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Louis T. Wright
and
Henry W. Cave
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*How they paved the way
for Fellowships for black surgeons*

by John S. O'Shea, MD, FACS, *Cambridge, MA*

The 1912 Clinical Congress in Philadelphia was attended by Dr. Wilberforce Williams, a black surgeon from Chicago, IL, who expressed regret that “more of his race had not taken advantage of the opportunity to keep in touch with the latest discoveries in the surgical world.”¹ His attendance at the meeting marked the beginning of a relationship between the American College of Surgeons and surgeons of African descent.¹ In many ways, the history of this relationship parallels the story of many U.S. institutions of national scope and is not unlike the story of U.S. democracy. A basic motivation for the founding of the American College of Surgeons was to bring equality to surgical education, making scientific and clinical advances available not only to academic elites, but to all those involved in the practice of surgery in all regions of the country. The early efforts to achieve this goal,

however, confronted social, cultural, and economic realities and compromises that threatened to make surgical education for all an incompletely fulfilled promise. Sixty years ago, through leadership and cooperation—most notably, the efforts of Louis T. Wright, MD, FACS, and Henry W. Cave, MD, FACS—the College took a major step toward satisfying that promise, a decision that has been equally beneficial to the College as well as to all surgeons and their patients.

Daniel Hale Williams and the early years

Daniel Hale Williams, MD, FACS, of Chicago, IL, was the first black surgeon to be admitted to Fellowship in the College. Born in Pennsylvania in 1858, he received his medical degree from Chicago Medical School (now Northwestern University) in 1883. Dr. Williams gained notoriety as only the second surgeon in the U.S. to report the successful repair of a stab wound to the pericardium in 1897. In 1902, he reported one of the earliest successful attempts at splenorrhaphy. He also left his mark on hospital administration when, responding to a need in Chicago for an

Above left: Dr. Wright as a student at Harvard Medical School (circa 1914). Photo courtesy of the Harvard Medical Library and the Francis A. Countway Library of Medicine. Right: Dr. Cave, circa 1951.

interracial institution to provide care for patients of color, opportunities for hospital staff appointments for black physicians, and educational possibilities for black nursing students, he founded the Provident Hospital and its affiliated Training School in 1891.²

Among the surgeons listed as references on Dr. Williams' application to the American College of Surgeons were founding members of the College—Drs. J. B. Murphy, Albert Ochsner, and Franklin Martin (all MD, FACS). Dr. Murphy said Dr. Williams "...has had great experience and a studious career, surgical standing far above the average. Moral standing exceptional. Ethical standing perfectly good." When the list of initiates for the first Convocation was presented by Dr. Martin, Dr. Williams' application generated considerable discussion among the Regents. The discussion was partly, though not entirely, divided along North-South sectional lines. At least one southern surgeon expressed a strong opinion that recognizing Dr. Williams as a Fellow and the notoriety that would follow would be a source of considerable social problems. Most of the Regents, however, fully supported the application and one, Alton Ochsner, MD, FACS, threatened to resign from the College if Dr. Williams was not accepted.³ Dr. Williams' application was accepted in 1913.

These discussions addressed fundamental questions regarding the future direction of the ACS. If the College was to become a scientifically based organization, committed to the advancement of the profession of surgery, racial and cultural issues should not be problematic.

The number of black surgeons who applied to the College in the first several decades of its existence is difficult to know for certain, as the official policy was to not record the race of applicants or Fellows. However, records show that at least 35 applications from African-American surgeons were received from 1913 through 1944, only one of whom, in 1934, was accepted for Fellowship on initial application. Five of these applications were noted as "not submitted to local credentials committee," possibly because of insufficient credentials, and two of the applicants were clearly rejected on the basis of not being primarily engaged in the practice of surgery.

Of the remaining applicants, however, most

possessed excellent or, in many cases, outstanding credentials, and six were board-certified in a surgical specialty; furthermore, among the applicants in the early 1940s, many were officers who served during World War II, including a graduate of the distinguished Tuskegee Flying School.⁴

The only black surgeon to be accepted for Fellowship during these years was Louis T. Wright, MD, FACS, a man who was not only an outstanding surgeon but also contributed enormously to the struggle for racial equality, leaving a legacy that advanced the goal of fair and full access of opportunity to African-American patients, medical students, physicians, and nurses to all aspects of the U.S. health care system.

Louis T. Wright—progress for black surgeons

Louis Tompkins Wright was born in 1891, in La Grange, GA, and in his early years was exposed to what must have seemed contradictory influences. He witnessed not only the worst of racial bigotry and hatred, but also observed the achievements that could be realized, regardless of color, through talent and industry. Although both of his grandfathers were prominent white men, Dr. Wright's father, Ceah Ketcham Wright, was born into slavery. Possessed of extraordinary abilities and aptitude, Ceah Wright managed to obtain a medical education, graduating as valedictorian from Meharry Medical School in 1883. By the time he married Louis' mother, Lula Tompkins, Ceah had given up the practice of medicine to become a full-time minister in the Methodist Episcopal Church. He died at age 41, when Louis was four years of age. By the time Louis was eight, Lula had remarried, again to a physician, Dr. William Fletcher Penn, Yale University's first African-American medical graduate, who would tremendously influence Louis' formative years.

Being the grandson of prominent white men and the son and stepson of black men of extraordinary achievement did not insulate Wright from the worst of racism in the South in the early 20th century. In addition to observing lynching and chain gangs as a small boy, he witnessed, at the age of 15, the 1907 Atlanta riot from his front door, where his stepfather had stationed him, Winchester rifle in hand, with instructions to shoot anyone who attempted to enter. The family was rescued by a white neighbor, who hid them to

escape the threat of being shot or lynched.⁵

Having graduated as class valedictorian from Clark University in Atlanta in 1911, and confident in his abilities and encouraged by his stepfather, Wright applied to Harvard Medical School. When he presented himself at Harvard, his interviewer, Dr. Channing Frothingham, realized that Wright had graduated from the Clark University in Atlanta, a school that offered elementary, high school, and university instruction to blacks—not the Clark University in Worcester, MA—and was rather amazed that a student from “one of those funny little schools” would consider applying to Harvard.⁵ Convincing Dr. Frothingham to at least test his abilities, Wright was referred to Dr. Otto Folin, professor of biochemistry, who, after a reportedly heated oral examination, told his secretary to let the admissions committee know that “Mr. Wright has had adequate chemistry for admission to this school.”⁵

During his student years at Harvard, Wright displayed the courage of conviction and an activism against racial inequality that he would develop throughout his life. In April of his final year of schooling, he missed three weeks in order to demonstrate against the Boston showing of *The Birth of a Nation*, the D.W. Griffith film that glorified the role of the Ku Klux Klan in the U.S. Wright was supported in these efforts by his teacher, the prominent surgeon Richard Cabot, MD. In June of that year, Louis received his medical degree, graduating cum laude and ranking fourth in his class. He was also given the Hayden award for scholarship during his four years.⁶

After his applications for internship at the Massachusetts General Hospital, the Boston City Hospital, and the Peter Bent Brigham Hospital were rejected, Dr. Wright accepted a post at the Freedman’s Hospital in Washington, DC, a federally subsidized institution established under a policy of “separate but equal.” Following a one-year rotating internship, Dr. Wright returned to Atlanta and joined his stepfather, quickly building a large clinical practice. Back home, he now faced discrimination from whites and was ostracized by a group of black physicians, mainly from Meharry, who resented black graduates from northern medical schools. In 1917, Dr. Wright was commissioned as first lieutenant in the U.S. Army Medical Corps, 367th Infantry Regiment,

92nd Division, stationed in France. He was placed in charge of the surgical wards at Field Hospital 366 and was discharged as a captain, receiving the Purple Heart following a German assault with phosgene gas. In 1919, he settled in New York City and opened an office for the general practice of surgery on Seventh Avenue in Harlem.

The admission of Dr. Wright to ACS Fellowship in 1934 generated a considerable firestorm of debate, much like what had followed the admission of Dr. Williams in 1913. Faced with possible disapproval by a substantial number of Fellows, the College initially tried to avoid a head-on confrontation. As in any federated organization, including the U.S. government, central policies can be subjected to a considerable variation on the state and local level; this was the case in both the American Medical Association (AMA) and the ACS, where more subjective judgments such as the “moral and ethical standards” of the applicant were left largely to state and local credentials committees, making admission criteria essentially a “states’ rights” issue.

By the late 1930s, however, many national medical organizations were forced to deal with the issue of admission of minority applicants. The AMA was forced to address possible inequities in its admissions policies following the 1939 publication in the *Journal of the American Medical Association* of a resolution by the Medical Society of the State of New York, urging that membership in the AMA not be denied solely on the basis of race, color, or creed. In the face of the increasing awareness of racial and religious (but, as yet, not gender) discrimination, the College also felt the need to make a formal statement regarding eligibility for admission to Fellowship, and, in 1939, the Board of Regents unanimously adopted the following resolution: “Be it resolved that no applicant shall be granted fellowship in the American College of Surgeons whose admission would be injurious to the good order, peace, or interest of the College, or derogatory to its dignity, or inconsistent with its purposes.”⁷

Henry W. Cave and the turning point

At a casual glance, Henry Wisdom Cave, MD, FACS, may not have seemed an obvious candidate to champion the cause of black surgeons. By all accounts, he was a true “white southern gentle-

man.” Dr. Cave was born in Paducah, KY, in 1887, the son of Edward Cave, a Presbyterian minister from Virginia, and Nell Wisdom, a native of Tennessee. He graduated from Central University of Kentucky in 1909 and received his medical degree from Johns Hopkins University in 1913, where, as a student and during his internship, he came under the tutelage of Dr. William Stewart Halsted. After a short period of study abroad, he joined the staff of Roosevelt Hospital in New York City in 1915, where he would remain for the rest of his career. Like Dr. Wright, Dr. Cave served with distinction in World War I as a captain with Base Hospital No. 15 (Roosevelt-Mackay Unit), stationed in Chaumont, France. Though transplanted to the North, there was much of Dr. Cave’s life that remained classically Southern. He married Mary Thompson of Texas, the daughter of a distinguished professor of surgery. The couple built a country home in Wilton, CT, high on a hill, from where, on special occasions, a huge silk Confederate flag was prominently displayed.⁸

African-American surgeons continued to apply to the College in the early 1940s, and the ambiguity of the formal statement from the Board of Regents did little to defuse a growing controversy. Among those who were denied Fellowship during this period were Charles R. Drew, MD, chair of the department of surgery at Howard University and chief surgeon at Freedman’s Hospital in Washington, DC; Peter Marshall Murray, MD, a well-known New York City surgeon, and Lt. Col. Roscoe C. Giles, MD, chief surgeon at the military hospital at Ft. Huachuca, AZ. Efforts by Drs. Cave and Wright to support fellowship applications of several black surgeons who were seeking staff privileges at New York City’s Sydenham Hospital in 1941 were met with the response that the issue could not be addressed at the present time. (In 1943, Sydenham Hospital became the first fully integrated voluntary hospital in the country.) The inability of prominent black surgeons to gain Fellowship resulted in an increasing amount of negative publicity for the College. Responding to the difficulties faced by Drs. Drew, Murray, Giles, and others, Dr. Wright wrote a guest editorial that appeared in the *Pittsburgh Courier* on March 25, 1944, entitled “Your New York and



Eleanor Roosevelt and Dr. Wright at the dedication dinner for the founding of the Louis Tompkins Wright Library at Harlem Hospital (1952). Photo courtesy of the *Harvard Medical Alumni Bulletin*.

Mine,” where Dr. Wright protested an attitude he called “harmful to the health of the American people, and the morale of millions of our soldiers,” and he suggested that the immediate correction of this attitude would “go a long way toward causing the colored doctor to think that the majority of his white professional brothers believes in democracy, and that racial distinctions cannot be justified in the art and science of surgery.”

In May 1944, Drs. Cave and Oschner and Frederick Collier, MD, FACS, were appointed to act as a “Committee on the Relation of the Colored Surgeon to the American College of Surgeons.” With the assistance of Dr. Wright, Dr. Cave met with a group of black surgeons from New York City in order to get some idea of their professional qualifications, ethical standing, and “to attempt to ascertain why they seemed so anxious

to become Fellows of the College.”⁹ Following this meeting, Dr. Wright prepared a list of 11 black surgeons on the staff of Harlem Hospital, not including those working in surgical specialties who he believed met the requirements for Fellowship. The College was now seriously addressing the issue centrally, but Dr. Cave asked that black surgeons be patient. He planned to attend the next meeting of the Southern Surgical Association in order to begin a process of “education and understanding” in the hopes of resolving the matter in an “evolutionary rather than a revolutionary manner.”¹⁰ Before the problem could be adequately addressed, however, the issue was forced into stark relief in 1945.

Rejection letters typically contained nonspecific language such as, “A decision has been reached not to confer this Fellowship at the present time,” or, “Under the present ruling, you are not eligible for fellowship at the present time.” In November 1944, Charles Bate of Tulsa, OK, received the following response to his request for an application to the Junior Candidate Group: “By action of the Board of Regents, colored surgeons are not being admitted to the College at the present time. However, the subject is now under consideration by a committee appointed by the Board.”

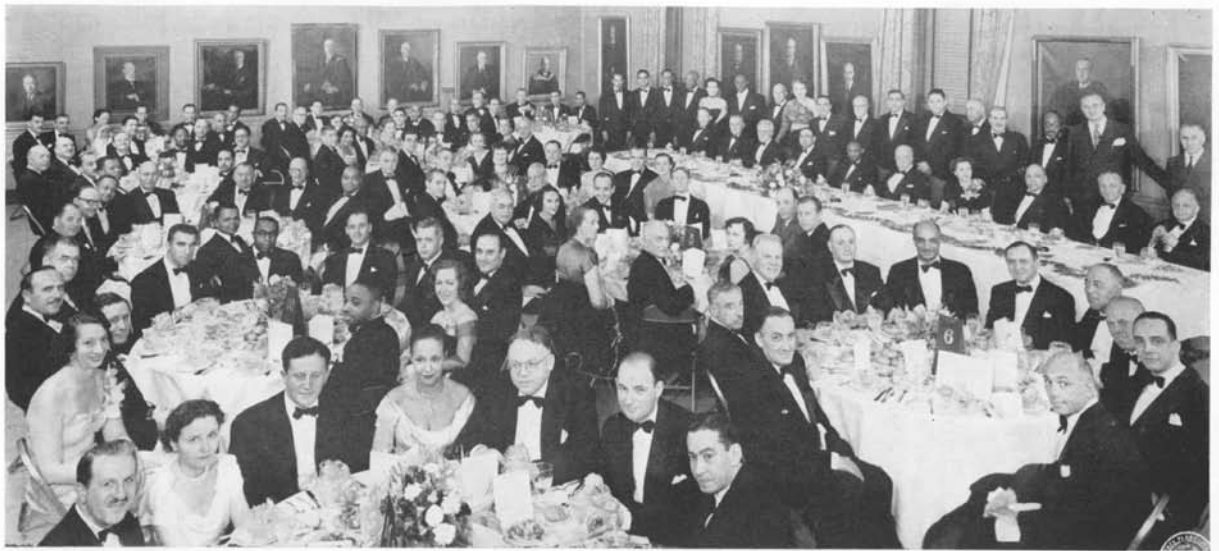
In addition, in April 1945, at least two applicants for Fellowship—J. Arthur Hibbler, MD, of Kansas City, MO, and George D. Thorne, MD, of New York, NY—received letters stating the following: “Pursuant to a resolution of the Board of Regents, Fellowship in the College is not being conferred on members of the Negro race at the present time. However, the Board has a committee now charged with the task of making a complete study of the situation for future consideration by the Board.”¹¹

The source of the specific language that gave the impression that a resolution barring black surgeons from Fellowship had been adopted by the ACS is unclear. The College never had an official policy regarding admission of black surgeons and the most likely explanation is that an articulation of how to handle the situation on a temporary basis was incorporated into the letters.¹² If the intention was to obtain more time to resolve the matter in a gradual manner, the effect of the letters, especially the one sent

to Drs. Hibbler and Thorne, was much the opposite, raising the volume and intensity of the negative publicity and making resolution of the matter more urgent. In February 1945, Malcolm T. MacEachern, MD, FACS, Associate Director of the ACS, responding to an inquiry from Mr. David Dorin, executive director of Sydenham Hospital, stated that the College had no policy barring blacks from Fellowship. Following Dr. Thorne’s rejection letter, Mr. Dorin again wrote to Dr. MacEachern, asking for clarification of these contradictory responses and a clear statement of the College’s position.¹³ A number of newspapers throughout the country carried stories about the rejection of Dr. Thorne and officials of the College found themselves responding to interview requests from national news organizations, including *Time* and the Associated Press.

In June 1945, in order to get some idea of the opinions of the membership of the College regarding this issue, Dr. Cave sent a letter to a number of Fellows, which read, in part: “Unofficially, I am anxious to obtain opinions of various members of the College throughout the country about their feeling of having more colored surgeons as members.... It seems to me that the College is such an important national organization that the question of race, creed, or color should not enter into the matter if a candidate meets its qualifications. May I have your views in regard to this?”¹⁴

Of the 227 Fellows who responded, 201 were in favor of admitting qualified black surgeons and 26 were opposed. Of more interest than the final count were the individual responses to Dr. Cave’s letter, which can be roughly grouped into three categories. A small number were clearly racist in tone and content, citing a belief in either racial inequality or “the immutability of Southern mores.”¹⁵ A second group favored accepting black surgeons on the basis of their scientific and clinical qualifications but believed that the social repercussions represented a potential problem, with a few suggesting remedies such as separate meetings or even a separate College. By far the largest group of respondents was clearly and strongly in favor of the free admission of qualified black surgeons. Many of these letters admonished the College that not to do so would



THE HENRY WISDOM CAVE TESTIMONIAL DINNER
 given by the Harlem Surgical Society in the President's Room of the New York Academy of Medicine,
 February 7, 1951.

Speakers' table, 1. to r.: DR. AARON PRIGOT, vice-president, Harlem Surgical Society; DR. KENNETH M. LEWIS, president, Medical Society of the County of New York; DR. WILLIAM BARCLAY PARSONS, president, New York Academy of Medicine; DR. W. MONTAGUE COBB, professor of anatomy, Howard University; DR. AUBRE deL. MAYNARD, president, the Harlem Surgical Society; DR. HENRY W. CAVE, president, American College of Surgeons; MRS. HENRY W. CAVE; DR. LOUIS T. WRIGHT, director, Department of Surgery, Harlem Hospital; DR. J. WILLIAM HINTON, professor of surgery, Post Graduate Medical School, New York University; and Mr. WALTER WHITE, executive secretary, National Association for the Advancement of Colored People.

The Henry Wisdom Cave Testimonial Dinner given by the Harlem Surgical Society, February 7, 1951, in the President's Room at the New York Academy of Medicine. Seated at the center of the speakers table are Dr. Henry W. Cave, Mrs. Henry W. Cave, and Dr. Louis T. Wright. Photo courtesy of the *Journal of the National Medical Association*.

be undemocratic, un-American and "publicly and scientifically indefensible."¹⁶

Dr. Cave presented the findings of his committee to the Board of Regents in June 1945, moving that the Regents act to admit to Fellowship, as a matter of policy, black surgeons who met the qualifications. A charged discussion followed Dr. Cave's report, including an "emotional outburst" by James Mason, MD, FACS, of Birmingham, AL.¹⁷ The motion was passed and seconded. Immediately following this meeting, all applications on file were carefully reviewed by the Central Credentials Committee to ensure that each was given fair consideration. At the 1945 Convocation of the ACS, four black surgeons were initiated, in absentia, as Fellows: Drs. Peter Marshall Murray (New York City), Ulysses

G. Dailey (Chicago), Roscoe C. Giles (Chicago), and Carl Glennis Roberts (Chicago).¹⁸ The first black surgeon accepted for Fellowship from the "deep South" was approved by the Alabama State Credentials Committee, chaired by Dr. Mason. (The meeting was also attended by a delegate from the Board of Regents.) In 1946, 10 black surgeons were admitted to Fellowship and the total admitted from the end of World War II through 1950 was at least 38.

The legacy of Drs. Cave and Wright

Dr. Wright was personally aware of the harmful effects of a "separate but equal" approach to medical education on the health status of African-Americans and worked tirelessly throughout his career for equal access to all aspects of the

health care system. In 1931, he was the principal author of a widely read open letter opposing efforts by the Julius Rosenwald Fund to build an all-black hospital in New York City. The letter was entitled “Equal Opportunity-No More-No Less.”¹⁹ That same year, he joined the Board of Directors of the National Association for the Advancement of Colored People (NAACP), was named chairman of that organization’s national Board of Directors in 1934, and in 1944 formed the NAACP National Medical Committee, a group charged with fighting segregationist policies in health care legislation, including the Hill-Burton Hospital Survey and Construction Act of 1946, urging that federal funds be apportioned only for the building of hospitals that would be available to black and white patients alike. Much of the national health care program developed by the National Medical Committee of the NAACP became core elements of President Truman’s Civil Rights Commission report, *To Secure These Rights*.²⁰

Dr. Wright also had a prolific career as a clinical surgeon and researcher, making a number of valuable contributions to the surgical literature. In 1952, the Louis T. Wright Library was established at Harlem Hospital. A testimonial banquet to inaugurate the Library and honor Dr. Wright, held in April, was attended by more than 1,000 people, including Eleanor Roosevelt, who praised him for his contributions to the people of the United States (see photo, page 25). Dr. Wright died of a heart attack at his home in October 1952.

During a long and distinguished career, Dr. Cave continued to serve the profession of surgery as well as the American College of Surgeons. He was chief of the First Surgical Division at Roosevelt Hospital in New York, NY (1933-1953), and professor of Clinical Surgery at Columbia University College of Physicians and Surgeons (1945-1953). Initiated as a Fellow in 1922, Dr. Cave served five terms as a member of the Board of Governors (1937-1953), was elected Vice-President (1939-1940), served on the Board of Regents (1940-1952), and was the 30th President of the College (1950-1951). In February 1951, the Harlem Surgical Society honored Dr. Cave with a testimonial dinner, held in the President’s Room at the New York

Academy of Medicine (see photo, page 27). Dr. Wright was among the many speakers that evening, noting that as the leader in the movement to open the doors of the ACS to qualified black surgeons, Dr. Cave “did so not because they were Negroes, but because they were qualified surgeons and not to admit them was a handicap for both the surgeons and their patients.” He went on to say, “Dr. Cave represents America, American surgery, and democracy at its best. He is, in the words of King Lear: ‘One of God’s spies who has taken upon himself the burden and the mystery of things.’”²¹ Dr. Cave died at his New York home in May 1964.

A number of dynamics contributed to the opening of admissions to Fellowships for black surgeons in the mid-1940s. One factor was the recognition of the sacrifices and accomplishments made by African-Americans in World War II, in combat as well as noncombat roles, including medicine. For example, Charles R. Drew, MD, FACS (his Fellowship was awarded posthumously—a rare honor), became a leading authority on the storage of large quantities of blood plasma in “blood banks” and organized the Blood Plasma Programs of the U.S. in Great Britain in the early years of the war. (He resigned his official post to protest the insistence by government authorities on the separation of plasma pools according to race.) Certainly, pressure from mounting negative publicity, especially following the rejection of Dr. Thorne, had a considerable effect.

In addition, a growing number of people, including a majority of the College membership, simply concluded that discrimination had no place in an organization dedicated to education and clinical and scientific achievement. The most important factor of all, however, was the leadership, cooperation, and courage of conviction shown by Drs. Wright and Cave. Although they had very disparate experiences of being born and raised in the South, their combined efforts for a common cause enabled the College to take a critical step toward becoming a truly American organization and making good on the promise of the founders to make surgical education equal. As the population of surgeons and their patients becomes ever more diverse, the legacy of Drs. Wright and Cave of equal opportunity can only increase in significance. □

Author's note

This article is dedicated to the memory of Claude H. Organ, Jr., MD, FACS, a Past-President of the College, who passed away June 18 (see September *Bulletin*, page 31).

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