TRIALS OF A PIONEER

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Dr. Jones, former Medical Director of Freedmen's Hospital, was Professor of Urology, Emeritus at the Department of Urology at the College of Medicine at Howard University, Washington, D.C., and the first black Board-certified urologist.

1898 – 1979

INTRODUCTION

On May 22, 1978, the Forum on the History of Urology at the Washington Meeting of the AUA honored Pasquale Bruni, Ernest F. Hock and Adolph A. Kutzmann for their generous support of the Didusch Museum. Eleven excellent papers were also presented. By far the most interesting and poignant was that of R. Frank Jones. Dr. Jones, advanced in years and unwell, asked his successor as Director of the Department of Urology at the College of Medicine at Howard University, Dr. George W. Jones, to read his paper on his behalf while he listened from a wheelchair in the front row. Except for a few changes, which include deletion of data of a bibliographic nature, this chapter is as it was read on that Monday afternoon. Dr. Jones died on April 16, 1979, so that he did not review this final form of his presentation.

TRIALS OF A PIONEER

R. FRANK JONES, M.D., D.Sc., F.A.C.S., F.I.C.S.

PROFESSOR OF UROLOGY, EMERITUS

COLLEGE OF MEDICINE, HOWARD UNIVERSITY

Mister Chairman, international visitors, members of The American Urological Association and guests:

To be invited to address you is one of the highlights of my career. My relationship with the Association spans many of my 81 years — and I must admit, not always as a member-at-large.

During this talk you will hear the names of other black urologists who, despite barriers to proper training, became successful because they were persistent, inventive and dedicated to their field.

If I have been persistent, inventive and dedicated, the credit accorded me is not fully mine. It truly belongs to two incredible men who were my earliest recorded ancestors: Robert Gunnell, a slave in Virginia; and Samuel W. Jones, a slave in Maryland. Both men achieved freedom and moved toward economic and cultural substance some two decades *before* the Emancipation Proclamation of 1863. It was they from whom I inherited the spiritual, economic and cultural standards which unmistakably held me to my purpose.

The incredible thing about both of these slaves was that they acquired freedom on the "installment plan" through permission of tolerant owners. Their stories are documented by records available in the County Court House of Fairfax, Virginia, and in the Court House of Washington County, Maryland.

Ancestry

In the mid-1840s, Gunnell had completed purchase of his freedom, and by the late 1840s he had purchased a six-acre farm in Langley, Virginia. He then married Harriet Lee, a slave on a nearby plantation, and eventually bought his own eight children which she bore. He registered them as his personal slaves so they would not be kidnapped and sold as slaves in states farther south. Records in the Office of the Recorder of Deeds of the District of Columbia substantiate those registrations. The records further show that, when slaves were freed in the District of Columbia by an Act of Congress, April 16, 1862, and owners were compensated, Gunnell was paid $2,168.10 for 10 slaves — two adults and his own eight children.[1]

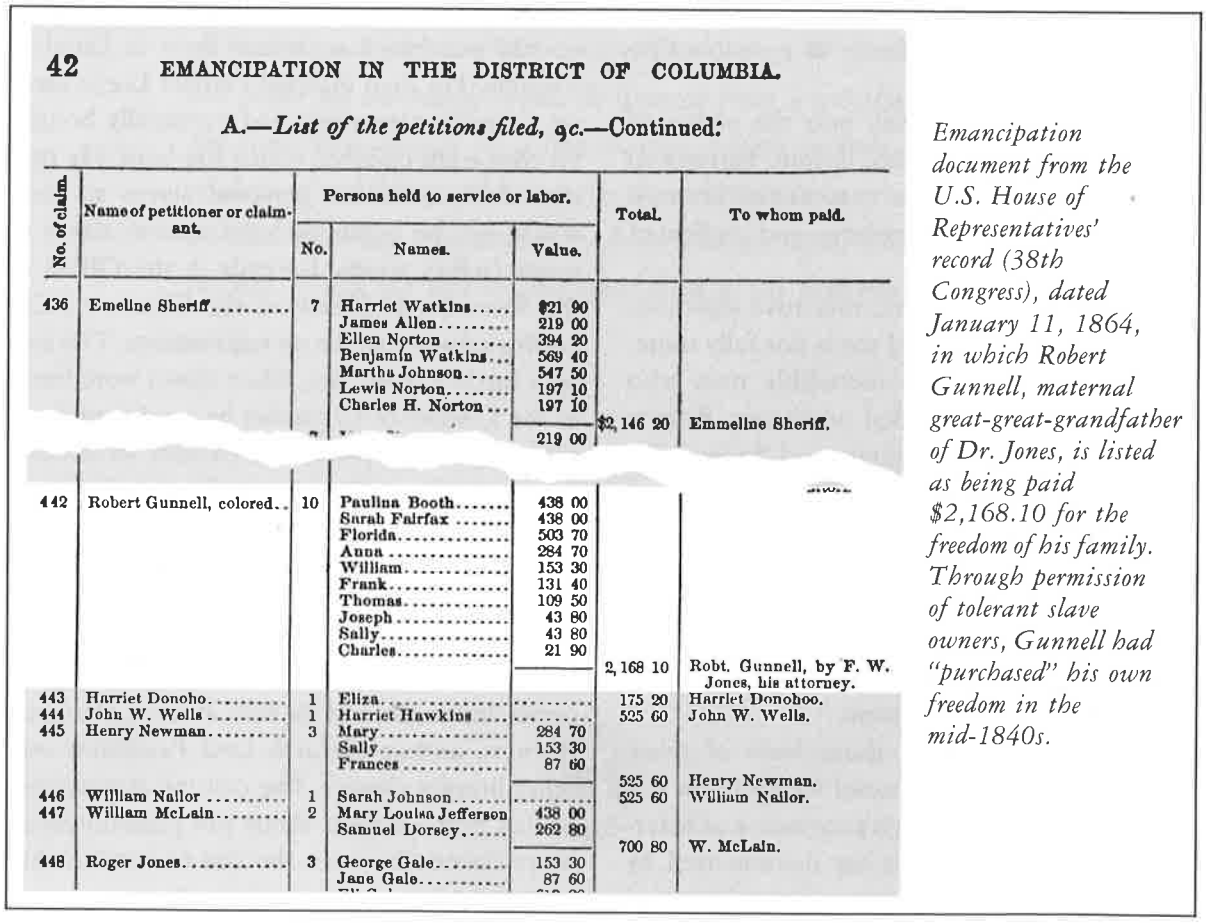
Gunnell's grandson, Richard Payne, was the father of my mother, Mary. At the age of 10 years she lost her mother and went to live with her father's sister, a housekeeper for an ophthalmologist, and his wife, Frances Hodgson Burnett, author of *Little Lord Fauntleroy* and other literary classics. The cultural atmosphere of that home helped shape the preferences of Mary Payne, the ones she was to instill in her own children.

My paternal ancestor, Samuel W. Jones, was brought to Washington — with the consent of his owner — by Mrs. Anna Wormley to serve as coachman for her husband, a hotel and livery stable operator at 15th and H Streets, N.W. By 1847 Jones had completed purchase of his freedom.

Now free, Jones married Eloisa Benson, whom the records describe as a "free-born, light-skinned Negro from the Eastern Shore of Maryland." At the age of 13 years, she was indentured to a "doctor" who taught her the skills of midwifery. She was proficient at her calling and in demand locally as well as in other states. She traveled, for example, to Cincinnati and Chicago to deliver the babies of Charles Howard and his brother, General Oliver Otis Howard, most notably known as the founder of Howard University in 1867.

Jones, by now a music-reading "fiddler," and his busy wife, Eloisa, prospered. They purchased a frame house at the rear of a lot at 1745 L Street, N.W., where two sons and a daughter — Samuel L. (my father), Frank and Irene — were born. Later, they built a three-story house out to the building line at that address. The ground floor was rented to businesses.

Their children were deeply involved with music: Frank became an accomplished organist; Irene married James Bland, an international minstrel who composed "Down By the Old Mill Stream," "Carry Me Back to Old Virginny" — official State song of the Old Dominion — and other songs still sung today; and Samuel became a pianist who hoped for success in New York City. But once there, he found his talent acceptable only in houses of prostitution. He returned home disillusioned. Soon after his re-



42 EMANCIPATION IN THE DISTRICT OF COLUMBIA.

A.—*List of the petitions filed, &c.*—Continued:

No. of claim.	Name of petitioner or claimant.	Persons held to service or labor. No.	Names.	Value.	Total.	To whom paid.
436	Emeline Sheriff	7	Harriet Watkins	$21 90		
			James Allen	219 00		
			Ellen Norton	394 20		
			Benjamin Watkins	569 40		
			Martha Johnson	547 50		
			Lewis Norton	197 10		
			Charles H. Norton	197 10		
				219 00	$2,146 20	Emmeline Sheriff.
442	Robert Gunnell, colored	10	Paulina Booth	438 00		
			Sarah Fairfax	438 00		
			Florida	503 70		
			Anna	284 70		
			William	153 30		
			Frank	131 40		
			Thomas	109 50		
			Joseph	43 80		
			Sally	43 80		
			Charles	21 90		
					2,168 10	Robt. Gunnell, by F. W. Jones, his attorney.
443	Harriet Donoho	1	Eliza		175 20	Harriet Donohoo.
444	John W. Wells	1	Harriet Hawkins		525 60	John W. Wells.
445	Henry Newman	3	Mary	284 70		
			Sally	153 30		
			Frances	87 60		
					525 60	Henry Newman.
446	William Nailor	1	Sarah Johnson		525 60	William Nailor.
447	William McLain	2	Mary Louisa Jefferson	438 00		
			Samuel Dorsey	262 80		
					700 80	W. McLain.
448	Roger Jones	3	George Gale	153 30		
			Jane Gale	87 60		

Emancipation document from the U.S. House of Representatives' record (38th Congress), dated January 11, 1864, in which Robert Gunnell, maternal great-great-grandfather of Dr. Jones, is listed as being paid $2,168.10 for the freedom of his family. Through permission of tolerant slave owners, Gunnell had "purchased" his own freedom in the mid-1840s.

Samuel W. Jones, the paternal grandfather who bought his freedom on the "installment plan," shown with his wife, Eloisa, and two of their children, Samuel L. (Dr. Jones's father, at top) and Frank (c. 1870).

turn to Washington, he met Mary Payne, a high-school-aged girl. They eloped to Baltimore.

By the time Samuel L. and Mary's children were coming along, he turned his talent to playing for church affairs, dances, and soirees of the "gentry." To ensure proper support of his growing family, my father's basic employment was as "engineer" (janitor) at M Street High School, forerunner of Dunbar High School.

My two sisters and I were born in Grandpa Samuel W.'s house at 1745 L Street. In 1904, when I was seven years old, we moved to LeDroit Park, an area of the city that formerly had been sealed off by guarded gates to prevent access by Negroes — even as visitors. The "Old Man" (Samuel W.) came to live with us and remained until his death in 1907.

The great pride I take in having grown up in LeDroit Park is based on the fact that — contrary to the almost universal misconception that blacks as a group are only now struggling for cultural and economic gains — the families who were our neighbors had no offspring who fell short in their struggle for complete education through college and/or professional school.

Education

My entire formal education was obtained in the public schools of the District of Columbia and at Howard University. In the fall of 1910 I entered Armstrong Manual Training High School to develop the trade skills of such importance to my father in his work as "engineer." After graduation in 1914, I entered the Liberal Arts Department at Howard University because I dreamed of becoming a professional architect.

In the summer following my second year at Howard, I worked as a waiter in Saratoga, N.Y. When I returned to Washington, my father arranged to have me hospitalized on a between-semester date for what was thought to be an inguinal hernia, but was actually a varicocele. I spent 14 days in the hospital completely fascinated by what went on! Luckily, following my return to school, there was enough time to take the biological sciences required to qualify for medical school in the fall of 1917.

Then came our entry into World War I in April 1917, and all of my efforts were directed toward working with a committee for creating a climate in which an officers' training camp for Negro college men could be established. Our efforts were successful, but I was six months too young to qualify.

That summer I married my childhood sweetheart. School regulations required that students who married remain out of school for

one year. I worked hard at a series of jobs, losing or quitting them in rapid succession, and grew more depressed over my bride's health — within weeks of our marriage she was pronounced a severe diabetic. She died in the pre-insulin era in March 1918. Lonely and bewildered, I attempted to enlist in the Air Corps but was rejected. Then my world began to brighten. I was formally admitted to medical school and subsequently joined the Army Medical Reserves.

Medical Training

From the beginning I was successful in my medical studies. Between the end of my junior year and graduation, I lived in a surgeon's scrub suit and was available to any surgeon as second or third assistant for all kinds of operations at any time that did not conflict with medical courses and lectures (then generally given in the afternoon).

I became an assistant to Dr. Hartford Burwell in an October-to-April gynecologic inpatient service, and served as assistant to Dr. Milton A. Francis in a year-round genitourinary inpatient service starting in July.

Dr. Burwell had a modern, forward-looking attitude and provided an excellent exposure to surgical techniques, executed with dispatch. (The usual pelvic operation was completed skin to skin with 35 minutes as a goal, accomplished only through well-developed team work.)

Birdie Payne (left), Dr. Jones's maternal grandmother, shortly after her marriage to Grandpa Payne. Richard Payne, grandson of Robert Gunnell and grandfather of Dr. Jones, photographed with his older daughter, Mary, mother of Dr. Jones (c. 1930).

On the other hand, Dr. Francis encouraged me to take over surgery. Yet despite his willingness to allow me to perform operations, there were severe limitations to what I could do. For even Dr. Francis, who spent years, beginning in 1908, as assistant to Dr. Harry Fowler, the white head of the GU service at Freedmen's Hospital — now Howard University Hospital — had been allowed only to peep into the cystoscope at such times as Dr. Fowler's whims permitted. (Dr. Fowler went to war in 1917 and never returned to hospital service.)

In 1922, when I was an intern in the GU service, Dr. Fowler walked through the clinic accompanied by another white, Dr. T.C. Thompson, and gave no greeting to Dr. Francis. Dr. Thompson subsequently became head of the GU outpatient division, and Dr. Francis remained in charge of the GU inpatient service.

Although Negro community hospitals existed in Kansas City, St. Louis, Chicago, Philadelphia and Baltimore, no residency training programs in urology had been undertaken at those hospitals. Until 1936 or 1937, when I instituted a four-month program for assistant residents in general surgery, there were but four black men in America who had received any formal training in urology. All are noteworthy:

Dr. Walter S. Grant, a graduate of Northwestern University, who served a 1½-year internship and six months of residency — ending in 1923 — at Cook County Hospital in Chicago, and who became a Diplomate of the Board as late as 1947;

Dr. Lionel A. Mahone, a Northwestern graduate in 1924, who also interned and served a residency at Cook County Hospital, was appointed Chief of the Urologic Service of the VA Hospital, Tuskegee Institute, Alabama, in 1930 and became a Diplomate of the Board in 1951;

Dr. Chester Ames, a graduate of Wayne State University, who interned and had six months of residency in urology and proctology at Detroit City Hospital, ending in 1931; and

Dr. Conrad Vincent, the first black to gain formal training as early as 1920 after graduating from the University of Pennsylvania and serving one year of internship and one year of residency at Bellevue Hospital, New York City. It is important to note that Dr. Vincent did not receive appointment to a hospital staff until five years after he completed formal training. His contribution to urology is a description of the varicocele operation in the inguinal region[2] as reported in *Urology,* a standard textbook by Edward L. Keyes, Professor of Urology at Cornell University and urologist at St. Vincent's and Bellevue Hospitals.

My progress as a surgeon was not only impeded by the racial bias rampant at the time, but was limited by lack of knowledge and new techniques. Though Dr. Francis accepted the surgical techniques I had developed in gynecology under Dr. Hartford Burwell, and permitted me great leeway in suprapubic cases, my progress in cystoscopy and ureteral catheterization proceeded very slowly.

Although Freedmen's Hospital was a government facility, it was used as a teaching hospital for students of the College of Medicine at Howard University. The hospital staff, therefore, was not necessarily of the university faculty. It was not until 1930 that the organizational charts of the hospital and of the College of Medicine officially became related. It was also at that time that I was given the choice of becoming either a gynecologist or a urologist. I chose urology.

Chicago Experience

In 1933 and 1934 I visited Chicago's World's Fair. While in the city, I observed Dr. Walter S. Grant at work in his clinic at Provident Hospital. The man's thoughtful, conscientious and meticulous efforts were the inspiration that prompted me to (1) study more carefully every clinical problem to an end that was the best

possible solution, and (2) keep intelligent records of every case so that proper summaries could provide materials for teaching and reporting. (Grant incidentally introduced me to the game of golf in 1933. Years later, in 1973, I entered the AUA golf tournament and won the much-coveted Golden Cystoscope, which I donated to the College of Medicine of Howard University.)

During those Chicago visits I also made rounds with Dr. Harry Rolnick at Cook County and other hospitals. I also observed Dr. Herman Kretschmer during two mornings of transurethral resection at Presbyterian Hospital. From my observations, I gained a healthy recognition of the difficulties encountered in the first 50 cases of transurethral resection by the early resectionists in the Chicago area. As a result, I decided not to establish resection at my urologic service at Freedmen's. Since the number of patients requiring a prostatectomy was approximately 50 per year, I could not visualize my starting the use of transurethral resection and achieving no more success with it than what I observed in Chicago. I settled for staying with the two-stage suprapubic prostatectomy while continuing an innovative approach to the perineal operation.

Board Certification

To be accepted for Board evaluation in 1936, it was necessary to get endorsements from the two local certified members: Drs. Ralph M. LeCompte, Professor of Urology, Georgetown University, and Francis Hagner, Professor of Urology, George Washington University.

My experience with Dr. LeCompte was ambivalent. He made it known that he could not endorse me because, "I do not know you," and then followed immediately with, "I have known two Negro surgeons of great ability who operated at Garfield Hospital when I was there. I'll write the Board that if both of these surgeons will endorse you, the Board should admit you for examinations." Dr. LeCompte added, "If you are seeking endorsement for the AUA, be advised that it's a *social organization* and. . . . " Despite the prevalent venom of that day, I was examined with other urologists from this area. Nine of us were successful in becoming Diplomates of the Board that year (1936).

The year after I was certified, I applied for membership in the Mid-Atlantic Section of AUA — a prerequisite for AUA membership.

I talked with Dr. T.C. Thompson who, by then, had served eight years at Freedmen's Hospital as the representative of Dr. Harry Fowler, last mentioned here as Professor of Genitourinary Diseases in the College of Medicine of Howard University. While in Dr. Thompson's office, I asked him, "Whom do you think I could get to endorse my membership in the Mid-Atlantic?" He looked squarely into my eyes and said, "I don't have the slightest idea!"

I next had an interview with Dr. Francis Hagner, Professor of Urology at George Washington University. He heard my request for endorsement, stood and paced his 60-foot private office. His hands clenched and unclenched at his back. As he retraced his steps, I heard, barely audibly, ". . . a member of the Mid-Atlantic? . . . a member of the Mid-Atlantic?" He abruptly turned to face me and said, "I really don't know; but I'm going to our next meeting and I'll play it by ear!"

Somehow, I was undaunted by the unpopularity of my plans. The persistence of Grandpa Jones who bought his freedom on the "installment plan" revived itself in me! I wouldn't give up!

Dr. Arthur Hooe, at the time president-elect of the Mid-Atlantic, had had a most pleasant relationship with me when a staff member of Freedmen's Hospital. I phoned him. He told me that he was not going to the next meeting, but would write a letter supporting my application.

Three weeks after the Mid-Atlantic meeting, I was notified that I had been elected to membership. I immediately sent $25 for the initia-

Dr. Kline A. Price, office assistant and cousin of Dr. Jones, who served as an apprentice in the training program for urologic residents instituted at Freedmen's Hospital by Dr. Jones. He became the second black physician to be Board certified.

tion fee, then proceeded to get endorsements from Dr. Harry Rolnick, and from Dr. Guy Hunner of Johns Hopkins University. Case presentations were delivered posthaste to the AUA and approved. The AUA notified me to come to the Quebec meeting for induction. Unfortunately, I could not attend on the date specified and notified the AUA of the difficulty.

About three weeks after the meeting in Quebec, I was shocked to receive a letter from the secretary of the Mid-Atlantic section stating that my acceptance for membership was faulty because I did not have the necessary endorsements. At intervals thereafter, I applied directly for a membership application. I never received one. Thirty years later, in 1965, when the at-large category was established, my application was accepted directly into the AUA. I am now pleased to be a member of the American Urological Association!

Medical Milestones

In 1937 I was appointed Clinical Assistant Professor in Urology. That year I instituted a program for the training of urologic residents. My office assistant, Dr. Kline A. Price (my cousin, who came to live with us when he was two years old), began his apprentice training toward Board qualification. By 1944 he was the second black to acquire Board certification. In September 1952, *The Journal of Urology* published Dr. Price's report of a most unusual case concerning an accidental transection of the three corpora of the penis.[3] Primary repair was physiologically satisfactory.

In 1941 Dr. Robert E. Fullilove — now an eminent urologist in Newark, New Jersey, and a Diplomate of the Board since 1946 — joined our staff as a Fellow to fulfill part of his qualifications for Board certification. In September, Dr. Fullilove discovered Freedmen's first case of severe congenital bladder neck obstruction in a newborn. During the 1940s there followed a number of similar cases. All succumbed. However, in 1953 our innovative techniques resulted in a cure for one case in which a nephrectomy followed in two years. Retrospective analysis revealed an obstructive compensatory hypertrophy of the bladder muscle, causing ureteral and pelvic distention.

In 1942 I was appointed Clinical Associate Professor in Urology and in 1945 became Clinical Professor. My training program for residents in urology was approved in 1947 for a three-year period. However, I extended it to a fourth year through financing by the College of Medicine. Dr. Merle Herriford was the first

graduate from the approved training program. He graduated in 1948 and was certified by the Board in 1952. Dr. Herriford developed an approved residency program at the Homer G. Phillips Hospital in St. Louis.

C. Warfield Clark was one of three classmates graduating in 1944 who sought Board certification. Dr. Clark wished to gain certification via apprenticeship as my office assistant. A vacancy occurred in 1952 for Chief Resident in my hospital training program, in which Dr. Clark served to complete his training and acquire Board eligibility. He was certified in 1959.

In 1950 and 1951 two graduates from the training program could find no U.S. hospital where they would be allowed to gain the two years of private patient experience necessary for Board certification. They too were added to my office staff, were paid salaries, and thus were provided the two years of private patient experience required for examination by the Urology Board.

There were 23 selectees for my training program. The 23rd, Dr. George W. Jones, is now Chief of Urology of the College of Medicine of Howard University. Eighteen of the 23 trainees I selected were immediately approved when seeking Board certification.

From August 1 to October 1, 1958, I served as Acting Dean of the College of Medicine while Dean Robert Jason served as consultant for the construction of an American hospital in Vietnam. During my stewardship, the Promotions Committee recommended that eight students be expelled for deficient scholarship. I did not approve this action and following my meeting with the committee, they withdrew the recommendation. The ultimate performance of the students justified my stand: Six graduated with their class in 1962, three of whom ranked in the middle third. The other two graduated in 1963.

While I was Acting Dean, President Mordecai Wyatt Johnson, Chief Architect of the University, Julian Cook and I discussed the proposed addition to the TB annex that was to occupy all of our parking facilities. On the spot, I proposed that all plans to build a new facility adjacent to the TB annex be scrapped and to aim at construction of a first-class, modern hospital on the adjacent Griffith Stadium site. Although the Washington baseball and Redskins football teams were still playing there, the stadium was to be vacated for a new one. My proposal was accepted and successfully completed.

On October 1, 1958, I was appointed Medical Director of Freedmen's Hospital. I immediately focused my attention on the Emergency Service. Until then, records had been kept in a ledger which recorded the impression of the intern, the medication and/or treatment given, and whether the patient had been referred to a clinic or private physician. In a few months, as a result of my pleas to the Executive Committee, every patient applying to the Emergency Service was accepted as our responsibility and given a complete workup.

At the same time, my attention was directed toward the care of inpatients. In January 1960 a plan I devised for peer review of inpatient cases was presented at a staff meeting of the Katie Bittens Memorial Hospital in Winston-Salem, N.C. Soon after, when the incident and plan were reported to Freedmen's Executive Committee, the plan was approved and authorized for use at Freedmen's. The plan proposed that within each clinical division, the most knowledgeable clinician be appointed to review the records of all patients whose diagnoses fell within the clinician's area of assignment, make a critical analysis of each case and report his findings at monthly staff meetings.

Public Service

Through the years I have served in several public service capacities, although the Hospital and University made great demands on my time. From 1943 to 1948 I was Senior Surgeon

Samuel L. and Mary Payne Jones, to whom Dr. Jones was devoted, shown on their 50th wedding anniversary day in 1944. Their encouragement to overcome economic and cultural boundaries, as well as racial discrimination, helped make his dreams realities.

on the Public Health Service. In 1952 I was asked by the U.S. military to travel overseas to observe progress of the newly decreed desegregation of our military installations, especially of the American medical facilities at Heidelberg and Frankfurt am Main.

In 1959 I traveled with a group to Berlin for the cornerstone laying of the Medical Center of the Free University, in the planning of which I had served the Benjamin Franklin Stiftung as consultant. While abroad, I extended my trip ten days in order to observe the urologist Dr. A.M. Gasparyan at work in the Soviet Union.

Dr. Gasparyan's techniques were not unusual except in the area of urethral stricture. He employed as routine the subcutaneous implantation of chlorinated human placenta at regular intervals. No urethral instrument was used. I have serial photographic evidence of the progressive improvement of the patients so treated. (I planned to use his dramatic approach in my own clinic, but lost my nerve!)

Having spoken of my extended trips, I think it important that I tell you of my philosophy on fees. It is quite antiquated for these times, but from the beginning of my professional career I realized the limitations of income in the black community. In those days, widespread health insurance coverage had not come into being. I never initiated any discussion about fees with any urologic patient before surgery. Nor did I ever collect a fee before surgery. At a strategic interval in the convalescence of the patient, my office rendered a bill. During discussion that followed, the patient was told that he could meet the obligation within a reasonable time as was dictated by his budget.

In my letter of December 11, 1975, to Dr. Ralph Landes, which culminated in an invitation to address this Forum, I gave a detailed urologic report on the procedures and analyses I now ask your Committee on the History of Urology to consider as warranting inclusion in the proposed *History of Urology in America.* The series contains reports on surgical procedures I developed and performed at Freedmen's Hospital, the descriptions of which have been reported in accredited urologic publications. (I am proud to note that, during my tenure as Medical Director of Freedmen's, I served on the five-man committee for planning construction of the existing, first-rate facility, completed in the spring of 1974.*) The summaries include:

1. My serial contribution to the knowledge of prostatic surgery began in 1934. I introduced water-tight closure of perineal prostatectomies and drained them via an indwelling catheter. This procedure immediately reduced

*The urological suite of the new Howard University Hospital's surgical wing bears Dr. R. Frank Jones's name. [Ed.]

Dr. Jones (right) entered the 1973 AUA golf tournament held at the Westchester (N.Y.) Country Club and won the gold Wappler cystoscope award. With him at the event are (from the left) William Harper, D.D.S.; George W. Jones, M.D. and Lewis Terry, Pharm. D.

morbidity significantly, mortality to about two percent and hospitalization by 50 percent.[4]

2. In 1939 I began a consecutive series of routine one-stage suprapubic prostatectomies. This series, the first reported by an American urologist, abandoned the two-stage operation. (In 1942, when this series was submitted to *Urologic and Cutaneous Review,* it was refused publication. An earlier segment of the series was reported to the National Medical Association in Chicago, and was published in the *Journal of the National Medical Association.*[5])

3. My radical operation for removal of all genital organs involved with tuberculosis, applicable where the genital lesions are the only evidence of TB, was submitted to, and refused publication by, a leading urologic journal in 1941. Its publication was deferred until after Dr. William W. Scott, Professor of Urology at Johns Hopkins, reviewed my work and acknowledged its priority in an addendum to his description of a similar technique.[6]

4. My interest in the control of gonorrhea caused me to evaluate, in depth, the early claims for penicillin. Using three times the recommended dose of aqueous penicillin in 11 patients infected with acute gonorrhea, I found that all ten who were followed failed to respond clinically and culturally. The dosage was doubled and later quadrupled, and follow-up cul-

tures were extended. I concluded that the rate of failure remained too high to assure safety from communicability.[7-9]

5. In regard to lymphogranuloma venereum, I contributed a procedure to evaluate the stricture of the rectum which complicates the disease.[10]

6. My interest in the control of nonspecific urologic infection is manifested in the following articles and suggests that I was a pioneer in culture-control of urologic infections:

a. One of the first articles on oxytetracycline (Terramycin), a then new antibacterial agent, contained my office experience with the agent.[11]

b. In my discussion of Dr. Reed Nesbit's paper on Terramycin at a meeting of the AUA, June 1950, in Washington, D.C., I presented graphic details of the clinical benefits of oxytetracycline.[12]

c. I exhibited at the 1952 convention of the AUA in Atlantic City bacterial growth recovered from the patient's urine, nutrient agar for identification and the degrees of growth inhibition by a variety of antibacterial agents. A series of papers, "Specific Antibacterial Therapy in Urology" followed.[13,14] This scientific testing of bacterial susceptibility to antibiotics continues to the present day.

7. In 1951, while performing a suprapubic prostatectomy on a patient with a very large scrotal inguinal hernia, I dissected the region of the inguinal canal and reduced the hernia. Shortly after, I conferred with Dr. Burke Syphax, Chief of Surgery at Freedmen's, on the practicality of performing a hernioplasty through a midline incision that had originally been developed to perform the one-stage suprapubic prostatectomy. (Exhibited at the 1958 AMA convention, San Francisco; and the 1958 American College of Surgeons convention, Philadelphia.) The exhibit outlined our entire experience of 50 cases from 1951 to 1958. (A very adequate color movie was made of this procedure as it was performed in 1960 on a member of my staff. The film, never titled, is kept on file at the National Institutes of Health.)

8. A true hermaphrodite was diagnosed soon after birth in Freedmen's Hospital. It was converted to a normal female within three months following a series of surgical procedures.[15] *This is the only case of immediate conversion on record.* The case was followed for only three years.

9. A substitute bladder was surgically constructed from a separated segment of the sigmoid.[16] The segment, or loop, after being opened along its tenial surface, was tailored to the shape of a pear, and received the ureters in its margins. An indwelling catheter was placed in the substitute bladder, the apex of which was sutured to the urogenital diaphragm.

10. Radical perineal prostatectomy is a probable and acceptable cure for early cancer of the prostate. This finding — since 15 to 20 percent of patients subjected to suprapubic prostatectomy are found to have cancer of the prostate — prompted me to subject such cases to secondary radical prostatectomy. I reported this finding in a symposium on prostatic cancer (with J.C. Kimbrough, Lloyd G. Lewis and Roger Baker) before the 59th Annual Convention of the NMA, August 1954, at Howard University.

11. Dr. Kline A. Price, my office associate, described my surgical approach to phlegmon of the scrotum;[18] a bi-section of the scrotum through Camper's, Scarpa's and Colles' fascia down to the Buck's fascia. The necrotic tissue is removed and counter drainage established, if necessary, through the involved fasciae at the lower abdomen. When granulations have developed adequately, all tissues are reapposed.

As I reflect upon my modest contributions to medicine, to urology and to my medical school during a lifetime of racial discrimination, I can take comfort in the much wider opportunities we helped to forge for the present and future generations of black physicians.

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