs. Ewing, if by raising one finger I could save the whole white race from destruction, and by not raising it could send them all straight down to hell, I’d die before I raised it!” (279) Harper holds all whites responsible for disfiguring his brother, for violating his sister’s body, for ruining his mother’s mental health and for tormenting his very soul (279). He wants them to pay for every murder that whites have committed. And yet, Mary’s mother convinces him to examine her daughter. This scene is similar to the conclusion of *The Marrow of Tradition*. Indeed, in both novels the black physician is asked to provide an urgent medical assistance to a white patient after white people have committed brutal crimes that have directly affected the protagonist’s family. Moreover, both characters initially do not want to offer their medical help: while Dr. Miller does not want to look after Dodie because he blames the child’s father for the murder of his son, Kenneth blames all whites for the tragedy that struck his family.

When he arrives at the Ewings’ house, Kenneth examines his patient and asks her mother some questions about the girl’s post-operative diet. He had personally warned Mrs. Ewing not to give Mary any solid food for ten days, but Dr. Bennett allowed her to do it. That oversight has resulted in the girl’s relapse, but Harper thinks that it is useless to rebuke Mrs. Ewing for not listening to his advice. He knows that the other doctor’s “word counted more than his” (288). Although Dr. Bennett got a more outdated and mediocre medical education than the one received by Kenneth, the former’s authority and power cannot be questioned because he is white. While Kenneth tries to relieve Mary’s pain, he reflects on his blackness. He realizes that despite his high and prestigious formation, “his

word and his medical knowledge and skill were [considered] inferior to that of an ignorant, lazy country doctor in Georgia” (288). The protagonist is a completely different person from the one encountered at the beginning of the novel. He is now more cynical, and his optimistic attitude seems to have disappeared: he has finally learnt that “individual merit always takes a backseat to the color of one’s skin.”⁶⁸⁵

All of a sudden, a “fleeting, devilish temptation assailed him” (289). He realizes that “[h]ere, lying helpless before him, was a representative of that race which had done irreparable, irremedial harm” to him and to his family (289). For a moment, Kenneth is “tempted to let Mary be a sacrificial lamb for the misdeeds of white people.”⁶⁸⁶ Dr. Bennett is not there with him, and he does not have any proof to affirm that he, “a damned nigger” had “failed to do things he could have done” (289). Kenneth is now the one that holds the power, and he wants to take that opportunity. He could kill the girl by holding back the cures needed to save her life, and no one would ever know. In so doing, he would be able to avenge his brother’s death. He would blame Roy and his wife, who followed the advice of an incompetent and inept white doctor instead of listening to his warning. He would accuse them of murder, and he would be “standing triumphantly over them, castigating and flaying their very souls with his biting words of denunciation!” (290) Kenneth stops ministering to his young patient. He enjoys watching “the half-unconscious form before him struggling in her pain” (291), and he “gloried in the kindly fate that had delivered so opportunely into his hands one who should serve as a vicarious victim for those who had struck him mortal blows without cause” (291). Nonetheless, revenge soon “began to lose its savour” (292). Kenneth comes to his senses when he realizes that Mary is gasping for breath. He must do something if he wants her to survive. Like Dr. Miller in *The Marrow of Tradition*, Dr. Harper decides to follow the ethical code of his profession: he cannot intentionally let a person die. The girl, like Dodie Carteret, is innocent and he cannot allow his personal pain and anger to interfere with his professional ethics. Kenneth “called to his aid every artifice known to him” (293). He works “[v]aliantly, eagerly, desperately” and is finally able to rescue her from death (293). The black physician has managed to set aside his desire for revenge to save a human life.

Mrs. Ewing, after having observed Kenneth operating on and saving her daughter, forgets “race lines, time, circumstances, and everything else in the tenseness of the moment” (294). She decides to return his favor and warns him to be careful, as the Central City Klan is conspiring to kill him. That information shocks him, but this time he is not going to keep quiet. He will react, and even

⁶⁸⁵ Donald Jenkins and Sally Ann H. Ferguson, p. 102.

⁶⁸⁶ *Ibid.*

if he loses, he will not die a coward. When he leaves the house, he is attacked by a group of white men, who think that his visit to the Ewings was not to look after the sick girl, but to rape Roy's wife.⁶⁸⁷ Kenneth finds himself surrounded by a cursing and violent mob, but he tries to "put into the blow and the kick all the repressed hatred and passion the day's revelations had brought forth" (297). Like his brother, he fights "with superhuman strength born of hatred, bitterness, and despair" (297). The protagonist has abandoned his past 'accommodationist' strategy and has instead taken an active stance, becoming one of the "angry blacks that Du Bois and others warned were ripe for action."⁶⁸⁸ Nevertheless, his struggle, his courage and his perseverance will prove useless. The white mob finally shoots him, lynches, and burns him at the stake before a crowd of five thousand people. His is not an ordinary form of punishment: his murder must be violent, humiliating and public in order to be effective. This is why white supremacists lynch him. The practice of lynching is symbolic, as it "represents the complete emasculation of the black man."⁶⁸⁹ The protagonist's death is compared to a brutal and gruesome spectacle, which degrades, "destroys and exposes this male's genitals to full public view."⁶⁹⁰ Dr. Harper's lynching also wants to be a warning and a "strong deterrent to any other blacks who entertain [similar] silly notions about racial equality, treating white patients, organizing black farmers, or protecting black womanhood."⁶⁹¹ It wants to teach "black people that their efforts to enjoy constitutional rights will end up in flames."⁶⁹²

Since his return to his hometown, the black physician has been seen as a threat to white supremacists. Most of Central City's white citizens hate him because they do not tolerate that he occupies a superior and prestigious social position. They do not accept that a black person – someone they consider biologically inferior – performs such a respectable and authoritative profession. These people do not want to recognize the protagonist's talent, because by doing that they would have to question and debunk the flawed and unfounded nature of their racist preconceptions. They would have to "admit that all the arguments about black intellectual inferiority and cultural deficiency were blatantly false and were designed to maintain white power and privilege."⁶⁹³ They finally punish Kenneth because they do not want him to advance politically or economically. They consider him a menace, and they are worried about his increasing power among the African American community.

⁶⁸⁷ The narrator explains that "None of them entertained the opinion that Kenneth could have gone to Roy Ewing's house with Roy Ewing out of town for any other purpose than for sexual adventure." (Walter F. White, pp. 286-287) It is impossible for them to think that the wealthiest white family in Central City asks for the help of a 'negro' doctor; they are sure that Kenneth has a secret affair with Mrs. Ewing. Through this image, Walter White alluded to whites' obsession with sex and to the fear of African Americans' sexuality (Donald Jenkins and SallyAnn H. Ferguson, p. 90).

⁶⁸⁸ Browner, p. 215.

⁶⁸⁹ Donald Jenkins and SallyAnn H. Ferguson, p. 92.

⁶⁹⁰ *Ibid.*, p. 93.

⁶⁹¹ *Ibid.*

⁶⁹² *Ibid.*

⁶⁹³ Donald Jenkins and SallyAnn H. Ferguson, p. 74.

They fear that due to his influential position, black people will “awaken to their exploited state, [and] organize around an educated person like [him] (...).”⁶⁹⁴ In leading black farmers, in questioning the legal system’s refusal to condemn a white man for murdering Bud Ware, and in operating on white patients, the protagonist has challenged the “status quo” and has violated Southern racial customs.⁶⁹⁵ Furthermore, white supremacists despise Harper because he has not accepted to take on the role of obedience and submission that American society has set up for him and for African Americans in general. These people must get rid of the black physician because his formation, his professional training and his ideas are deemed dangerous and in “sharp contrast to what America has expected from and wanted for her ex-slaves.”⁶⁹⁶

As for Kenneth, it is significant to notice that he does not surrender but decides to fight back and to resist to the Ku Klux Klan’s violence. As stated by Browner, the image of a black doctor fighting with all his strength suggests that “racial uplift, self-improvement, education, and professional ethos have little to offer in the battle against white supremacy.”⁶⁹⁷ While in the previous literary texts the figure of the black physician embodies the values of “cultural refinement” and “physical tenderness,”⁶⁹⁸ in this novel this character uses violence and directly challenges the white mob. Even in *The Marrow of Tradition* – where there is a similar hostile and merciless environment – Chesnut is “reluctant to stain the image of the professional with rage and violence,” and preserves the character’s calmness and self-control.⁶⁹⁹ In *The Fire in the Flint*, on the contrary, Dr. Harper acts with a furious rage, which implies that “professional composure cannot withstand the political, economic, and physical assault blacks were suffering under Jim Crow.”⁷⁰⁰

The dramatic conclusion of the novel proves that the protagonist’s individual achievement and professional work are not sufficient to protect him from racial prejudice and oppression. In spite of being a successful middle-class black doctor, Kenneth is not immune to the country’s racism. His life has been defined by perseverance, hard work and good manners. In order to become an expert physician, he has always minded his business and studied hard. And yet, he will not be accepted by the white medical world, and he will never be able to uplift his black community or to improve his hometown’s race relations. Dr. Harper is hampered in his mission because of his skin color, the most important factor that determines a person’s success and social position. With this sad ending, Walter White criticized the reality of that period, and suggested that in the 1920s “the ideology of

⁶⁹⁴ *Ibid.*, p. 97.

⁶⁹⁵ *Ibid.*, p. 98.

⁶⁹⁶ *Ibid.*, p. 85.

⁶⁹⁷ Browner, p. 215.

⁶⁹⁸ *Ibid.*, p. 216

⁶⁹⁹ *Ibid.*

⁷⁰⁰ *Ibid.*

professionalism seemed useless against white supremacist violence.”⁷⁰¹ According to him, the race problem in America was “largely a question of attitude of mind,” and he believed that only when “men can be judged from their individual merit and not lumped together and judged by racial fallacies and myths, (...) will [they] be approaching the ideal state where prejudice is at minimum.”⁷⁰² Given the depth and the seriousness of the race question in the United States, African Americans’ passive and submissive attitude was no longer a viable solution. Black people now had to fight for their rights and to oppose themselves to all the injustices and racial discriminations of the country. Dr. Harper learns this lesson, and although the novel ends with his tragic death, the reader “senses that the spirit of revolt against bigotry which [Kenneth] symbolizes will be accelerated rather than diminished by his death.”⁷⁰³

5.4 A Similar Representation of the Black Doctor in the 1920s

In the 1920s, the literary portrayal of the black medical professional as a societal victim is also evident in Nella Larsen’s *Passing* (1929). In this Harlem Renaissance novel, the African American physician is represented by Brian Redfield, the protagonist’s husband and a secondary character within the plot. The latter is depicted as a restless man, as a person that wants to change his life. He works in Manhattan, he is a well-to-do surgeon but he is not content with his work. Actually, he hates it and does not see his middle-class position as a privilege. He knows that his success and his high social status will not enable him to avoid the country’s racism and oppressive system. Brian sees his profession as a “monotonous” and “nerve-racking” activity.⁷⁰⁴ According to him, “[u]plifting the brother is no easy job” and his hatred towards his occupation is emphasized by the following statement: “Lord! how I hate sick people, and their stupid, meddling families, and smelly, dirty rooms (...)” (42). His words highlight his lack of passion and distinguish him from the previous texts, where the black doctor sees his work as the best opportunity to uplift and improve the conditions of his black community. The man does not only hate his profession. He also despises his country and he wants to escape its racist reality. He craves for “some place strange and different,” where he can make a fresh start (36). In particular, it is “South America that attracts him” (31).

Brian holds a grudge against his wife and he blames her for his discontent. She is the one that convinced him to stay in New York, whereas he wanted (and still wants) to go away. While he desires a new life, she does not like changes, “particularly [those] that affected the smooth routine of her

⁷⁰¹ *Ibid.*

⁷⁰² Edward E. Waldron. *Walter White and the Harlem Renaissance*, p. 20.

⁷⁰³ Walter White. *A Man Called White: The Autobiography of Walter White*, p. 68.

⁷⁰⁴ Nella Larsen. *Passing*, Dover Publications, 2016, p. 31.

household” (44). She always looks for a “sense of security” and for a “feeling of permanence” (43). She does not want to abandon her stability and she likes to be the wife of a renowned surgeon, who exercises a profession that she deems prestigious and superior. Irene is aware that Brian’s “dissatisfaction had continued, as had his dislike and disgust for his profession and his country” (43). She believes that she has made the right decision to remain in the United States and she thinks that his dissatisfaction will “surely die, flicker out, at last” (44). The only thing that she can do is “to direct and guide her man, to keep him going in the right direction” (44).

The couple’s divergences are particularly evident when Brian discusses racial matters in front of their two sons. This scene is fundamental because for the first time the black doctor gives voice to all his repressed feelings. During a family dinner, he refers to an article he read in the newspaper about a lynching. Ted, one of his kids, wants to know the reason why they only lynch “colored people” (82). His father’s reply reveals his bluntness and bitterness. He tells him that whites kill black people because they both hate and fear them. Irene immediately scolds him. She does not want Brian to talk about this subject before their sons. She wants to protect them and she believes that they are too young to understand the meaning of racism. She thinks that there will be “time enough for them to learn about such horrible things when they’re older” (83). She wants them to live their childhood innocence, with no worries and fears. Conversely, Brian wants to make his sons aware of the racism of the United States. He believes that if “they’ve got to live in this damned country, they’d better find out what sort of thing they’re up against as soon as possible” (83). He is sure that the “earlier they learn it, the better prepared they’ll be” (83). He wants them to know that racial prejudice exists and that the color of their skin may prevent them from achieving their goals. He is determined to tell his kids the truth “[a]t the expense of proper preparation for life and their future happiness” (83). Brian and Irene’s discussion shows how the couple has different “conceptions of what constitutes the “best good” both individually and for their family.”⁷⁰⁵ Furthermore, it is during their argument that the reader finds out the reason why Brian desires to go to Brazil. It is because of the American color line that the black physician dreams to go away. He probably thinks that in South America people are more tolerant and that life is easier for blacks. Brazil could be a “point of interest and congregation for blacks.”⁷⁰⁶ It could represent “an alternative racial ideology to the fixed-racial categories present in the United States (...)” (20).

Therefore, in this novel the black doctor has a cynical vision of life. He is unable to ignore the burdens of his ‘race’ and he truly wants to live a quieter life, free of racial prejudice and racism.

⁷⁰⁵ Grant M. Andersen. *A Transnational Novel in Disguise: The Influence of Brazil in Nella Larsen’s Passing*, University of Tennessee, 2014, p. 5.

⁷⁰⁶ Grant M. Andersen, p. 20.

Although he is a successful and wealthy surgeon, he is conscious of the fact that his dark skin will always constitute an obstacle, and that white people will never accept him for his merit. In America he will always be treated as an inferior man, as the *Other*. His hopelessness and disenchantment have embittered him and have distanced him from his wife. Like Peter Bye in *There is Confusion*, Brian Redfield has the “complex of color” which “comes to every colored man and every colored woman, too, who has any ambition.”⁷⁰⁷ Brian is finally able to express his feelings, but in spite of his revelation, his character is not explored in depth. On the contrary, his representation is elusive. We do not know anything about his career and we are unaware of the obstacles he had to meet in order to become a doctor. This lack of information and this limited characterization certainly accentuate the mystery around this professional figure. A mystery and an ambiguity that will be even more clear in the following representation of the black physician.

5.5 Looking for a Solution to the Race Problem: The Black Doctor in *Black No More*

In George Schuyler’s *Black No More* – a science fiction, dystopian and satirical novel published in 1931⁷⁰⁸ – the black physician is portrayed as an ambiguous and complex figure. On the one hand, this character criticizes race scientists and refutes their pseudoscientific ideas on white superiority. He does not believe in racial differences, and he openly attacks those who claim that they exist. On the other hand, he creates a machine that tries to eliminate any visible sign of ‘blackness,’ and in so doing he seems to endorse the very theories that he condemns. The scientific procedure that miraculously transforms blacks into whites is an attempt to eradicate the race question. Nevertheless, the consequences of his discovery will finally awaken him to the reality of the United States and will make him realize that his expedient will never lead to a clear and definitive resolution. Unlike previous representations of the black doctor, in this novel this character is not depicted as the future ideal leader of the black community. On the contrary, Schuyler characterizes him as a successful European-trained scientist who exploits his scientific knowledge and medical expertise to try to find an antidote to the country’s race problem and to enrich himself. He depicts him as a genius but also

⁷⁰⁷ Fauset, p. 158.

⁷⁰⁸ *Black No More* is the first of two novels written by journalist and writer George S. Schuyler, a controversial figure of the Harlem Renaissance mostly known for his extreme conservatism and for his taste for satire. In this novel in particular, the author “reserved his greatest scorn and his sharpest satiric thrusts for Americans who (...) permitted their lives to be shaped by the absurdities of American racism and racial chauvinism.” (James A., Miller. Foreword to *Black No More*, Northeastern University Press, 1989, p. 4). His mockery spares no one and aims to show the absurdity and irrationality of the American race question. *Black No More* is also an example of science fiction. Indeed, the novel is set in a near future that enables the author to “make topical commentary while he projects a society in which the racial problem has presumably disappeared” (*Ibid.*,6). Moreover, Schuyler’s vision is definitely dystopian, as the writer is “more concerned with mercilessly slashing away at American racial shibboleths than with proposing an alternative future” (*Ibid.*, 6).

as a trickster who sees people “as mere instruments of his well-meaning but highly destructive aims.”⁷⁰⁹ Even if he has good intentions, the physician’s name – Crookman – labels him as a sort of thief who ‘steals’ black identities and profits of his black patients’ desire to become white.⁷¹⁰ The black physician is not the protagonist of the book: he is a secondary character, whose controversial experiment triggers the action of the novel and allows Schuyler to deliver his merciless criticism toward both white and black Americans, obsessed with race and skin color. Through this character and his peculiar invention, the author thoroughly dissects and criticizes the false myths of white supremacy and racial purity. He provides readers with an interesting insight into human nature, the notion of identity, and into the most absurd obsessions and paradoxes of the United States.

5.5.1 The Mysterious Discovery and Ambiguous Nature of Dr. Crookman

Dr. Junius Crookman appears at the very beginning of the novel. He is presented as a brilliant and ingenious physician who after studying in Germany – where he had the chance to improve his medical skills and perform his experiments – has returned to Harlem. The man seems to have discovered how to lighten black skin permanently, and is planning to open a sanitarium where he will receive his first patients. This news is welcomed with enthusiasm, curiosity but also with skepticism and confusion. His name is on everyone’s lips, and the most important newspapers have already revealed some information on his extraordinary invention. When Max Disher – the novel’s protagonist – learns that Crookman has found a way to erase ‘Negro’ traits, he ponders the possibility of undergoing his experiment. He is a black man who has always desired to enter white people’s privileged world, and thinks that this transformation will allow him to have more chances, to escape prejudice, social obstacles, and racist insults. He also believes that the doctor will become a millionaire thanks to his invention, which represents the ultimate solution to the race question, the country’s most controversial and debated problem. He is sure that because of Junius’s discovery, black people can “go anywhere, be anything [they] wanted to be, do most anything [they] wanted to do,” and be free men and women at last.⁷¹¹

Max finally makes up his mind and goes to the Phyllis Wheatley Hotel, where black and white reporters are impatiently waiting for the arrival of Crookman, who is described as a “tall, wiry, ebony black, with a studious and polished manner” (7). The black physician confirms journalists’ hypotheses, and explains the process that led him to that astonishing invention. He tells them that

⁷⁰⁹ Jeffrey Ferguson and Judith E. Jacobsen. “Black No More.” In *The Sage of Sugar Hill: George S. Schuyler and the Harlem Renaissance*, p. 228.

⁷¹⁰ Joseph Mills. “Absurdity of America in Schuyler’s *Black No More*.” *EnterText 1.1*, p. 142.

⁷¹¹ George S. Schuyler *Black No More*, Martino Publishing, 2015, p. 7. All the quotes from Schuyler’s novel are taken from this edition and indicated within round brackets in the text.

during his first year of college he met a black girl on the street “who had several irregular white patches on her face and hands,” something that immediately intrigued him (8). Since that encounter, he began to study skin diseases and found out that the girl had vitiligo, a rare disease that removes skin pigment and that “is naturally more conspicuous on blacks than whites” (8). One day, while he was thinking about the origins of this long-term condition, it suddenly occurred to him that “if one could discover some means of artificially inducing and stimulating this nervous disease at will, one might possibly solve the American race problem” (8). Then, Crookman recalls his former sociology teacher, who once told him that there were “three ways for the Negro to solve his problem in America (...). To either get out, get white or get along” (8) The doctor took his professor’s words seriously and began to work on the creation of a machine that could fulfill the most absurd option. In his opinion, blacks could survive only if they became white. He thinks that if all African American folks turned into white people, they would no longer face racial discriminations and prejudices.

Dr. Crookman does not want to reveal the secrets behind his discovery. He only says that the transformation is accomplished through glandular control and electrical nutrition. He is sure that this procedure is a “powerful and dangerous treatment but harmless when properly done” (8). According to his theories, in just three days an African American man or woman “becomes to all appearances a Caucasian” (8). However, he still does not know whether the artificial white skin is transmitted to people’s offspring or not. The physician proves the efficacy of his experiment by introducing the group of journalists to a former black man, now “the most Nordic looking person in the room” (9). Sandol – this is the name of the no-more Senegalese man – “is the living proof that what [Junius claims] is true” (9). Then, the doctor shows a photo of the white youth as he looked before receiving the curious and odd treatment. Crookman wants people to trust him, and wants them to believe in the effectiveness of his invention. The picture proves that the black scientist is not lying, and that the transformation will not harm his patients. His machine is not only able to lighten people’s dark skin; it also seems to alter hair color and somatic traits.

The black physician’s announcement amazes everyone. The following day, his discovery “was the talk of town and was soon the talk of the country” (10). Journalists begin to write long editorials about his mysterious machine, and different magazines want to interview him and know more about his experiments. Nevertheless, Crookman always turns down their offers. He does not want to reveal anything else, and this aspect emphasizes the enigmatic and sinister nature of his invention. Some people think that he is hiding something. His ambiguous attitude “was decried as unbecoming a scientist and it was insinuated and even openly stated that nothing more could be expected from a Negro” (10). This statement reveals white people’s distrust and prejudice towards

black professionals and black people in general. These latter do not completely believe in Crookman's words and they are skeptical about his abilities only because of his skin color. They are unable to get rid of their preconceptions and of their racist beliefs in blacks' inferiority.

The black physician ignores all these criticisms, and thanks to the financial help of his associates, he manages to plan "the great and lucrative experiment of turning Negroes into Caucasians" (10). At last, the clinic is "ready for business" (10). A group of curious black and white people is waiting outside the building. Inside, Crookman and his collaborators are discussing the efficacy of the treatment. One of them has some doubts about the results of the experiment, and fears that the transformation cannot change the "darky dialect" (11). The black doctor tells him that he should not worry about it because "[t]here is no such thing as Negro dialect, except in literature and drama" (11). He makes fun of the man's naiveté and explains to him that it is "a well-known fact among informed persons that a Negro from a given section speaks the same dialect as his white neighbors" (11). In Junius' opinion, dialects are not linked to skin color or race. 'Negro' dialect does not exist: it is just a social construction that white people use to justify blacks' supposed illiteracy and ignorance. Actually, the jargon his partner refers to is typical of Southern states, where "you can't tell over the telephone whether you are talking to a white man or to a Negro" (11). Furthermore, the physician reassures his collaborators by telling them that if his treatment did not change "the so-called Negro lips," that would not be a problem (11). According to him, "there has been a considerable exaggeration about the contrast between Caucasian and Negro features," and cartoonists and minstrel men are the main responsible for this inaccurate and racist representation (11). The doctor is convinced that thick lips and broad noses are not typical black traits, as there are many white people that have the same features. By affirming that "there cannot be the wide difference in Caucasian and Afro-American facial characteristics that most people imagine" (12), Crookman explicitly debunks the falseness of all those 'scientific' theories that referred to black people's distinctive traits to support their belief in the separation of the two 'races.' This authoritative scientist gives an explanation that undermines and discredits "a brand of race science which enjoyed considerable influence and a substantial reading audience in the United States at least until the horrors of Nazi Germany helped to cast it into disrepute."⁷¹²

Dr. Crookman is hopeful and confident about the outcome of his experiment. His first patient is Max Disher, who volunteers to undergo his special treatment. The latter is both worried and excited. He is initially doubtful and fears that something goes wrong, but when he envisions his future as a

⁷¹² Stacy Morgan. "The Strange And Wonderful Workings Of Science": Race, Science And Essentialism In George Schuyler's *Black No More*," p. 339.

white man, he changes his mind. And yet, when he sees the scientist's machine, the protagonist begins to worry and to have second thoughts. There is a mysterious and sinister atmosphere in the room, which is emphasized by the presence of a strange apparatus that resembles "a cross between a dentist's chair and an electric chair" (13). Curiously, Crookman's invention is here described as something akin to both life and death. Indeed, through his 'whitening' process the doctor gives his patients the possibility to live a new life as a white person, but at the same time he symbolically kills their old black identity.⁷¹³ This is exactly what happens to Max, whose initial suspicion disappears when he looks at his reflection in the mirror and sees that he is completely white. The black doctor's devilish machine has worked, and the protagonist is happy "not to be a Negro any longer" (15). He is proud of his choice and thinks that Crookman has performed a scientific miracle. By undergoing the Black-No-More treatment, Max 'kills' his true self and gives way to an artificial identity. He is enthusiastic and looks forward to planning his new "future in this great world of whiteness" (15). He wants to make the most of this opportunity, and even if there are some moments in which he recalls his life as a black person with a sense of nostalgia and melancholy, he realizes that "the past was forever gone" (22).

In the weeks that follow the opening of the first sanitarium, the black physician has another private conversation with his two collaborators. One of them is worried about the consequences of the scientist's invention. Thanks to his treatment they will surely become rich, but at the same time he thinks that they risk to make themselves some enemies. White newspapers have already begun to write editorials against them. Crookman agrees with what Foster says, and shows them a list of clippings that refer to and criticize his peculiar medical treatment. For example, there are some journalists that have defined him as "The Viper in Our Midst" or as the "Menace of Science;" some others have denounced his experiment and have claimed that it is "A Challenge to Every White Man" (25). Most of white people fear the effects of his latest discovery. They see it as a threat, and they do not want to "permit the challenge of Crookmanism to go unanswered" (25). They know that each citizen has the right to do everything he wants with his or her money, but they also think that "the white people of the United States cannot remain indifferent to this discovery and its horrible potentialities" (25). They have to do something concrete if they want to stop the black doctor and his lucrative activity. There are two main reasons that explain the nature of their concern. Firstly, if all blacks whitened their skin, whites would no longer have a scapegoat to justify their ineptitude and failures. African Americans have been the principal victims of white oppression for a long time, and now that most of them seek "chromatic perfection," (v) they need to find someone else to blame for

⁷¹³ Keith Giles, et al. *Whiteness: An Ideology of Violence and Power as Represented in Chesnut's The Marrow of Tradition, Schuyler's Black No More and Larsen's Passing*, p.29.

the problems of the country. White people realize that former blacks are beginning to enter their society, and they fear that they are going to obtain more rights and privileges. They are willing to oppose to this experiment because they do not accept to destroy “the color line [they] have so laboriously established” (25). Secondly, ‘Caucasians’ are worried because they have learnt that this artificial vitiligo is not hereditary, and that the offspring of ‘whitened’ African Americans can be black. Thus, if a white woman marries a “supposed white man” or vice versa, there is the possibility that the couple has a black baby (25). That would constitute an important issue for white people, as most of them do not want their ‘race’ to be stained and polluted by black blood. They want to preserve the supposed purity and perfection of their white ‘breed.’ These are the two main motives that have led many Southern journalists to attack Junius’s invention. These latter are sure that the “proud men of the Southland” will not easily forget their traditions and will not “remain idle while this devilish work is going on” (25).

Dr. Crookman begins to see the possible positive and negative consequences of his business. That frenetic activity is completely new to him and represents a real challenge. He now has more responsibilities, he has to oversee the work of both doctors and nurses, and to ensure that newspapers do not divulge the secrets of his treatment. While reflecting on his present situation, the man recalls with nostalgia his past as a medical student, when life was easier and completely devoted to study. Junius was born to a poor family. He was raised in New York, where he was given the possibility to study medicine, “learn his profession, and become a thoroughly cultivated and civilized man” (28). His parents were proud of his accomplishments and often “boasted that they belonged to the Negro aristocracy” (28). They saw their son as a talented young man, and they believed that his medical profession enabled him to acquire authority, prestige, and social recognition.⁷¹⁴ Junius had to study and work hard in order to carry out his goals, but “he had come very little in contact with the crudity, coarseness, and cruelty of [black] life” (28). Although he did not meet any obstacle or racial prejudice during his college years, he wanted to do something to help his oppressed people. He strongly desired to find a solution to the most troublesome and annoying issue in American life: that of the color line. In his opinion – the narrator explains – the solution could be found in the removal of the ‘Negro problem.’ If there were no more African Americans, then the racial question would no longer exist, and without that problem, “Americans could concentrate their attention on something constructive” (28). That naïve awareness led him to create the Black-No-More machine, a modern technology that

⁷¹⁴ As explained in the first two chapters of this thesis, the African American community often thought that black physicians were the professionals that possessed the highest type of education and economic independence. The prestige and the positive reputation of this profession resulted in many families pushing their sons into the medical career. This is exactly what happens in *Black No More*, where Crookman’s parents provided him with what they considered the best kind of education.

is now considered a miracle for those blacks that want to change their lives and a threat for those that instead want to keep the two ‘races’ apart. Crookman is convinced that all his efforts will prove successful and will allow him to do what “agitation, education and legislation had failed to do” (28). According to him, instruction and social protests are not sufficient and do not enable blacks to be accepted and to obtain more rights. Only a complete elimination of racial differences would enable him to find a final remedy to the country’s race ills. Still, not everyone has accepted this solution, and the black physician is “naïvely surprised that there should be opposition to his work” (28). Like “most men with a vision, a plan, a program or a remedy,” he imagined that people would positively welcome his discovery, “which was conclusive evidence that he knew little about the human race” (28). The narrator’s comment is sharp and ironic: it shows how the doctor’s “cold calculation of science” goes hand in hand with “the well-meaning blindness of an idealist.”⁷¹⁵ Dr. Crookman’s idea of destroying the country’s color line is just an illusion and a utopian thought. His invention cannot easily eliminate racism and the historical ‘conflict’ between blacks and whites.

Junius is described as a man that loves his people. When he was younger, he used to study African Americans’ achievements and struggles, and he was “so interested in the continued progress of the American negroes that he wanted to remove all obstacles in their path by depriving them of their racial characteristics” (28). The narrator makes fun of him and shows his contradiction. Indeed, the physician says that he cares about the future of black people and that he is proud of their successes, but at the same time he wants to remove what identifies them, and turn their dark skin into a white hue. Furthermore, Crookman’s ambiguous behavior is highlighted by the fact that his house and his office are filled with African masks and paintings of black people by black artists. He is recognized as a “Race Man,” whose life is “wedded to everything black” (29). These aspects are once again in contrast to his aim to transform blacks permanently white. All these ironic comments emphasize the contradictory nature of this character. Junius does not despise his people and does not consider them inferior to whites. Nonetheless, he believes that the United States will get rid of racism only if someone eliminates black identity. He thinks that this is what both blacks and whites really want. Dr. Crookman has been influenced by a society that has always seen African Americans as *the* problem. He is somehow a victim of that racist thought, and by inventing that peculiar machine, he adapts himself to that dominant idea. By eliminating ‘blackness’ – the “visual manifestation of otherness”⁷¹⁶ – it is as if he accepted whites’ superiority and privileged them over blacks.

⁷¹⁵ Jeffrey Ferguson and Judith E. Jacobsen, p. 227.

⁷¹⁶ Sterling Lecater Bland. “Pedagogy and Its Anxieties in the Post-Race Era: Teaching George Schuyler’s *Black No More*,” p. 72.

5.5.2 The Absurd Consequences of Crookman's Black-No-More Treatment

Meanwhile, Black-No-More, Incorporated is gradually increasing its power. In Harlem there is a feverish and excited atmosphere. Almost all black citizens want to become white, and go to their banks in order to withdraw the amount of money necessary for the treatment. They decide to undergo the transformation because they want to access everything that the white world can give them: power, freedom, money, and professional success. They want to leave behind “insult, ostracism, segregation and discrimination” for good (31). Many of them abandon the black neighborhood in search for better places, while simultaneously “there seemed to be more white people on the streets of Harlem than at any time in the past twenty years” (31). Nevertheless, Dr. Crookman's new activity is also destroying the economy of the African American community. Black banks collapse, clothing and installment furniture shops go bankrupt, the housing market begins to fail, and black hairdressers – mostly known for selling hair straightening products – lose all their regular clients. As the novel's plot unfolds, the narrator shows us how Crookman's discovery is also devastating the country's social structures, now marked by chaos and discontent. Both white and black associations fear Junius's discovery and see it as a threat to their personal interests.

On the one hand there is a white supremacist organization similar to the Ku Klux Klan – The Knights of Nordica – which makes public announcements where it openly condemns Crookman's discovery. The racist group's Grand Wizard – Reverend Henry Givens – is looking for one thousand Atlanta white men and women, and he wants them to join him in the “Fight for White Race Integrity” (36). In one of his advertisements published in a local newspaper, the Knights of Nordica's leader defines the Black-No-More process as a real menace to white supremacy: “The racial integrity of the Caucasian Race is being threatened by the activities of a scientific black Beelzebub in New York” (36). The black doctor is here compared to a devilish figure who has exploited his medical knowledge to come up with what they consider a threatening invention. He is seen as a dangerous enemy to defeat, a man that is trying to undermine whites' supposed respectability. Givens – who is presented as an “ignorant ex-evangelist” (37) – founded the Knights of Nordica when newspapers began to give an account of Crookman's successful business. He “saw a vision of work to be done,” an opportunity to blame African Americans and give voice to his racist theories of blacks' inferiority (38). Indeed, the man thinks that whites are physically and mentally superior to black Americans. And yet, the narrator often lampoons him and describes him as an illiterate man, who always has to “rest after [an] unaccustomed mental exertion” (40). At the supremacist group's first meeting, Givens prays to God and asks him to “protect the sisters and wives and daughters of these, thy people, from the filthy pollution of an alien race” (44). He fears that due to the Black-No-More treatment it will no longer

be possible to distinguish former blacks, and is sure that these “whitened Negroes” (25) will stain the purity of Caucasian blood. This is the main reason why Givens and all the members of the Knights of Nordica attack Junius Crookman’s discovery: they want to keep the United States a white men’s country.

On the other hand, there is another part of American society that goes against the black physician’s invention: the one represented by African American associations. These latter are all “in turmoil and chaos,” as they have realized that the “colored folk in straining every nerve to get the Black-No-More treatment, had forgotten all loyalties, affiliations and responsibilities” (51). These groups are trying to block the experiment because black people no longer make offers to their fraternal organizations and have stopped giving anything to the Anti-lynching campaign. According to the members of ‘Negro Society,’ blacks are deserting and betraying their community. During their meetings, these associations attack Crookman and discuss the negative impact that his scientific discovery has had on black business and on their own interests. Black politicians are here described as people who have “grown fat and sleek “protecting” vice with the aid of Negro votes,” who are now trying to promote “black solidarity, race pride and political emancipation” (51). Nevertheless, they are unable to prevent “the exodus to the white race:” everyone wants to become white, and these black leaders can do nothing to stop it (51). In this particular section of the novel, Schuyler makes fun of the supposed guides of the African American community. He specifically attacks the members of the National Social Equality League,⁷¹⁷ who both want to fight for black people’s social equality and enrich themselves. The affiliates of this institution of racial advancement are “eager to end all oppression and persecution of the Negro,” but at the same time they “were never so happy and excited as when a Negro was barred from a theater or fried to a crisp” (53). Episodes of violence and discrimination against blacks have always enabled this African American association to survive and to ask for funds. And yet, since the opening of Crookman’s first clinic, the league’s income and number of subscribers have drastically decreased. Just like the members of the Knights of Nordica, African American leaders often gather together to discuss the huge and negative impact of the Black-

⁷¹⁷ The author caricatures actual personalities of the African American world. He particularly attacks the leader of the National Social Equality League, Dr. Shakespeare Agamemnon Beard, the fictional representation of W.E.B Du Bois. He refers to him as an educated doctor that writes articles “denouncing the Caucasians whom he secretly admired and lauding the greatness of the Negroes whom he alternately pitied and despised” (54). Schuyler also criticizes other “champion[s] of the darker races” (54), like Walter Williams, whose name reminds us of Walter F. White, one of the most important African American leaders of the NAACP and a civil rights activist. Furthermore, the writer makes fun of another leader of the black community: Mr. Santop Licorice – the founder of the Back-to-Africa society – who promotes the idea of returning to Africa and to African roots. The latter’s representation corresponds to that of Marcus Garvey, the founder of the Pan Africanism movement. Schuyler highlights Licorice’s hypocrisy and incoherence when he writes the following statement: “Mr. Licorice for some fifteen years had been very profitably advocating the emigration of all the American Negroes to Africa. He had not, of course, gone there himself and had not the slightest intention of going so far from the fleshpots, but he told the other Negroes to go” (62).

No-More treatment. They see Crookman as an enemy that has “thrown their society into rather (...) bally turmoil” (56). They want to find a solution to preserve the integrity of their different societies, as the “Negro race is face to face with a grave crisis” (56).

In spite of all their efforts and public appeals, neither the Knights of Nordica nor race leaders are able to stop Crookman’s profitable activity. Thanks to his discovery, the black physician has become rich and has acquired an increasing power. He is now seen as a “distinguished-looking Negro,” who is both admired and feared by the white and the black community (47). Junius is depicted as a sort of modern self-made man,⁷¹⁸ whose ingenuity and chance enabled him to achieve success. He has opened more than one hundred sanitariums and an increasing number of people wants to undergo his treatment. Most of his patients come from the South, and by “train, boat, wagon, bicycle, automobile and foot they trekked to the promised land” (52). They consider Dr. Crookman’s hospitals places of hope, where they can finally fulfill their dream of becoming white. If on the one hand the Black-No-More treatment seems to have solved the race problem, on the other there are recurrent reports of white women giving birth to black babies. This news generates a mass hysteria, and the entire nation becomes alarmed. Everyone is “viewed with suspicion,” as there is no way of “telling a real Caucasian from an imitation one” (74). Whites become paranoid as they are no longer able to “correctly identify the former African Americans in their midst on the basis of cultural or phenotypic difference.”⁷¹⁹ They begin to ask each other questions about their birth and origins. Fights become more frequent, and most people are “unable to disprove charges of possessing Negro ancestry” (83).

Blacks are now extremely rare, and their absence is having negative consequences in Southern states. While in the North people believe that the country is “getting rid of a very vexatious problem at absolutely no cost,” the South is instead facing a terrible crisis (85). Indeed, when the “Sons of Ham” constituted one-third of the population, they “had really been of economic, social and psychological value to the section” (85). They did the dirty work, and they established the economic wealth of the South. Their presence “had made of Dixie a unique part of the United States” (85). But now the situation is different, and the disappearance of blacks has resulted in considerable economic losses. Additionally, “Southern Caucasians” realize that their “deep concern (...) with chivalry, the protection of white womanhood, the exaggerated development of race pride and the studied arrogance of even the poorest half-starved white peon, were all due to the presence of the black man” (86). The

⁷¹⁸ George S Schuyler and Anna Hilbe. *Mai Più Nero: Ove Trattasi Dei Singolari E Mirabili Ritrovamenti Della Scienza Come Avvennero Nella Terra Della Libertà, Negli Anni Del Signore 1933-1940*, p. 169

⁷¹⁹ Stacy Morgan, p. 340. These people find it impossible to recognize the phenotypic traits of former blacks because these supposed physical differences do not exist. ‘Negro features’ are just a construction and have been invented by race scientists to justify white superiority and black inferiority. In this passage it is clear how Schuyler criticizes and attacks all those who believe in this false myth of race visibility.

latter has always been considered whites' principal scapegoat, and now that there are no more blacks, white Americans no longer have someone to blame and to persecute. These people think that the only solution is to revive white supremacy, as "hatred and prejudice always go over big" (89). They also need to find a way to close down Dr. Crookman's sanitariums and condemn all those that are connected with his business.

The only organization that can preserve white supremacy and hinder the black physician's activity is the Anglo-Saxon Association of America, a group made up of rich intellectuals who can trace "the genotypical truth of race behind the superficial phenotypical alterations made possible by Black-No-More."⁷²⁰ Through their research, these people believe that they can identify former blacks, thus challenging Dr. Crookman. The members of this association believe in whites' superiority and think that "the Anglo-Saxons are the cream of the white race and should maintain the leadership in American soil, economic and political life" (100). Mr. Arthur Snobbcraft is the head of the organization, a man that has always fought for Anglo-Saxon supremacy and racial integrity. He hates blacks and wants to disfranchise all people of African American or unknown ancestry. Snobbcraft collaborates with a famous statistician and social scientist of an important New York insurance company, Dr. Samuel Buggerie, author of several 'scientific' books that claim the inferiority and degeneracy of non-Anglo-Saxon 'races.' Through this figure, Schuyler does a parody of all those racist physicians who observed physical traits and measured bodies in order to classify and separate 'human races.'⁷²¹ Buggerie is here presented as a well-known and esteemed man who publishes ridiculous and nonsensical works that only some people have ever read. The scientist believes to be a "professional Anglo-Saxon" and the "descendant of one of the First Families of Virginia" (103). He wants to oppose Crookman's treatment and thinks that "the only way to tell the pure whites from the imitation whites, was to study their family trees" (103). He begins to examine birth and marriage records, and he is ready to prove that "fully one-quarter of the people of one Virginia county possess non-white ancestry, Indian or Negro" (110). Nonetheless, the results of his study are astonishing. Dr. Buggerie finds out that over half the American population has African origins, including the members of the higher social classes. His statistics reveal that most of the Anglo-Saxon social leaders are "descendants of colonial stock that came here in bondage" (119). For instance, he discovers that both him and Snobbcraft have a mixed heritage, and that Reverend Givens – who has always despised

⁷²⁰ Dana Carluccio. "The Evolutionary Invention of Race: W. E. B. Du Bois's 'Conservation' of Race and George Schuyler's *Black No More*," p. 526.

⁷²¹ As stated by Stacy Morgan in "The Strange And Wonderful Workings Of Science": Race, Science And Essentialism In George Schuyler's *Black No More*," the fact that the author "aimed numerous satiric jabs at so-called "race scientists," (...) is indicative of his awareness of the widespread influence of race science discourse upon the character of American popular thought and public policy." (337)

black people – is “only four generations removed from a mulatto ancestor” (120). The outcome of his investigation demonstrates that “[e]verything that looks white ain’t white in this man’s country” (30). and that no one is ‘free’ from black blood. This discovery erases the absurd and mistaken idea of white purity.

Following Buggerie’s research, Dr. Crookman – who is now the Surgeon General of the United States – publishes an important document where he refers to the differences in skin pigmentation of ‘real’ whites and of those who underwent his Black-No-More treatment. His study reveals that the “new Caucasians” are actually lighter than “old Caucasians” (148). His recent discovery is welcomed with consternation and shocks the entire country. Whites realize that “If it were true that extreme whiteness was evidence of the possession of Negro blood, of having once been a member of a pariah class, then surely it were well not to be so white!” (148) The situation we are presented is completely paradoxical. There is now a growing prejudice against those who are exceedingly white, and “new Caucasians” begin to write indignant letters to local newspapers about the discriminations and racist insults to which they are victims. Most of white people are underpaid and excluded from American society. Some activists found “The Down-With-White-Prejudice-League,” an organization which aims to defend whites’ rights and to fight against their oppression. Race science reemerges and doctors begin to publish pseudoscientific articles where they claim white inferiority and ignorance. For example there is Dr. Cutten Prodd, who writes a book where he proves that “all enduring gifts to society came from those races whose skin color was not exceedingly pale, pointing out that the Norwegians and other Nordic peoples had been in savagery when Egypt and Crete were at the height of their development” (149). Another professor – the anthropologist Handen Mouthie – claims that the palest citizens are mentally inferior to the darker ones, and that their children should be isolated from others in school. This researcher’s findings are considered reliable and authoritative because – as the narrator ironically states – “he had spent three entire weeks of hard work assembling his data” (149). Furthermore, the members of the upper classes begin to look for ways to get darker and beauty shops begin to sell face powders. Rich people are the only ones that can afford a stained skin, and those who do not have one are “at a decided disadvantage, economically and socially” (150). The narrator explains that white faces are extremely rare, and that America is “definitely, enthusiastically mulatto-minded” (150). Thus, the situation we are described is in sheer contrast to what we have been presented so far. Ironically, whites now want to become black, and they are considered the main target of racist discourses, which are here used to justify their oppression. Dr. Crookman’s discovery has once again brought utter chaos and confusion among all Americans.

The novel ends with Dr. Crookman, who is reading his favorite newspaper and suddenly sees the photo of a happy group of Americans. He immediately recognizes his former collaborators, Matthew Fisher and Reverend Givens' family, and he observes that all of them are dark-skinned. He closely looks at the picture, "smiled wearily and passed the section to his wife" (151). His weary smile highlights his final delusion but also his new awareness. The doctor really believed in his ability to find a solution to the country's race problem, but the results of his discovery have not changed the situation. Racial violence and prejudice are still present, and the unrelenting nature of oppression is emphasized by the capitalized "AND SO ON AND SO ON" (148). Crookman now clearly understands the depth of racism in the United States, a place where both blacks and whites are obsessed with racial differences and skin color. Just like Dr. Miller and Dr. Harper, the black physician's final consciousness takes place when he returns to his motherland after many years spent abroad. It is in America that Junius discovers the harsh reality of his country and the impossibility of defeating race hatred.

Through his 'strange and wonderful workings of science,' the black physician intended to verify whether there would be any racism in a reality where no one is black. His discovery was not dictated by black self-hatred, but by his willingness to aid his black community, "for which he, as a privileged and well-educated member, [felt] responsible."⁷²² Junius wanted to do something concrete for his people, and naively thought that his experiment would allow all blacks to find a way out of racist oppression. He did not invent the Black-No-More machine because he hated blacks or because he deemed them inferior. On the contrary, the doctor was proud of his black origins and firmly criticized all those theories that attempted to demonstrate the supposed superiority and purity of the white 'race.' He particularly deconstructed racial classifications based on physical traits, and he revealed the absurdity of the connection between cultural and genetic inheritance.

During his public announcements, the scientist seemed confident and hopeful. He tried to convince his audience and told them that he had found a remedy for all their troubles. His was a smart strategy: he already knew that his discovery would bring him success, as many blacks were obsessed with the idea that being white meant being free. Interestingly, unlike most of his African American community, Crookman did not undergo his treatment. The fact of being a 'Negro' never represented an obstacle or something to be ashamed of. And yet, he invented the Black-No-More machine, and he did it for two main reasons: he wanted to provide a solution to all those that saw black skin as a problem, but he also aimed to establish a lucrative practice. He believed that by eliminating 'blackness' all Americans could live in peace. He initially managed to fulfill his desire, and he

⁷²² Maria Diedrich. "George S. Schuyler's *Black No More* - The Black Conservative's Socialist Past," p. 56.

gradually increased his authority. However, he also had to meet white and black opponents, who saw the elimination of African Americans as a threat to their very existence. On the one hand there were white supremacists, who needed a “racialized ‘other’”⁷²³ and less privileged identity to justify their supposed superiority. On the other, there were “race profiteers,” who exploited discrimination against African Americans to make money and to develop their own reputations.⁷²⁴ Due to this opposition, Crookman was finally able to grasp and reflect on the absurdity of the United States, a country where both blacks and whites relied on the meaningless preservation of racial differences.

Therefore, his plan to achieve through science what education and legislation failed to do, eventually proves useless and naïve. The ‘New Caucasians,’ who have undergone his treatment in the hope of entering what they considered the privileged world of white people, end up persecuted again. Even if most of blacks have become white and have removed the “supposed visual signifier upon which anti-black racism relies,”⁷²⁵ ‘real whites’ still see them as an inferior and subhuman ‘race.’ Crookman ultimately acknowledges that the elimination of ‘blackness’ cannot easily “eradicate prejudice or cease the aggressive nature of whiteness.”⁷²⁶ He comes to realize that whiteness is “not a biological fact, but an idea and representation that has been constructed to privilege a certain group of people over others.”⁷²⁷ He understands that even if he has erased black identity, ‘Old Caucasians’ will always find “a new target in order to maintain their original power status.”⁷²⁸ The novel’s conclusion leaves both the black doctor and the reader “with a sense of fatalistic resignation toward the destiny of America’s racial topography.”⁷²⁹ The final outcome of Crookman’s scientific breakthrough shows “the limits of cold-blooded reason in solving human problems rooted in hearts, minds, and subjective orientations.”⁷³⁰ The black doctor’s invention has not changed the situation and has not resolved the country’s race ills. His solution has not worked and has not defeated racism, which is still deep-rooted in American society. Through his discovery, Junius has cured the symptom but not the illness. And as Maria Giulia Fabi makes clear in her afterword to the Italian edition of *Black No More*, it is the black physician’s weary smile the element that highlights the ultimate awareness of this complex character and that seems to foretell the necessity of a new revolutionary invention.⁷³¹

⁷²³ Jason Haslam. “‘The Open Sesame of a Pork-Colored Skin’: Whiteness and Privilege in ‘Black No More,’” p. 17.

⁷²⁴ Stacy Morgan, p. 350.

⁷²⁵ *Ibid.*, p. 16.

⁷²⁶ Keith Giles et al, p. 32.

⁷²⁷ *Ibid.*, p.33

⁷²⁸ *Ibid.*, p. 36.

⁷²⁹ Stacy Morgan, p. 352.

⁷³⁰ Jeffrey Ferguson and Judith E Jacobsen, p. 228.

⁷³¹ George S. Schuyler and Anna Hilbe. *Mai Più Nero: Ove Trattasi Dei Singolari E Mirabili Ritrovamenti Della Scienza Come Avvennero Nella Terra Della Libertà, Negli Anni Del Signore 1933-1940*, p. 175.

CONCLUSION

My thesis has examined the most significant fictional representations of the black physician in late 19th – and early 20th – century African American literature. The presence of this character in the texts I have analyzed reflects the prominence that black doctors were acquiring in real life. Through this figure, black writers showed how it was like to live and perform a traditionally white profession in a segregated country. By plunging into the lives of these fictional physicians, these authors – in an explicit or more implicit way – made distinct assumptions not only about the fate of black middle-class professionals but also about the future prospects of their entire community. Harper, Tillman, and Hopkins portrayed their fictional black physician as the quintessential leader and utopian guide of the African American community, a positive model for future generations of black Americans. They depicted him as a sort of heroic figure on a mission, a moral and social duty to fulfill. The return to the South or to Africa emphasized his determination to heal and uplift his people. Whereas the American South represents a place where black physicians have the chance to improve the precarious conditions of blacks, Africa is instead envisioned as a modern Promised Land, a symbol of present and future possibilities. Chesnutt, White, and Schuyler – on the other hand – provided a more realistic (and even skeptical) reading of this character, which stands out as a victim of a racist society, gradually becoming aware of the hostile and oppressive environment of the United States. Although these six literary works were published in different historical periods and offered different interpretations of the black medical figure, Dr. Latimer, Dr. Warren, Dr. Briggs, Dr. Miller, Dr. Harper, and Dr. Crookman have something in common. They are all talented, well-educated, and competent young doctors who strive to help their people and try to dismantle whites' supposed superiority through their advanced education and knowledge. A knowledge that often exploited its privileged and authoritative position to attempt to justify that blacks – regardless of their social position – were “less civilized, less moral, less intellectual, and more driven by corporeal desires and appetites.”⁷³² Through the depiction of intelligent, eloquent and ambitious black medical professionals, African American writers “[fought] against the faulty reasoning and exaggerated claims of scientific racism.”⁷³³ They adopted black physicians' particular perspective – or rather – their powerful ‘medical eye,’ to expose and deconstruct science's and white people's racist and prejudiced logic.

⁷³² Stephanie P. Browner. *Profound Science and Elegant Literature*, p. 185.

⁷³³ Joelle Moen et al. *African American Collections and the Legacy of Race Science in the Works of Charles Waddell Chesnutt, James Weldon Johnson, and Zora Neale Hurston*, p. 75.

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