



The toughness of a trailblazer: Daniel Hale Williams, MD

Daniel Hale Williams, MD. Undated photo. Getty Images. Bettmann / Contributor

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July of 1893 in Chicago was hot, typical for the Windy City, but Sunday the 9th was particularly so. Tempers flared that evening in a bar on the city's South Side, and James Cornish fell to the floor with a stab wound to his left upper chest area. Rushed to nearby Provident Hospital, a hospital that opened just two

years prior and was still only a remodeled house, the 24-year-old remained alert and communicative upon his arrival at 7:30 p.m. The surgeon, Daniel Hale Williams, founder of the hospital, immediately examined the patient and opted initially for what was standard of care at the time: close observation. The leading authorities of the day had all prohibited surgical exploration or intervention anywhere near the heart. By the next morning, though, Cornish was having severe chest pains and was in early shock.¹

Williams elected to open up the young man's chest and gathered six physician colleagues—four White and two Black—to observe and assist. The group packed into

the converted bedroom, which had been outfitted with a number of up-to-date pieces of sterile equipment. Using a wide incision, Williams opened the chest and surveyed the local damage. He noted that the cardiac muscle was only slightly injured but that the pericardium had suffered a laceration about 1¼ inches in length. There was no hemorrhage from either the heart or the pericardium. He irrigated the area with a normal saline solution and then closed the pericardial wound with a continuous suture of fine catgut. He closed the remaining layers of the chest and applied a dry dressing, with the patient emerging in stable condition.¹⁻³

Cornish's 51-day post-operative course involved a few complications, including coughing, hiccupping, and a pericardial effusion. Their management revealed the persistence and attention to aseptic technique of Williams and his team. An open pericardiocentesis on August 2 yielded 80 ounces of bloody serous fluid, but Cornish suffered no peri-operative infection and the young man was discharged in good condition on August 30. He survived another 51 years.²

The episode remains emblematic of the tenacity and courage of the man who would, many years later, be called the "Moses to Negro Medicine."² According to historian Helen Buckler, the operation was only the third such procedure, involving intervention and exploration of the pericardium.^{2,4} Neither of the prior efforts had been published, and when the local press heard of Williams' exploits, he received considerable notoriety.²

Williams waited several years to publish the details of the operation in a case study that appeared in *Medical Record*, March 27, 1897: "Stab Wound of the Heart and Pericardium—Suture of the Pericardium—Recovery—Patient Alive Three Years Afterward."⁵ Reluctant to assume priority, although he knew of no earlier case, Williams first consulted with the National Library of Medicine, confirming that no known other cases or reports existed. He summarized his own efforts by declaring, "this case is the first successful or unsuccessful case of suture of the pericardium that has ever been recorded."^{3,5} Because a Black man had performed the procedure, the story gained some sensation, but it also garnered a backlash, with many in the press and traditional academia choosing to ignore it. By the time thoracic surgeon Albert Olivier retold the episode in 1984, reflecting on his own training, he noted, "none of the many vascular textbooks or journals of national or international repute" had covered the incident.³

A gifted surgeon

A gifted surgeon, a pioneer in the establishment of hospitals and nurse training schools, a skillful administrator, and a dedicated clinical teacher, Williams paved the way for generations of Black physicians. He left an indelible mark on several enduring American institutions and American medicine as a whole. A number of his contemporaries, both friendly and unfriendly, called him the greatest Black physician of his day, acknowledging his remarkable skill, his social vision, and his integrity.⁶

Ill suited for the political challenges that inevitably arise when someone reaches a particular status, Williams suffered a handful of important setbacks in his life. These moments of conflict and political rivalry caused outward strife and inner turmoil, but at each stage of his life, Williams exhibited a certain toughness that drove him forward. When embroiled in a controversy and asked whether the public should be afraid of the work of Black physicians, Williams responded, "Come watch us work, observe conditions, and see for yourselves that there is nothing to be afraid of."⁷

Hospital trailblazer

In the fall of 1890, Williams was in private practice, with an office at the corner of 31st Street and Michigan Avenue in Chicago, one of four Black physicians in the city at that time. The city was not explicitly segregated in that era, and Williams saw both White and Black patients, but it was very difficult for Black physicians to gain admitting privileges at local hospitals. Also, finding Black assistants was a challenge, and creating an atmosphere in the office that was comfortable for both Black and White patients was also a concern.¹

Dr. Williams' practice expanded dramatically after he was approached by a local minister with a request. The pastor of St. Stephen's African Methodist Episcopal Church, Rev. Louis Reynolds, invited Williams to dinner. Reynolds wanted advice on how to help his sister, Emma, who aspired to become a nurse. Because she was Black, Emma had been turned down for admission at all of the local nurse training schools. Hearing her plight, Williams jumped into action, and decided to establish an interracial hospital that would provide admitting privileges to physicians regardless of color, and that would also have an attached training school for nurses regardless of color.¹ Through tireless efforts, including formal and informal presentations around the city, Williams appealed to both White and Black citizens for money.²

His efforts paid off, and within six months he had enough funds to purchase land, a building, and equipment,

plus hire staff. The initial hospital was a three-story brick building, at the corner of 29th Street and Dearborn Avenue, which could accommodate 12 beds, including the bed that would eventually serve as the temporary home for James Cornish.

Provident Hospital opened for service on May 4, 1891. Williams hired both White and Black staff, and secured the assistance of several prominent physicians in the area. One thing that made the hospital distinctive was Williams' insistence on only hiring staff that met high standards. These standards angered some, including the young physician George C. Hall, whom Williams initially denied admitting privileges for lack of a rigorous enough training background. Although the two eventually reached a compromise and Hall was admitted to the staff, the feud lingered and Hall became a rival to Williams for much of his professional life.¹

Williams and Hall represented two different approaches toward achieving fairness and equality for Black men and women in American society, especially in professional life. A champion of the new guard, Hall argued for self-reliance and Black solidarity, depending on ties within the Black community for economic and political power. Well connected with several

Black community organizations, Hall championed Black-only institutions as counters to the pervasive White-only establishments and power structures that were gathering momentum in turn-of-the-century America.

Williams, meanwhile, espoused integration and fostering ties within both the White and Black communities in Chicago, and elsewhere. His approach to fundraising and support for Provident Hospital reflected that ethos, which persisted only as long as he remained at the helm of the hospital.⁸

Williams' approach to fundraising had success in the hospital's early years and even drew the attention of national figures. At the Chicago World's Fair of 1893, Frederick Douglass gave a well-publicized address and donated the proceeds, in-person, to Provident.¹ By 1896,

White and Black backers had funded the building of a new, modern facility, which opened at the end of that year. The new hospital had a large outpatient clinic that would soon be serving roughly 6,000 patients a year and was home to a thriving nursing training program.¹

These initial years of Provident reflected Williams' interracial vision. In its first year, it admitted 189 patients, 18 percent of whom were White, and its staff was consciously biracial, with both White and Black physicians and nurses. Over time, the hospital gradually evolved into a Black institution, reflecting the increasing segregation of the city. By 1915, 93 percent of the patients were Black. By 1916, almost all the staff physicians were Black, and all the nursing staff, except for their supervisor, were Black.

Provident Hospital gradually reflected the deteriorating race relations Chicago was experiencing and became the hub of a new Black metropolis that was developing on the South Side.⁸ Its status as a training institution continued, and it served as the source of expertly trained Black nurses and physicians, not just for the city but also for the nation.⁹

During its tumultuous history, Provident Hospital became the flagship for the Black hospital movement, directly influencing the development of some 40 other hospitals in 20 states.² The first interracial hospital in the United States, Provident survived for nearly 100 years, before closing in 1987 after falling on financial difficulties.

Williams' childhood and early life

Daniel Hale Williams, III, was born in Hollidaysburg, Pennsylvania, on January 18, 1856, the sixth of seven children of Sarah Price Williams and Daniel Hale Williams, II.⁶ His father had inherited a barber business, and when the elder Williams died, 10-year-old Daniel was sent to Baltimore, Maryland, where he also took up the same trade.² He soon tired of the occupation and his mother sought out new opportunities for him. There are conflicting stories as to when his family moved to Janesville,



Provident Hospital, 36th and Dearborn St., Chicago, Ill., founded in 1891. Public domain.

Wisconsin, a small town 13 miles from the Illinois state line, but while there he and his mother lived with the only Black family in town, the Andersons. Williams graduated high school from Janesville Academy, with the support of the family patriarch, Charles Anderson, also a barber, and someone who encouraged and supported the young Daniel in his education. At first, Daniel studied law and music, playing the bass violin, but eventually he became acquainted with a local physician, Dr. Henry Palmer, who invited him to become an apprentice.⁶ Palmer had been Surgeon General of the Wisconsin Regiments during the Civil War, and he championed Daniel's pursuit of further formal education. Following his apprenticeship, Daniel entered the Chicago Medical School, graduating in 1883. The school, later became part of Northwestern University, so Williams is considered the first Black graduate of the Northwestern School of Medicine.

Williams secured a competitive internship at Mercy Hospital in Chicago. After completing the internship and establishing his practice, he immediately recognized how lucky he had been, in being able to pursue a rigorous formal education. The opportunities for advanced training were minimal, since few internship spots were open to Blacks.²

Life in Washington, DC

By late 1893, fresh from the notoriety of his sensational operation and the visit of Frederick Douglass, a new challenge came Williams' way. Longtime friend, Judge Walter Q. Gresham, was appointed Secretary of State by the incoming Grover Cleveland administration, and assumed the role in early 1893. For a year, Gresham repeatedly encouraged Williams to apply to become Surgeon-in-Chief at Freedmen's Hospital in Washington, D.C. After much convincing, especially given Freedmen's status nationally, Williams finally agreed to apply.⁶

Freedmen's Hospital had unique standing within the capital, and within the larger Black community. The institution was a product of the Civil War, begun as Blacks seeking refuge from the war and its consequences flooded Washington, DC. Initially a combined asylum and hospital, Freedmen's occupied a distinctive position as the oldest establishment in the country explicitly designed to provide professional training for Black health care workers while also providing patient care.⁶ In 1865, the hospital was placed under the control of the Freedmen's Bureau, with the mission of serving an interracial patient base. General O. O. Howard, the head of the Bureau, ordered the construction of new buildings for the hospital on the grounds

of the soon-to-be-opened Howard University. With the opening of the university in 1868, Freedmen's became the teaching hospital for the university's medical school.⁹

Williams' application to the position was met with immediate resistance from the hospital's entrenched leadership. The incumbent, Charles B. Purvis, was a dynamic reformer who had been surgeon-in-charge at Freedmen's since 1881. Purvis saw Williams' more academic and methodical approach as a threat and opposed his nomination.

Adding to the challenges Williams faced, he accidentally shot himself in the foot while quail hunting in December. While fighting to recover from a subsequent infection that almost resulted in an amputation, Williams eventually secured the appointment, but instead of arriving as planned in February 1894, he did not assume the position until September.¹

Under Williams' leadership, the hospital was transformed from being considered a "poor man's retreat" into a modern hospital. He reorganized Freedmen's into specific departments to match specific patient and treatment needs—medical, surgical, obstetrical, gynecological, genitourinary, chest and throat, and dermatology departments.⁹ He also founded a more rigorous nurse training school, modeled on the approach at Provident, that replaced the more relaxed night school approach that was in existence when he first took the reins.⁶ He also instilled a spirit of quality control throughout the hospital's operations. He completely overhauled the approach to sterilization; instituted regular surgical rounds to train surgeons in the latest techniques; introduced standardized ambulance services; and created an advisory board of consulting physicians to regularly review people and processes at the institution. These efforts resulted in significant improvement in the hospital's mortality rate.^{1,6}

In 1895, Williams and 11 other Black professionals founded the National Negro Medical Association of Physicians, Surgeons, Dentists, and Pharmacists—later known as the National Medical Association (NMA)—announcing their endeavor at the Atlanta and Cotton States International Exhibition. Williams was offered the presidency of the new organization but declined, instead agreeing to serve as vice-president.¹

The group aspired to create a society that would uplift Black practitioners and have an impact on the lives of all Blacks. Since Blacks were excluded from the American Medical Association at that time, the NMA provided an organizational home, and the association quickly demanded that the Association strive for health equity across all races.⁹

Perhaps Williams' most controversial enterprise while in Washington, D.C., was his hosting of public surgeries at Freedmen's Hospital as an attempt to overcome the stigma that Blacks held against hospitals in general, and against the fears of the general public of Black practitioners in particular. On a series of Sunday afternoons at 2 p.m., Williams opened one of the hospital's amphitheatres to the public. There, he and other Black surgeons and nurses would perform intricate surgeries before a lay and professional audience. The events drew praise and criticism, with some calling them bold and courageous, and others calling them a threat to patient privacy and unethical self-advertisement. The experiment lasted less than a year and soon Williams found himself facing a new round of opposition.⁷

From the moment of his appointment, George Hall from Chicago, and Charles Purvis in Washington D.C., worked both publicly and behind closed doors to besmirch Williams' reputation, hoping to have him removed. Purvis alleged that Williams was motivated chiefly by ambition, and that he had persistently appealed to Howard University to be named a professor of surgery. The university's delay in granting him that honor, Purvis claimed, infuriated Williams and in response, Williams behaved arbitrarily by replacing the nursing program that Purvis had created, among other unprofessional acts.⁶

When William McKinley won the 1896 Presidential election, the change in administration was an opportunity that Williams' political rivals could not resist. Senator James McMillan, a Republican from Michigan and chair of a commission to investigate reformatory and charitable organizations in the District of Columbia, announced that the committee would formally investigate Freedmen's. Meanwhile, a former protégé of Williams, Dr. William Warfield, filed a complaint with the hospital's Board of Visitors, charging that Williams had stolen hospital materials ranging from instruments to books and even possibly unclaimed bodies of hospital patients, all for personal gain.¹

Senator McMillan's investigation and that of the Board of Visitors became intertwined and dragged on for several years. The Senator's committee released its final report in June 1898, emphasizing the dysfunctional relationship between the hospital and Howard University and blaming Williams, in part, for that dysfunction. The Board of Visitors released its final report in July 1898 completely exonerating Williams. The whole episode left Williams feeling drained and disillusioned.¹ He gave his resignation and left the hospital by the end of the year.

Return to Chicago

While in Washington D.C., Williams met his eventual wife, school teacher Alice Johnson. They first met when he had operated on her mother in May, 1897. The two were married at the Johnson home on April 2, 1898, in a ceremony officiated by Rev. Jeremiah Rankin, the former pastor of Washington's First Congregational Church, a well-known abolitionist, and the President of Howard University. Rankin had also given an impassioned defense of Williams during the senate investigation and had asked the surgeon to become the Rankin family's physician.¹

The newlyweds returned to Chicago, where Williams re-opened his former office. Although still on staff at Provident, Hall effectively prevented him from being able to attend many surgeries there, and Williams sought other opportunities.

From 1900-1906, Williams was also attending physician at Cook County Hospital, and from 1912 until his death, he was an associate attending surgeon at St. Luke's Hospital, one of Chicago's wealthiest and most prominent hospitals. This last appointment afforded Hall the ammunition he needed to accuse Williams of being disloyal to the hospital he founded. Williams resigned from the staff of Provident in 1912.¹ Hall and his wife also shunned the Williams at social functions, which created a permanent wedge between the two couples. Williams, by temperament, eschewed a fight, preferring to let the justness of his own actions and merit stand on their own. This approach, unfortunately, never bore fruit with the Halls, and they remained estranged.⁶

A renowned teacher

Despite the efforts of Hall, Purvis, Warfield, and others, Williams' distinction as a surgeon was widespread. He served on the Illinois State Board of Health beginning in 1889. After returning to Chicago, he received a visit in 1899 that again changed the trajectory of his life. Dr. George Hubbard, the president of Meharry Medical College invited Williams to hold periodic surgical clinics at Meharry. After Dr. Charles Roman, a professor at Meharry, pleaded with him to accept, calling him "the bright and morning star in the firmament of surgery," Williams could not resist.⁶

During his first clinic at Meharry, in Nashville, in 1900, Williams performed 25 operations in one week, and the procedures were observed by both White and Black practitioners. The visits soon became the highlight of the year for education at Meharry, and expanded to include visits to and from the Tuskegee Institute in Alabama and other Black hospitals. Receiving only a travel reimbursement,

which he donated to Meharry, Williams hosted the teaching clinics for nearly 20 years. The visits bolstered Meharry's profile, which had a 60 percent increase in enrollment once the clinics were established.

During the 1903 NMA convention in Nashville, which was hosted in conjunction with the Meharry clinics, Williams met the renowned anesthetist Dr. John A. Andrew of the Tuskegee Institute. The two formed a life-long friendship and working relationship and from then on performed the surgical clinics together. Andrew also gave lectures to local physicians in Nashville and did much to elevate the status of the Black physician in the eyes of the public and of health care practitioners.²

Williams' life as a teacher flourished during these years, and he received multiple invitations to lecture, especially in Tennessee, where he was appointed a visiting clinical professor of surgery at Knoxville Medical College. There he published several papers including one on the treatment of the retroverted uterus.⁶

Surgical trailblazer

William K. Beatty, a librarian and professor of medical bibliography at Northwestern University Medical School, wrote that Williams' teaching throughout much of the South "had an incalculable effect on the improvement of medical education and care for Black physicians and patients."¹ Much of the success of Williams teaching stemmed from his unparalleled skills as a surgeon. Like Roman, a number of contemporaries noted his singularity when it came to his standing in the surgical world. One of Williams' biographers, Dr. Ulysses Grant Dailey, declared that "when Dr. Williams began practice, and for many years after, he stood alone as a surgeon."⁶

In addition to performing one of the first procedures in American medicine on the pericardium, Williams also pioneered care of post-traumatic injury to the spleen. During surgery at Provident Hospital, in 1902, Williams performed a suture repair of a ruptured spleen after trauma. While suture repair is now the standard of care, at the time, the usual approach was a splenectomy, which came with a lifetime of post-surgical risks for patients.²

Among the honors and degrees conferred upon Williams during his lifetime, in 1909, Wilberforce University granted him an honorary L.L.D. degree, and in 1925, Howard University awarded him an honorary M.S.⁶ Perhaps the greatest honor bestowed on him, though, came in 1913, when he became a charter member of, and the only Black physician in, the American College of Surgeons.⁹

Later life

Around 1920, Williams and his wife retired near Idlewild in Lake County, Michigan. Their home had a lake view and was on a wooded property, scattered with pine and oak trees. Four years after they moved, Alice succumbed to Parkinson's disease. Williams continued to practice, at a much slower pace, until he began to suffer from diabetes, and a stroke in 1926 forced him to completely retire. He passed away at home, at the age of 73 years, on August 4, 1931.¹ Although the details of the donations are unclear, he left most of his estate to the Catholic Church, with smaller bequests to the medical schools at Meharry and Howard.⁶

Universally admired for his surgical skill and tenacity, Williams led a bold life but in a modest and retiring manner.⁶ His enemies begrudged his quiet integrity, with Hall once exclaiming, "Curse him! I'll punish him worse than God ever will. I'll see he's forgotten before he's dead."⁴

History had other plans, though, and Williams left his legacy on Provident, Freedmen's, St. Luke's Hospitals, Northwestern, Meharry, and Howard, and on countless other institutions and practitioners that followed in his footsteps. As one of his admirers, pediatrician Dr. Ralph C. Gordon, declared in 2005, "The extent of his overall contributions to the medical care of African Americans really cannot be quantified."²

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