

THE  
LINCOLN  
HOSPITAL  
OF  
INDIANAPOLIS

An EFFORT to REMEDY a  
“LAMENTABLE CONDITION,”

1909–1915

NORMA ERICKSON

IHS, BASS PHOTO COMPANY COLLECTION, P. 130

*Indianapolis City Hospital staff work on a patient, circa 1910.*







In 1909 two events occurred in Indianapolis that would define the city for decades. One came to be known around the world, while another slipped into obscurity. As the year wound down to the last bitter cold days of December, dignitaries tapped the last brick of the Indianapolis Motor Speedway into place. The other event, on December 15, the opening of the first hospital in Indianapolis that allowed black physicians to treat their patients, closed after just five years. A little-known connection between these two events sheds light on one part of the story of race relations in Indianapolis at the beginning of the twentieth century. It involved the ability of blacks to receive and deliver medical care in a hospital setting that the city otherwise limited or denied them.

The story of Lincoln Hospital reveals a strong leadership core within the black community that confronted discrimination during a time of increasing racial antipathy by northern whites in general. It also allows a look at black-white philanthropic relationships in an era when the color line in Indianapolis deepened. Indianapolis, like other northern cities, attracted an influx of blacks from the South who hoped to escape the social and economic terrorism of lynchings, fraudulent arrests resulting in peonage, and the perpetual indebtedness of sharecropping. In 1860 only about 500 blacks lived in Indianapolis. By 1910 that number had jumped to 21,000. Poverty propelled blacks north into a small, but established, African American community, sometimes placing many of them in poor living conditions that endangered their health. The black physicians of Indianapolis struggled with these health problems in the years leading up to 1909.

*Doctor Sumner Furniss in his private Indianapolis office, circa 1907. The image originally appeared in Booker T. Washington's book, The Negro in Business.*

The African American death rate in the city was higher than the birth rate. In the black population in 1901, there were 279 births and 332 deaths. By 1905, there were 384 births and 443 deaths. With only 10 percent of the population African American, they accounted for 25 percent of the

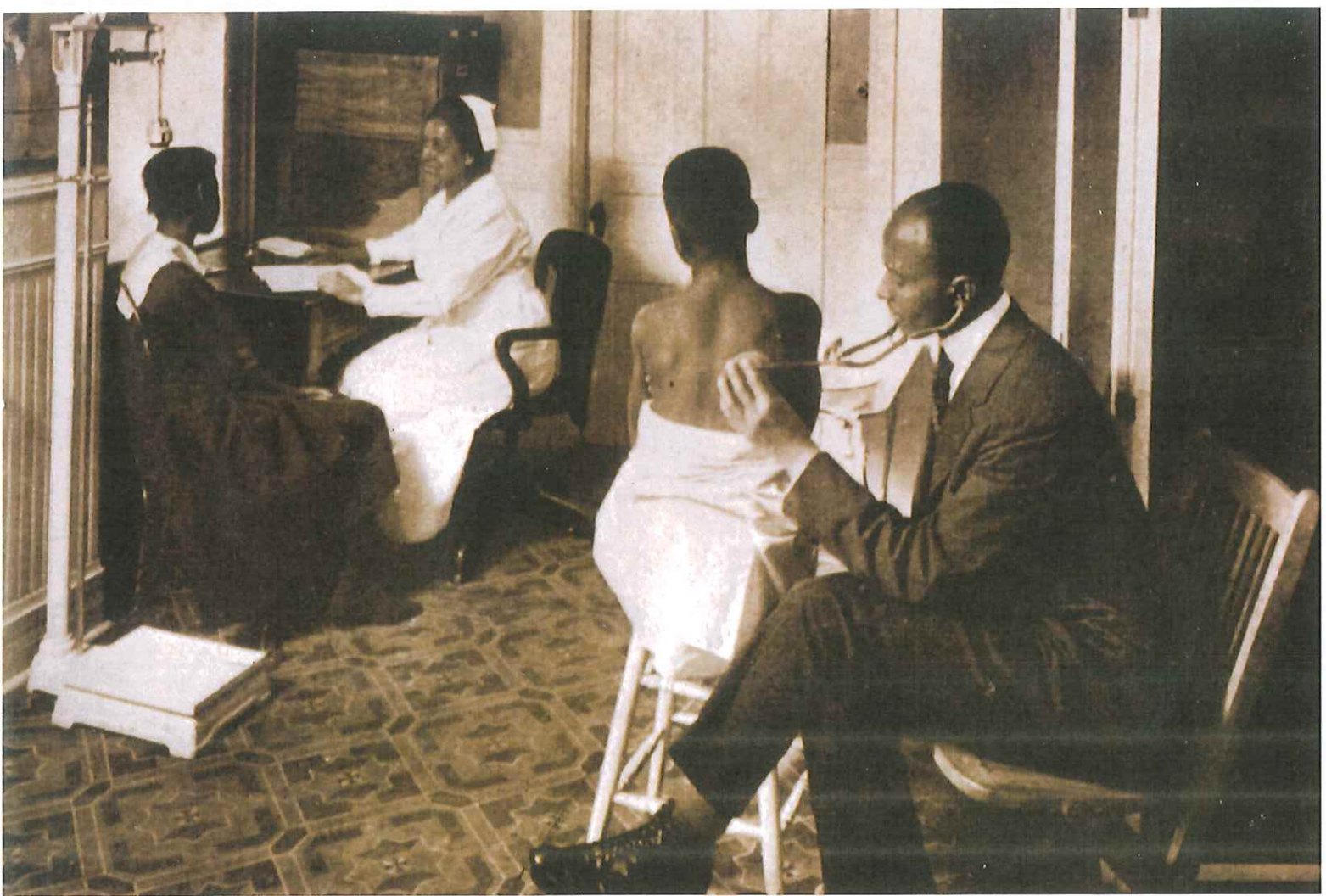
deaths. To many in the community, both white and black, this southern influx also threatened their health.

In this increasingly tense situation, nine black doctors started a hospital, christened it with the sacred name of Abraham Lincoln, and set out to care for their own. Their task would not be easy. They planned Lincoln as a public hospital, open to anyone with a curable, noncontagious disease. The new institution tested not only their proficiency as physicians, but also their abilities as administrators.

From the time of Doctor Samuel A. Elbert, the first black to receive a degree from an Indiana medical school, achieving the freedom to be educated and to practice medicine eluded African Americans. Elbert, who arrived in Indianapolis in 1866, entered the Indiana Medical College in 1869 with the assistance of two white physicians. Upon completion of the courses, the college decided not to grant him his degree. After a battle, the school finally awarded it to him in 1871.







*Doctor Henry L. Hummons uses his stethoscope on a patient at Indianapolis's Flanner House, circa 1920.*

Postgraduate education was equally hard to come by. Sumner Furniss entered the Medical College of Indiana in 1891 and worked his way through school by clerking for Doctor Samuel Elder, his white preceptor. At graduation in 1894, Furniss finished third in his class of fifty-four students. Customarily, prospective graduates competed for internships at City Hospital by examination. Furniss submitted an essay on childhood diseases and won the prize. The results were protested with a claim that the essay was not judged correctly and entries were resubmitted. Again, Furniss won. The superintendent of the hospital joined the controversy, expressing the fear that paying patients would not choose treatment at the hospital. In a letter to the city board of health, the agency that controlled the hospital, the

administrator reminded them of a presumed curse by God upon Africans from the time of the biblical Noah, calling Furniss “a son of Ham.” Regardless, the board found in Furniss’s favor and he began his yearlong hospital service.

When Furniss began his medical studies in 1891 the ability of a physician to successfully treat a patient drastically improved compared to the beginning of the nineteenth century. Better asepsis during surgery reduced infections that previously prevented surgeons from attempting abdominal operations. Other new technologies, such as laboratory medicine and radiology, resulted in better medical outcomes. Hospitals that adopted these technologies became places of hopeful treatment rather than being perceived as almshouses caring for the dying poor. Cit-

ies improved municipal hospitals that cared for a mix of poor and wage earners who could afford to pay for some or all of their care. Religious and ethnic groups founded separate hospitals so patients could receive care by staff that spoke their language or followed the same religion. Private hospitals, frequently referred to as sanitariums, served a more-affluent clientele. Often owned by physicians themselves, many of these institutions treated limited medical conditions and allowed middle- and upper-class patients to avoid the types of people commonly admitted to municipal hospitals.

Since most hospitals in northern cities denied black physicians admitting privileges, African American doctors with patients who required complex surgery or advanced nursing care necessarily surrendered them





*The Woman's Improvement Club operated the Oak Hill Convalescent Tuberculosis Camp in the Brightwood area of Indianapolis from 1905 to 1916. The camp sat on a hill surrounded by large oak trees.*

to white doctors upon hospital admission. Shut out of the hospital, this forced the black doctors to treat their patients in either the patient's home or in their offices. A further blow came when the county medical society placed a ban on membership by black doctors. The networking and exchange of knowledge that white physicians could access in association

meetings was lost to the African American healers. The American Medical Association participated in this discrimination by allowing each state to make the decision whether to racially limit their ranks. To combat this professional crippling, a group of doctors in Washington, D.C., began the National Medical Association in 1895. In Indianapolis black physicians founded the

Aesculapian Society in 1903. The society invited black physicians and allied medical professionals from across the state to form the Indiana Association of Negro Physicians, Dentists, and Pharmacists in 1908.

The founders of the Lincoln Hospital incorporated its association as a charitable organization under Indiana law on June 30, 1909, with Furniss as its first president.



This allowed them to solicit funding from private donors as well as to access local coffers established for public welfare. They planned to serve the black community by combining some features of all three types of patient-care facilities—municipal, religious/ethnic, and private. Most important, any “reputable” black physician could admit patients and the permanent staff encouraged consultation between physicians, black or white. Services included surgery, obstetrics and gynecology, genitourinary and venereal diseases, general medicine, and dental surgery. In January 1911 services at the hospital expanded with a free dispensary, open one hour a day on Monday, Wednesday, and Friday.

Located at 1101 North Senate Avenue in a black residential area on the near-northwest side of Indianapolis, the hospital’s location on both a streetcar line and paved streets made it accessible to African Americans living in the Brightwood area on the east side of the city. Intending to make the hospital “as nearly charitable as possible,” the organizers expected payment for services from patients if they could afford it, charging from five to fifteen dollars per week depending on the type of case. Surgery fees ranged from one to five dollars. Existing during an era before widely available health insurance, a prepaid plan offered endowments for “free beds” at one hundred dollars a year, a bed

in perpetuity for a thousand dollars, and reduced rates for the many fraternal lodges in the black community. The staff physicians made it clear that they wished to charge only the cost needed to care for the patient, distancing themselves from owners of private, for-profit sanitariums.

Little information is available about the patients who received care at the hospital. Lincoln did not rely upon poor relief for its operating funds. In fact, only three of the seventeen beds were designated for the “worthy poor.” Since many instances of admissions appeared in the society pages of the black Indianapolis newspapers, it is presumed that several Lincoln patients came from the city’s black middle class. Ac-



HOSPITAL BUILDING.

LINCOLN HOSPITAL ASSOCIATION

OFFICERS.

- Dr. S. A. FURNISS.....President
- Dr. W. E. BROWN.....Vice-President
- Dr. C. R. ATKINS.....Secretary
- Dr. H. L. HUMMONS.....Treasurer

BOARD OF MANAGERS.

- Dr. S. A. FURNISS.
- Dr. C. R. ATKINS.
- Dr. H. L. HUMMONS.
- Dr. CHAS. BURRIS.
- A. C. SIMS.
- Dr. W. E. BROWN.
- Dr. C. A. LUCAS.
- Dr. J. OTWAY PURYEAR.
- JAS. H. LOTT.
- W. J. I. REED.
- Dr. CLARENCE TOLES.

HOSPITAL STAFF.

- Dr. S. A. FURNISS, } .....Surgery
- Dr. C. R. ATKINS, }
- Dr. C. A. LUCAS, }
- Dr. W. E. BROWN } .....Gynecology and Obstetrics
- Dr. H. L. HUMMONS, }
- Dr. A. H. WILSON.....Genito-urinary and Venereal Diseases
- Dr. CHAS. BURRIS, }
- Dr. CLARENCE TOLES, } .....General Medicine
- Dr. J. O. PURYEAR, }
- Dr. RUFUS KURKENDALL, }
- Dr. HOWARD HUFFMAN, } .....Dental Surgery

CONSULTING STAFF.

A consulting staff consisting of a number of the leading physicians and surgeons of the city and state actively co-operate in the work of the Institution and care of the patients.

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A view of Lincoln Hospital with a list of the association’s officers, board of managers, and staff.



According to the hospital's first annual report, eighty-eight patients received treatment for conditions such as fibroid tumors and rheumatoid arthritis. The hospital recorded two births that year.

The hospital report described the building as a "modern two-story frame structure" that contained all the amenities of a "thoroughly equipped hospital." The building was a former residence, a typical choice for many of the time period's start-up hospitals. Lighting by gas and electricity with multiple grates and windows for ventilation provided a comfortable and healthy environment. Up to seventeen patients received care in Lincoln's two wards, surgical and medical, and one obstetrical room. The surgical suite received much attention, as the report described it as a unit specially built to accommodate modern surgery. Natural lighting from triple windows on three sides, a large skylight, and high-powered arc lights allowed the surgeons good visibility. An adjacent anesthetizing room and separate drug room completed the unit.

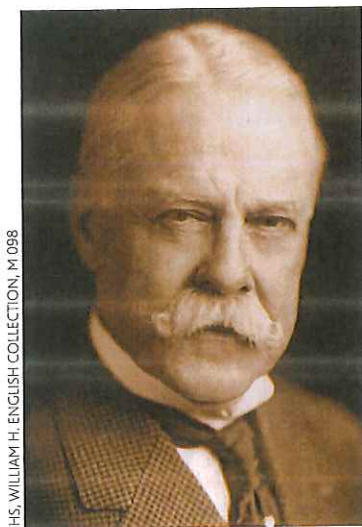
Lincoln also fulfilled another need when it established a training school for nurses. Black communities needed career opportunities for young black women. The nursing profession that became well-established in the late nineteenth century provided good prospects for African

American women. In a community that relied upon care or convalescence in the home, the nurse became a critical component in health care. With the professionalization of nursing after the Civil War this role, traditionally performed by black women in the South from the early days of slavery, was wrestled away from them. Most schools of nursing founded in the late nineteenth and early twentieth centuries did not admit African Americans. The Lincoln Hospital Ladies' Auxiliary provided a nurses' residence in a home at 221 West Eleventh Street, placing them close to the hospital for around-the-clock patient care. The curriculum included instruction on materia medica (pharmacology), culinary care (nutrition), and other routine nursing procedures. The experienced nurses that first took charge of the hospital, Matilda Russell followed by Amanda Rogers, trained at the Tuskegee Institute in Alabama and Freedman's Hospital in Washington, D.C., respectively. The course lasted two years, which made graduates eligible for membership in the National Association of Colored Graduate Nurses. The school required each woman to provide her own uniform and to apply for the six available slots with letters of recommendation from a physician and a clergyman affirming the applicant's good health and moral character.

Indianapolis's medical colleges used City Hospital as a teaching hospital, many patients feared the same fate. Some black patients preferred white doctors because they perceived them as more knowledgeable and experienced. In the Furniss internship affair, the dissenting hospital supervisor claimed that several black patients objected to having Furniss attend them. Also, the ill often turned to slave customs of magic and talismans for relief. In traditional African medicine, spirits can play havoc with one's health. The practice of "root work" or "hoodoo," a persistent form of African folk tradition, attributes physical diseases and maladies to spells or bad luck. These spells can be directed or dispersed by individuals with special training. This type of alternative medicine, medico-religious in nature, sometimes brought relief to patients with diseases or conditions that physicians could not heal and further validated these practices. Patients also sought out spirits and clairvoyance to alleviate psychological problems. Madame McNairdee, the owner of the house next door to Lincoln, advertised her ability to fix marital problems. Gauged by the size of McNairdee's contribution (\$500) to the building campaign for the Senate Avenue Young Men's Christian Association in 1911, she gave the appearance of a financially successful independent black woman in the fashion of Madam C. J. Walker, who gave \$1,000.

Prejudice was not the only problem Indianapolis's African American physicians faced. For generations hospitals carried a certainty of death, not recovery. Before emancipation, southern white physicians sometimes tried new treatments or surgical procedures on slaves. Since

Philanthropy, great and small, supported Lincoln and community involvement sustained the hospital. In less than a year from its opening, the Lincoln Hospital Auxiliary formed to provide goods and money for the hospital. In 1913 a club made up of former patients organized for the same purpose. A "tag day" fund-raiser for the hospital in October 1913 resulted in the formation of the Woman's Council. This organization supported public-health projects and worked on raising awareness about the hospital throughout the state. Other fund-raisers included an annual



William E. English



Carl G. Fisher





*A group of African American women and their children gather on the steps of Flanner House Clinical Building, circa 1920. A sign on the building lists the hours of operation for the Free Tuberculosis Clinic.*

carnival and a baseball game between doctors and businessmen, as well as a game between the professional rival teams of the Indianapolis ABCs and the Chicago American Giants in 1914. These events not only benefited the hospital, but also provided opportunities for neighborhood gatherings. In October 1914 hopefuls and supporters of the Progressive Party used the Lincoln Hospital Street Fair as a chance to address black voters.

Since the hospital charged low or no fees, support from private individuals was necessary, especially to initially transform the building into a functioning clinical facility. As with many black-initiated endeavors at the time, the physicians called upon affluent whites for help. An advisory board

of twenty-five men from the medical and business community provided support, but their names are unknown and the nature of their contribution to Lincoln is unclear. Documented support for the hospital came from two of the most prominent men in Indianapolis during that era: William E. English and Carl G. Fisher. Although they came from different backgrounds—English born to privilege and Fisher, a self-made entrepreneur who helped found the Indianapolis Motor Speedway and Miami Beach—they shared a concern for blacks in their community, manifested in their own ways. The two rooms that comprised the medical unit were named for English and the surgical suite was outfitted by Fisher.

A cavalry captain during the Span-

ish-American War, English organized the first encampment of black Indiana National Guard veterans of the war in 1900. The African American people of Indianapolis considered him a great friend and he further endeared himself to the black community in 1900 when he switched his lifelong Democratic Party affiliation to Republican, the party of Lincoln. During the mustering ceremony of National Guard Camp 61, English credited a black soldier for saving his life. On July 1, 1898, English rode into the battle to take Santiago, Cuba. Spanish artillery pummeled the advancing American forces and one shell exploded near English. The explosion threw shrapnel that killed two soldiers and injured several others, including Theodore



Roosevelt. English's mount was not badly injured, but fell, crushing its rider. Wilbur A. Chatman, a personal servant to another captain, cared for English, whose internal injuries caused him to vomit large amounts of blood. Chatman moved English back to headquarters along a route peppered with Spanish sharpshooters intent on killing the wounded along the road. Troops eventually evacuated English back to the United States.

Fisher's surgical suite donation could

be estimated as substantial, since it was an addition to the original structure. Considered the crown jewel of the hospital, it contained modern equipment and lighting. Otherwise denied the ability to improve surgical skills, many black physicians welcomed this feature that provided a definite boost in the professional uplift they so desperately needed.

Beyond being one of the wealthiest people in Indianapolis, there exists no

clearly stated reason why the Lincoln Hospital organizers approached Fisher. His interest in the hospital possibly originated from a personal experience recorded by his ex-wife, Jane. She noted that Fisher began donating to African American institutions around the time of the Indianapolis Motor Speedway's first year. Some historians question the veracity of the story because no other evidence to corroborate the incident has been found. Nevertheless, accounts of Fisher's philanthropy to black schools and other programs for racial uplift over the next twenty years abound. One reason for Fisher's generosity comes from an incident mentioned in a posthumous biography by Jane about Fisher, titled *Fabulous Hoosier*. In the book she noted that in 1909 a black laborer working at the Speedway fell into a cauldron of hot asphalt or tar. Fisher placed the man in his car and drove him to a private hospital that he patronized. Upon their arrival, an orderly refused to take the man into the hospital for treatment because of his color. He directed Fisher to take the injured man to City Hospital. The agonized laborer, with his skin reportedly falling from his body, died en route; the incident enraged Fisher.

An effort of the black physicians of Indianapolis, Lincoln was only one example of health care for the black community. Women's clubs, and churches—black and white—also formed agencies of care in Indianapolis. One of the first such institutions, the Alpha Home for Aged Colored Women, was founded in 1886 and the Flanner Guild in 1898. Later, in 1905, the Woman's Improvement Club began the Oak Hill Camp for treatment of blacks with tuberculosis. The Young Colored Women's Protective Association and Young Women's Christian Association (incorporated 1905 and 1907, respectively) also delivered care to women. At about the same time, Doctor J. H. Ward opened a private sanitarium (1909), as did the physicians James and John Norrell (date of

Connersville April 16-1912.  
Mrs Goins.  
as the purpor of our  
club is charity we the officers  
and member of the women club  
of Connersville, desire to make  
a donation of \$5.00 to the charity  
hospital which you will  
find in clore a postoffice  
oder for \$5.00 hoping to hear  
from you by return mail  
Mrs. Gurie B. Winfrey. President  
310 W. 15 St.  
Frances Brown. Secy.

IHS, GRAND BODY OF SISTERS OF CHARITY COLLECTION, M 619

An April 16, 1912, Frances Brown letter to Ada Goins regarding a donation from a Connersville women's club to the Sisters of Charity for its hospital.



establishment unknown, but operational in 1911). The list grew to include the Sisters of Charity Hospital (1911). The Marion County Medical Society appointed physicians to provide care for the orphans at the Asylum for Friendless Colored Children (1870).

By 1914 doctors and other community leaders expressed concern about funding for the three prominent black institutions that functioned as public, or charitable, hospitals. Frequent solicitation of the public began to strain philanthropic resources. The impact of insufficient funding on the quality of patient care greatly concerned the physicians. With each passing year, the county inspection reports reflected unsatisfactory conditions at both Lincoln and Charity Hospitals. Talk of consolidation of Lincoln, Charity, and the Alpha Home began. Growing acrimony among the Lincoln physicians, other city physicians, and the administrator of Charity Hospital made an agreement impossible. In May 1915 the *Indianapolis Recorder* reported about an annual fund-raising carnival for Lincoln to clear the hospital's debt. In June a short item appeared in the newspaper announcing that the supervisor of nurses, Ella Preston petitioned the courts to name a receivership for Lincoln due to non-payment of her wages. From that point, Lincoln and its nursing school slipped off any written pages.

In the aftermath of Lincoln's closing,

Although short-lived, Lincoln Hospital and other similar African American hospitals formed before 1920 anchored an initiative that stretched into the next three decades providing opportunities for black nurses, doctors, and interns.

the Sisters of Charity Hospital continued operation until 1922. For a short time, doctors could use the surgical facility there, but some physicians expressed concern that it was unsafe. City Hospital continued to admit black patients to segregated wards and for those who required home care, a nursing service promised dispatch to anywhere in the city in about an hour. The city's black doctors pressed on, caring for their sick patients and participating in public-health initiatives. Not until the 1930s and the arrival of Doctor Harvey N. Middleton in Indianapolis with special skills in cardiology, and later his purchase of a machine for performing electrocardiograms, did the door begin to open even a sliver for African American doctors in city hospitals.

Although short-lived, Lincoln Hospital and other similar African American hospitals formed before 1920 anchored an initiative that stretched into the next three decades providing opportunities for black nurses, doctors, and interns. In her

groundbreaking work, *Making a Place for Ourselves: The Black Hospital Movement, 1920–1945*, author Vanessa Gamble points out that these efforts were not solely a response to discrimination. For generations, the black community stepped up and took care of themselves whatever their station, enslaved or free. An editorial in the *Recorder* in 1910 confirmed this truth for decades to come: “The sharp drawing of racial lines, not only in our white private hospitals, but even in the City Hospital is a condition not to be met with resolutions and lamenting—but to be surmounted just as it has been—by the Negro simply caring for his own.”

*Norma Erickson, who has a bachelor's degree in religious studies from Indiana University—Purdue University at Indianapolis, has enjoyed a laboratory career in the areas of clinical, forensic, and athletic drug testing. She is currently pursuing a master's degree in U.S. history, focusing on medical history. •*

#### FOR FURTHER READING

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