President Thorpe, Director Rupert Picott, my fellow Virginian with the French name, members and friends of the Association for the Study of Afro-American Life and History, Greetings. I am very grateful for the high honor of being invited to address your Annual Convention at this time. My subject was assigned. It reads "The Physician Becomes an Historian". Please note the strict adherence to Oxonian English. I cannot be sure of accuracy in the absolute but I will try upon my word not to tread upon disputitious territory "territory". Let me first call your attention to the presence of Dr. Clementine Skinner and other delegates from the Chicago Chapter where I am affiliated. Under President Skinner's leadership the Chicago group is carrying on an excellent program in the spirit of the National aims and goals of the organization. My discussion may not be informative to many of my audience of distinguished educators and historians. Hopefully it may be unique coming from a stomach specialist who believes that roots are important in ways other than a concoction for stomach aches.

In all of my activities in the study and practice of medicine I have been inadvertently in the process of becoming an historian. The physician learns of the evolutionary history involved in the development of the human organism from a single cell, the fertilized ovum. Very early in the basic sciences the physician learns that the evolutionary history of intruterine life in many ways resembles and recapitulates the evolutionary development of man from a primeval common ancestor, millions of years ago. The archeologists tell us that this all important history probably occurred on or near the continent of Africa.

These concepts of course, are of history in a very broad sense in the training and interests of physicians. We come now to a more pragmatic consideration of literary and social history. A simple definition of history is a series of related events, or a systematic record of past events. A more encyclopedic definition considers history as a narrative which recounts events, with special attention to their
importance, to their mutual relationships, to their causes and to their consequences. (That is straight from the horses mouth.) Carter Woodson must have had these aims in mind when he described this organization as an instrument to promote appreciation of the life and history of Negor Americans, to encourage an understanding of the present and to enrich the promise of the future.

Those who have been pioneers and dedicated to the growth and development of ASALH have always encouraged not only the study of the past but the understanding of the present so as to enrich the promise of the future. You have truly understood that what's past is prologue.

In simple terms the historian is one who writes or teaches history. The historian becomes a better writer or teacher of history if indeed he or she attains the status of a "history maker". The more embued one is with his job or profession, the greater is the base for teaching or writing historically. Some of the best historians are "makers of history". Many black history makers including the physicians, have been denied the opportunity or the facilities to chronical very worthy unwritten knowledge of Afro-American lives and deeds. A significant number of black physicians have nevertheless become historians.

In the year 1793 there came a devastating epidemic in the city of Philadelphia known variously as the "pertilence" or the "Yellow Death", or Yellow Fever. There were many thousands of victims and fatalities. Richard Allen, later to become the first gishop of the A.M.E. Church elected here in Blatimore in the year 1816, was a medical hero and historian. In his diary titled "Life Experiences and Gospel Labors" he described being taught the technique of "blood-letting" by the famous Dr. Benjamin Rush and participating with members of the African Free Society which he organized, in the treatment by "bleeding" of some 800 victims of Yellow Fever. Richard Allen therefore was truly an historian, a history maker and a physician of his time.
Dr. John A. Kenney developed the hospital at Tuskegee Institute under the presidency of Booker T. Washington near the turn of the century. He was a distinguished physician and surgeon of his day. He was editor of the Journal of the National Medical Association; he wrote treatises and an important book titled "The Negro in Medicine" in 1912.

The next physician-historian I will mention needs no introduction to this audience. He is the physician, physical anthropologist, anatomy professor and an extensive writer especially as the former editor of the Journal of the National Medical Association, Dr. William Montague Cobb.

Many years ago, when I had graduated from the University of Chicago Medical School, the University had no interest in providing an internship for me in their facilities. So I came down to Washington for a Freedmen's hospital internship. Very fortunately for Dr. Cobb, we were assigned rooms in the interns quarters next door to each other. Since those days our destinies have in many ways run parallel. I am not sure who was Caesar or who was Brutus but thanks to the Good Lord, there has been no Mark Anthony around as yet with a funeral oration.

I have compiled and written a comprehensive world history of Gastrointestinal Endoscopy from its crude beginnings by the Italian Bozzini in 1793 to very recent times.* Endoscopy is the technique of looking into body cavities through illuminated telescopic tubes, once rigid but now very flexible optical fiber instruments for the diagnosis of internal disease.

Very recently the Johnson Publishing Company in Chicago, producers of Ebony and Jet Magazine published a book which I authored titled, "I Wouldn't Take Nothin

*Gastrointestinal Pan-Endoscopy with International Contributors, Chapter I, Leonidas H. Berry, M.D., Charles Thomas Publisher, 1975.
(Sing one verse of "I'm on My Journey Now")

Why would a busy gastroenterologist, engaged in many other things, undertake to become an historian of a multi-nuclear family? It all began with my father's death more than 25 years ago. I became more aware than ever before that he had been a dedicated, professionally successful father. He had been a goal model for his children along with a devoted wife of 55 years. He was not a "role" model; neither of us became a preacher and there was no "gold". We had to reach a significant goal in life and thanks to good parentage we think we did well.

I started the research for a biography of Rev. L. L. Berry. I soon found such interesting stories on both sides of the family that the book became what I have called a documented narrative history of the "Jenifer-Berry-Harris-Jordan Family Clan."

I visited the National Archives, county libraries, courthouses and examined census records, land titles, marriage and death certificates, family bibles, church conference proceedings and Mother Berry's immense family scrap books. I travelled thousands of miles following the journeys of my father as a traveling minister and later as Missionary Secretary of the AME Church through Caribbean Islands, West Africa and Canadian churches at the terminals of the Underground Railroad. I followed the escape routes from slave plantations in St. Mary's county Maryland to Union Army enlistment sites, battle sites of grandfather, John Berry and a great uncle, Sam Jenifer, in the Armies of the James and of the Potomac, respectively. I identified the names of enslavers of my grandparents and great grand father in Maryland, Virginia and North Carolina. I found old plantations and well-kept mansion houses of former slave holders. Their Castellan elegance remains the same except now they are embellished with inside toilets and electric chandeliers. They stand expectantly in silent and stately grandeur, apparently waiting and
longing for the return to the golden agrarian era, of the highly prized tobacco leaf, rum and their long gone property from the continent of Africa.

I reviewed the careers of members of this family clan and found a mosaic formed by a network of loving multi-nuclear Black families struggling with the support of the Black Church in cooperative pursuit of higher achievements and a more meaningful quality of life. I found as most of us here tonight know that not just this family, but thousands of other Black families have climbed the same mountains of racial injustice and exploitation to successful achievements. Thousands have had the support, the discipline and the encouragement of mother and father during varying periods of their formative years.

These facts and observations are profoundly different from the image of the Black "disorganized family" with all mamas and no papas which are so often described in the media and classrooms of our children. It is time that more of us should write the stories of Black families who have achieved successes against great odds to counteract the images which continues to plague the young and old of Black families.

As a Black physician, I have been compelled to be especially interested in the history of medical concepts and practices as they affect Black American citizens. I have long been concerned in recounting this kind of history in relation to its importance in human welfare. I have been interested in the interrelationships of these concepts, their causes and consequences in medical care and the impact upon the social fabric of our nation. These sometimes inhuman experiences of the past would not be nearly so important now, if they were not synchronous and supportive of the Woodson principle "of knowing the past, so as to improve the quality of life of the present and to build strategies to enrich the promises of the future".

When the yellow fever epidemic of 1855 invaded the Portsmouth, Virginia shipyards and the waterfront hovels of immigrant laborers from Ireland, the authorities
attributed the pestilence to the "dirty Irish" who always had a rooting pig in their backyards. "Eminations" also called pestilential efuvia came from these scums of society. It was fifty years later that the mosquito inhabitants of swampy lowlands and waterfronts were found to be the real carriers of the virus of yellow fever. In the early periods of our history, it was the more recent immigrants from Europe along with the enforced immigrants from Africa who were victimized as the carriers, spreaders and even the generators of dreaded disease.

As a medical student, I grew tired and cringed in disbelief as an academically brilliant professor repeatedly referred to race and tuberculosis as universally taught in medical schools of those days and long afterwards. It was said that Negroes had an inherent racial susceptibility to tuberculosis and that all primitive races had this inherent susceptibility. Many years later the magic effectiveness of antituberculosis drugs was discovered and virtually wiped out tuberculosis as a major communicable disease. Tuberculosis hospitals and sanitariums have been closed and the Negro racial genes which presumably took centuries to develop became ineffective overnight. With these historic events, insurance companies lost an important justification for higher costs of premiums to Negroes and employers lost an important excuse for discrimination in hiring.

Interracial progress in recent years did not occur by spontaneous combustion but by the gallantry of strategic non-violence and the partial awakening of the sleeping giant of Black Power.

Knowledge of the pseudo medical-social history of the past encourages the understanding of a new crop of subtleties to maintain racial inequities and discrimination in health care. If we remain ever alert, this intelligence will enrich the promise of future equality of opportunity and nondiscriminatory care for all Americans.

I will not continue other examples of the history of racial problems in medicine.
I will simply say that as I look over the horizon of the first decade of the 1980's I see a solid phalanx from the right. I see an acceleration in the deterioration of medical care for the poor and minorities. There is an urgent need for broadening the agenda of progressive public service groups including ASALH to join cooperatively in current history health awareness and disease prevention for all people. There is an urgent need for awareness and protection from over zealous confines of intensive care and computer science and to insist upon a better balance with individual human concerns. Afro-Americans are more able to assume greater responsibility for their needs today than they were 25 years ago. We must accept greater responsibility for our basic needs, while demanding a just return for our investments in government and industry. We can then better continue our long history of contributions to the cultural growth of America.

My allotted time has just expired. You have been an attentive jury. I hope that I may have successfully pleaded the affirmative position that a physician can in fact become an historian.

And finally let me leave with you the sentiment that when the muse of history in some distant century, writes the valedictory of America, every stanza of that epic will ring with the music of Africa, where the life of man began and whose widely disseminated culture will have stretched forth her mighty hands unto God and to the ends of the Earth.