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Moya Bailey Date

Race, Region, and Gender in Early Emory School of Medicine Yearbooks

By

Moya Bailey

Doctor of Philosophy

Women's, Gender, and Sexuality Studies

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Race, Region, and Gender in Early Emory School of Medicine Yearbooks

By

Moya Bailey

B.A., Spelman College, 2005

Advisor: Rosemarie Garland-Thomson, PhD

An abstract of
A dissertation submitted to the Faculty of the
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2013

Abstract

Race, Region, and Gender in Early Emory School of Medicine Yearbooks
By
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The continued existence of care inequities along the axes of race, sex, gender, sexuality, ability, and class suggests that the examination of medical training—the mechanism by which all doctors are taught their craft—may hold the key to shifting this reality. My dissertation, *Race, Region, and Gender in Early Emory School of Medicine Yearbooks*, examines how patient and student bodies are represented in the yearbooks students create during their training. By analyzing the sociocultural aspects of medical education at Emory School of Medicine after the release of the influential Flexner Report, I build a foundation for understanding how representations shape medical students understandings of potential patients and themselves. The hidden curriculum of medical education is communicated, not in classroom lecture, but in the ways that institutional culture promulgates certain representations over others. An idyllic student and patient emerge that reinforce one another at the expense of bodily diversity among patients and students, exacerbating care disparities through controlling vernacular medical media.

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Introduction

Healthcare outcomes for Black women in the United States are disproportionately worse than for their white counterparts. A 1989 study found that African-Americans suffered seventy-five percent more heart attacks than whites, but were fifty percent less likely to receive life saving coronary angiography treatment and thirty-three percent less likely to have coronary-bypass surgery.[1] Researchers concluded that, "racial disparities persisted even after differences in income and the severity of the disease were taken into account."[2] African-American women are four times as likely to die in child birth as white women, a statistic that more closely resembles those of developing nations rather than other industrialized ones.[3] In 2002, the Institute of Medicine reported that members of racial and ethnic minorities are given lower quality health care than whites, even when they make as much money and carry the same insurance.[4]

Disparities exist among the practitioners of medicine as well. On July 10, 2008, the American Medical Association (AMA) issued a formal apology to Black doctors for the discrimination they faced from the organization for over a century. Black doctors were not allowed to join the organization until 1968 and Black medical students desegregated medical institutions school by school through individual legal cases and challenges to long standing anti-Black policies.[5] The AMA apology included

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[1] Villarosa, "Matters of the Heart; Heart Disease Is the Top Killer of Black Women. Here's How to Protect Your Heart." For more on the socialization of medicine via race see Pollock, *Medicating Race Heart Disease and Durable Preoccupations with Difference*. Also see Metzl, *The Protest Psychosis*.
[2] "The Coming Shortage of Black Medical School Graduates," 44.
[3] "The Coming Shortage of Black Medical School Graduates."
[4] Medicine, "Emory School of Medicine Web Page."
[5] Black Physicians created their own association called the National Medical Association in 1895 because they were barred from the AMA. See Link, *The Social Ideas of American Physicians (1776-1976)*, 148.

recommendations for increased recruitment efforts of Black medical students as a way to address disparities in health care between Blacks and whites. In response, several medical organizations put forth suggestions for remedying these disparities in care. The American College of Obstetricians and Gynecologists expressed the need for universal health care to close the gap in care between Black and white women.[6] Others suggested expanding transportation to and from clinics and reducing waiting time.[7] But getting Black women in the door does not on its own address the various types of disparities in patient health outcomes that exist. The treatment of Black women in the exam room remains outside the purview of these recommendations. Attention to access issues for Black people is very important, however it can divert resources and focus from the inequities embedded within the practice of medicine itself. Solutions intended to impact doctor training often center the curriculum of medical education, never fully addressing the structure or culture of the institution and its impact on physician practice.

Several studies have pointed to the connection between medical training and physician attitudes towards patients. A 2007 study found that medical students who attended schools with diverse student bodies were more likely to be concerned about health care disparities and how culture influenced patient health.[8] Black medical students in particular are found to have a greater concern and a different perspective than their white counterparts regarding the factors that influence care disparities. Sociologist Robert Broadhead found that,

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[6] Marcella S, "A National Survey of Medical Students' Beliefs and Knowledge in Screening for Prostate Cancer."
[7] Anachebe and Sutton, "Racial Disparities in Reproductive Health Outcomes."
[8] Guiton, Chang, and Wilkerson, "Student Body Diversity: Relationship to Medical Students' Experiences and Attitudes."

> …there is a distinct 'Black Perspective' based on ethnic identification among Black medical students. This involves an orientation toward illness that competes with the traditional medical model: rather than approaching disease as specific to individual patients, the Black perspective concentrates on diseases that result from social and institutional conditions such as racism, unemployment, and poverty that are common problems of a specific ethnic group.[9]

Black medical students investment in institutional conditions has not been fully addressed by calls for cultural competence in medicine. *Cultural competence*, *cultural proficiency*, and *cultural brokerage* are all terms used by health care professionals to describe the necessary skills, sensitivity and knowledge to treat diverse patient populations.[10] Most medical students do recognize a need for more training in the area of cultural competence and also suggest that the training they are currently receiving is insufficient.[11] Wilson and colleagues found that medical students were more likely than physicians or the general public to believe that minority patients are treated unfairly because they were minorities.[12] The researchers also found that first year medical students were more likely to be concerned about the disparate treatment than their fourth year counterparts, suggesting that medical training affects student perceptions over time. What happens in the making of doctors that shifts their perceptions so? It seems that the way that medical students are trained impacts the way they understand their future patients. How are marginalized patient groups represented in the four years of medical education?

This dissertation examines the representational imagery of Black women patients and medical students in the yearbooks of Emory School of Medicine. I focus my study at

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[9] Broadhead, *The Private Lives and Professional Identity of Medical Students*, 86.
[10] Michael C. Brannigan, *Cultural Fault Lines in Healthcare*; Kosoko-Lasaki, Cook, and O'Brien, *Cultural Proficiency in Addressing Health Disparities*; Burchum, "Cultural Competence"; Koehn and Swick, "Medical Education for a Changing World"; Betancourt et al., "Defining Cultural Competence."
[11] Ester, "Because Words Are Not Enough: Latina Re-Visionings of Transnational Collaborations Using Health Promotion for Gender Justice and Social Change"; Kaiser Family Foundation, "RACE, ETHNICITY & HEALTH CARE Fact Sheet: Young African American Men in the United States."
[12] Wilson et al., "Medical Student, Physician, and Public Perceptions of Health Care Disparities."

the critical moment following the release of the influential Flexner Report that standardized medical education within the United States. The 1910 Flexner Report effectively created Emory School of Medicine through the consolidation of medical schools in Georgia.[13] I focus on Emory School of Medicine because of its location in the United States' South, its relationship to a large Black patient population, and its impact in the Southern medical community. I track a five year time period to show the changes across an entire class of students within the newly formed institution, attentive to the ways in which time changes the language and representations present in the yearbooks.[14]

This research pushes contemporary conversations about how to ameliorate health care disparities further by centering the cultural component of medical education as described by medical students at the moment that institutional practices were standardized. The system of meaning students share by virtue of their matriculation is an important but largely under interrogated aspect of the medical education process.[15] The Flexner model of medical education remains in use today, with what I argue are cosmetic changes to its structure, aimed at improving the practice of medicine in marginalized groups. Flexner's report led to the creation of not only an ideal image of a patient but also a preferred practitioner, neither of which reflect Black women. By examining the culture of medical education for Emory medical students produced by virtue of the Flexner Report, I identify the components of the hidden curriculum within medical education that supersede contemporary cultural competence instruction. I locate the sites within medical education that need to be more seriously interrogated for a more efficacious addressing of disparities in care for Black women.

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[13] Medicine, "Emory School of Medicine Web Page."
[14] The 1915 yearbook was inaccessible for the quantitative part of this study.
[15] Wachtler and Troein, "A Hidden Curriculum."

Representations of Black Women in Medical Training and Practice

The 19th century marked many innovations in the area of medicine in the United States. The number of medical schools nearly tripled from 1836 - 1870.[16] An increased demand for cadavers at these schools was sated by Black bodies taken from grave yards and perhaps via the even more nefarious practice of "burking" – killing people to sell their bodies to medical schools.[17] Since Africans and their descendants were regarded as less than human, these practices were not only tolerated but also condoned so as to protect whites and their cemeteries. Medical historians John Warner and James Edmonson discuss the trade of Black bodies in detail in their book, *Dissection*. In 1911, one Northern school's cadavers were all Black bodies disturbed from Southern graves.[18] The Medical College of Georgia relied heavily on Black bodies for dissection, with nearly eighty percent of the human remains in the defunct schools' basement identified as African American.[19]

Science and medicine were used to support the enslavement and discriminatory treatment of Blacks during this time. These practices of scientific racism reflected a dominant epistemic frame within the sciences.[20] Scientists and doctors did extensive studies of Black bodies and produced findings that suggested that Blacks were somewhere in between whites and apes on the Great Chain of Being.[21] The head shape and size of Black body parts were used to explain and justify their continued

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[16] Kaufman, *American Medical Education*.
[17] Washington, *Medical Apartheid*, 130.
[18] Warner, *Dissection*, 17.
[19] Ibid., 17–18.
[20] Steven Selden, *Inheriting Shame*.
[21] Price and Shildrick, *Feminist Theory and the Body*, 22; Martin S Pernick, *The Black Stork*; Steven Selden, *Inheriting Shame*.

subordination in a post-slavery South.[22] Black people were also examined to justify beliefs about their ability to withstand excessive hours of physical labor and punishment. Black women in particular, were seen as capable of doing just as much work as their Black male counterparts, in addition to the gender specific work of care taking and child rearing.[23] It was these values that informed the medical experiments of J. Marion Sims.

J. Marion Sims, credited as the father of modern gynecology, achieved his posthumous celebrity through experimentations on Black enslaved women that led him to perform the first successful surgery to treat vesicovaginal fistulas. A tear of the lining between the bladder and vagina, usually the result of difficult childbirth in malnourished women, creates a passage for the leaking of urine into the vaginal cavity. Women with the condition were in a nearly constant state of discomfort, and in the case of slave women, unable to work. Sims developed the procedure by performing more than 30 surgeries (each) on Anarcha, Lucy, and Betsy between 1845-1849.[24] They were regarded as ideal patients because Sims and others of the time believed that Black people had a higher tolerance for pain than whites. Sims remarked that his attempts to perform these surgeries on white women were unsuccessful because they could not stand the pain. This specious argument misses the differential power relation between a free white woman and an enslaved Black woman receiving *treatment*. Historian Diane Axelsen points out that enslaved women were conditioned to endure pain with a tight-lipped stoicism that was then equated with animal forbearance.[25] For this reason, Sims did not provide anesthesia for his patients even when it became available. Despite the ethical questions

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[22] Gould, *The Mismeasure of Man*; Price and Shildrick, *Feminist Theory and the Body*, 22; Edward J Larson (Edward John), *Sex, Race, and Science*.
[23] Hartman, "The Time of Slavery."
[24] Axelsen, "Women as Victims of Medical Experimentation."
[25] Ibid., 11.

surrounding Sims's work, he is still regarded very positively, with numerous statues erected and awards granted in his honor.[26]

The abolition of slavery did not end socially sanctioned, disparate treatment of Black women. In fact, the end of slavery marked the need to reformulate stereotypes about Black women's bodies. During slavery, Black women's reproduction was encouraged as it generated more slave labor for masters; however, the Reconstruction and the first half of the 20th century were characterized by a policing of the supposedly rampant child bearing of Black women.[27] The Eugenics Movement targeted poor and Black women whose sexuality was seen as a threat to the wealth of the nation.[28] They were depicted as producing offspring that they could not afford, and that the state would have to support. Their children were also depicted as future criminals in the propaganda of the time.[29] Margaret Sanger promoted negative eugenics, or lowering fertility in populations that were deemed genetically undesirable in the ideal nation state.[30] Her promotion of birth control among poor white and Black women was simultaneously liberatory and oppressive, allowing more reproductive choice yet promulgating stereotypes about these groups. The hypersexual representation of Black women fueled

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[26] Dudley, "Rethinking the Origin Narrative of Modern Gynecology: Alternative Memorializing Practices, Performance Art, and Feminist Health Activism."
[27] Washington, *Medical Apartheid*; Adele Clarke and Virginia L Olesen, *Revisioning Women, Health and Healing*, 266–282.
[28] The Eugenics Movement in the United States marked a period of social engineering where religious leaders, scientists, doctors, and politicians advocated for the betterment of the human race via human intervention in the management of genes. Positive eugenicists wanted to encourage reproduction among people with desirable traits while negative eugenicists sought to limit the reproduction of people with undesirable genes. Ideas about favorable traits followed long standing social hierarchies with Blacks, Jews, the poor, disabled, criminals and other groups with stigmatized identities targeted by negative eugenicists through sterilization procedures, legal statutes and increased social stigma. For more on eugenics see Kevles, *In the Name of Eugenics*; Kaiser, "Eugenics Archive"; Paul A Lombardo, *A Century of Eugenics in America [electronic Resource]*; Lombardo, "Eugenics Bibliography"; Ordover, *American Eugenics*.
[29] Martin S Pernick, *The Black Stork*; Roberts, *Killing the Black Body*.
[30] Chesler, *Woman of Valor*, 195.

eugenic practices when only a few years before Black women's reproduction was promoted as a cost-saving and money-generating strategy on the plantation.[31]

The Jim Crow South had its own version of policing Black women's sexuality and reproduction. Black women who were in the hospital for any reason could be given hysterectomies without their consent or knowledge. This practice was so widespread that in Mississippi it was dubbed a "Mississippi appendectomy."[32] Famed civil rights activist Fannie Lou hammer was one of the women subjected to this practice and the experience was a major impetus for her activism.[33] Puerto Rican women experienced a similar phenomenon, where state sanctioned tubal ligation was promoted so heavily that the procedure became known simply as "la operación."[34] By 1975, one third of all Puerto Rican women of reproductive age received the procedure.[35]

In the 1990's, anxieties around Black motherhood were reproduced within the context of the bourgeoning crack epidemic. An organization called CRACK, Children Requiring A Caring Kommunity, responded by offering $200 to women of color using crack if they agreed to long term or permanent birth control.[36] Instead of offering resources or assistance to help the women overcome their addictions, CRACK promoted sterilization through a small monetary incentive. Again, as in the cases of Sims and Sanger, the supposed good intentions of these efforts were overshadowed by the racist implications of projects that targeted Black women.

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[31] Roberts, *Killing the Black Body*, 61; Savitt, *Medicine and Slavery*.
[32] Roberts, *Killing the Black Body*, 92.
[33] Lee, *For Freedom's Sake*, 21.
[34] Stycos, "Sterilization in Latin America."
[35] García, *La Operación*.
[36] Hirschenbaum, "When CRACK Is the Only Choice," 327.

These historic abuses and others perpetrated by medical and public health institutions are generally not publically acknowledged, though they have a lasting impact in the Black community. They affect the willingness of patients to seek treatment. The sociocultural factors that helped engineer these systemic practices of mistreatment are beginning to be theorized, along with the patient led activism that attempted to counteract them.[37] This dissertation adds to this growing literature through an investigation of medical school culture that produces doctors that treat Black women patients.

From a Troubled History to an Uncertain Future: Black Women Patient Outcomes

Issues of access do not fully explain the differences in health outcomes for white and Black women.[38] A 2005 literature review of the major health care journals found that Black women had a maternal mortality rate that was three to six times higher than that of white women.[39] Black women have higher infant, fetal and prenatal mortality rates than white women. They were also twice as likely to have pre-term delivery of their babies.[40] The pre-term birth rate is higher among Black women than any other racial/ethnic group in the United States. In the year 2000, mortality was higher for Black infants (14.0 deaths per 1000 live births) who die at twice the rate of white infants (5.7 deaths per 1000 live births).[41] Prenatal care is correlated with decreased maternal mortality and aids women in carrying babies to term. Eighty-five percent of white women begin their prenatal care in the first trimester, while only seventy-three percent of Black women do. Long wait times and lack of transportation contribute to Black women's inability to begin prenatal care

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[37] Nelson, *Body and Soul*.
[38] Parham and Hicks, "Racial Disparities Affecting the Reproductive Health of African-American Women."
[39] Ibid.
[40] Anachebe and Sutton, "Racial Disparities in Reproductive Health Outcomes."
[41] "ACOG Committee Opinion. Number 317, October 2005. Racial and Ethnic Disparities in Women's Health."

but do not account for the entire gap. Black women also have higher rates of unintended pregnancy than white women, which exacerbate all of these issues.[42]

Gynecological and breast outcomes are also a site of disparity. Seventy-eight percent of the female population with AIDS is Black or Hispanic. Black women have higher rates than white women of lower urogenital tract infections.[43] Despite lower rates of ovarian cancer than white women, Black women are less likely to survive. Similarly, Black women have a lower incidence of breast cancer but have worse outcomes.[44] Because these disparities in care are not solely explained by access or income, how does quality of care contribute to these disparate outcomes for white and Black women? How are doctors interpreting the race and gender of their patients and how is that impacting care decisions?

[42] Williams, "Racial/ethnic Variations in Women's Health: The Social Embeddedness of Health."
[43] Ibid.
[44] Lu and Halfon, "Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective."

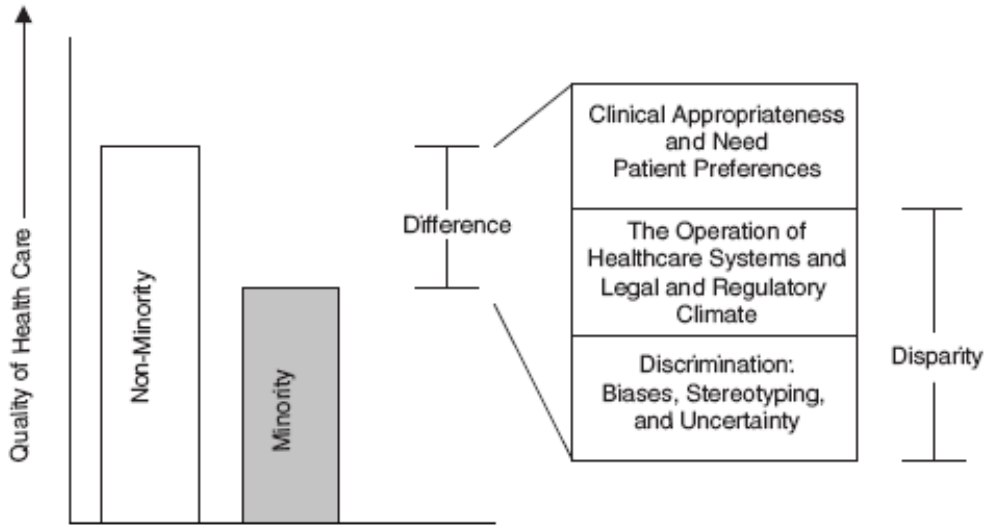

FIGURE S-1 Differences, disparities, and discrimination: Populations with equal access to healthcare. SOURCE: Gomes and McGuire, 2001.

Figure 1: Health Care Disparities

A groundbreaking study by the Institute of Medicine (IOM) in 2002 examined racial/ethnic disparities in care.[45] The IOM found that "bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare."[46] The chart above shows how the IOM defines "disparity" as consisting of both systemic and discriminatory factors. Their review of the literature uncovered disturbing trends. Doctors rated Black patients as less intelligent, less educated, more likely to abuse drugs and alcohol, more likely to fail to comply with medical advice, more likely to lack social support, and less likely to participate in cardiac rehabilitation than white patients, even after patients' income, education, and personality characteristics were taken into account. Women of racial and ethnic minority groups are disproportionately screened for sexually transmitted diseases.[47] Health care provider's biases may restrict the range of contraceptives presented to minority women during

[45] Medicine, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care."
[46] Ibid.
[47] Ibid.

consultations. Borreo and colleagues found that even after adjusting for "age, insurance status, parity, income, education, marital status, and religion, Black women were more likely than white women to undergo tubal sterilization."[48] Because of the history of involuntary sterilization in this country, these findings are particularly significant.[49] Accessing a health care provider does not ensure that Black women will be informed about all the reproductive health options that are available.

In a study of barriers to prenatal care for Black women, issues of access and transportation to providers were important factors. But, what came through most clearly in the interviews with patients was that provider interactions were a major deterrent to seeking care. One respondent shared her story.

> … you pregnant again? I didn't go in the same month. I waited for a month and a half. I knew I was pregnant, I just wanted to wait around the house for a minute before I started to see them folks 'cause I know they was going to say, 'well we seen her last year. What's going on? She pregnant again . . . Why she back again? I know she not pregnant again.' What stopped me 'cause I was – I knew I had to see them same folks again, so I just tried to wait as long as I could to start going to that prenatal care 'cause I knew they was gone go, 'oh, baby, you just had a baby last year. What's going on? Let's get your tubes tied' or whatever . . . [50]

This response illustrates the very real effects of perceived provider bias and how it inhibited a woman's health-seeking behavior. Rather than deal with the potential shame of the meeting, she tried to forestall the negative encounter. Sixty-seven percent of Black women in a 2005 study reported one or more instances of discrimination in interactions with health care providers when seeking family planning services. The researchers

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[48] Borrero et al., "Race, Insurance Status, and Tubal Sterilization."
[49] Harry Bruinius, *Better for All the World*; Mark A Largent, *Breeding Contempt*; Paul A Lombardo, *Eugenic Sterilization in Virginia*; Ruth Macklin and Willard Gaylin, *Mental Retardation and Sterilization*; Philip Reilly, *The Surgical Solution*.
[50] Daniels, Noe, and Mayberry, "Barriers to Prenatal Care Among Black Women of Low Socioeconomic Status."

controlled for other salient factors, including level of income, insurance status, age, education, marital status, and past sexual history.[51]

Cultural differences between doctors and patients increase outcome disparities. Patients of color often show a preference for providers of color.[52] Several studies have examined physician/patient racial concordance and have found varying results. Some show that many Black people prefer Black doctors, while other studies suggest that concordance does not make a difference. However, patient outcomes tell a different story. Physicians of color and women physicians show the least bias in treating patients.[53]

In a 2004 study, researchers identified nine ways that providers contributed to disparities in care. These included unintentionally relying on stereotypes about racial groups, particularly when pressed for time; believing stereotypes about "out-group members"; and unconsciously behaving in ways that confirmed stereotypes.[54] Because patient encounters occur so quickly, doctors often rely on implicit assumptions about patients when making care decisions. A provider may describe a Black patient as noncompliant, but describe a white patient as missing an appointment. If doctors assume that Black patients are less likely to want a certain treatment they may not even ask or offer the option. So how do we begin to impact physician performance to address some of these disparities?

Though scholarship often starts at physician performance, I examine the educational culture of future doctors at the moment of curricular standardization to get a

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[51] Thorburn and Bogart, "African American Women and Family Planning Services: Perceptions of Discrimination."
[52] LaVeist and Carroll, "Race of Physician and Satisfaction with Care Among African-American Patients."
[53] Cooper-Patrick et al., "Race, Gender, and Partnership in the Patient-physician Relationship"; Hung R, "Student Perspectives on Diversity and the Cultural Climate at a U.S. Medical School."
[54] Burgess, Fu, and van Ryn, "Why Do Providers Contribute to Disparities and What Can Be Done About It?"

sense of how these beliefs and practices are formed through the ways patients, particularly Black women patients, and future doctors themselves are represented. An examination of representational images and language produced during physician training demonstrates medical media's utility in helping students manage their anxiety as future physicians through racialized, gendered, and regional depictions of themselves and their future patients. I reveal the hidden curriculum of the institution through interrogating recurrent and evolving tropes within the vernacular medical media produced by Emory School of Medicine students.

Chapter 1: A Methodology for Analyzing Medical Media

My dissertation emerges from a larger set of questions about how medicine and media interact in ways that exacerbate or mitigate health disparities among multiple marginalized identity groups. Across marginalized groups in society, adequate health care has been a major obstacle. The state of Michigan nearly passed legislation that allowed physicians and hospital staff to refuse non-emergency treatment to lesbian, gay, bisexual or transgendered (LGBT) patients.[55] In 1991, Georgia native Robert Eads was diagnosed with cervical cancer but was denied treatment because he was transsexual: he died.[56] Jenny Kern, a disability rights advocate often speaks of her interactions with doctors in relation to her use of a wheelchair. "Most medical professionals are trained in the medical model of disability which means that you're looking for a cure to fix these people," she said. "It's often the case that if a doctor can't cure you it's somehow an affront to the profession, which does nothing to improve the quality of our lives."[57]

At first glance these instances may appear to be isolated problems for these various marginalized communities, but they may speak to a fundamental ideology undergirding the practice of medicine. Despite countless revelations of inequitable services and the formation of advocacy groups for racial ethnic minorities, LGBTI[58] persons, and other marginalized populations, the health care establishment has been slow to address or acknowledge the systemic nature of this disparate treatment. As I've

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[55] Grady, "Legal Protection for Conscientious Objection by Health Professionals."
[56] Lombardi, "Public Health and Trans-people." For more on Eads' life, see Davis, *Southern Comfort*.
[57] Fricke, "Resident Wins National Award."
[58] I've added an *I* for i*ntersex.* Research on the treatment of intersex patients by health care professionals provides important background for my own study, particularly with respect to the medicalization of bodily difference. See Rubin, *Intersex before and after Gender.*; Findlay, "Discovering Sex - Medical Science, Feminism and Intersexuality"; Cheryl Chase et al., *Total Patient Care [videorecording]*; Jill A. Fisher, *Gender and the Science of Difference [electronic Resource]*; Katrina Alicia Karkazis, *Fixing Sex*.

suggested in the introduction, the ways in which racial differences are imbricated in health care outcomes have some connection to the ways in which physicians *see* their patients. Is there something common to medical training that informs physicians practices when it comes to marginalized populations? How do doctors learn their clinical gaze and what aspects of curriculum carry those lessons?[59]

There appears to be an implicit assumption about what a healthy body looks like that is conveyed in medical training that subsequently impacts doctor-patient interactions. A 2002 study found that medical students had "less positive attitudes" about patients with disabilities than the general population. One study attributed this finding to disabilities incongruence with "the highly competent physician-healer" that medical students hope to become.[60] The cultural linage of doctors does imbue them with a differential status within society. Doctors have their antecedents and contemporaries in religious healers. Their craft is inculcated in mysticism, spiritual practices and the powers of people anointed to heal.[61] They have skills that set them apart from non-doctors but because of the ways in which they manage life and death, they are even further removed from laypeople. In his book *Doctors Only: The Evolving Image of the American Physician*, Richard Malmsheimer provides an explanation of doctors' special social location. "Because doctors only are thought to be possessed of the power to heal, to cure and save lives they only, among all professionals, are so thoroughly idealized."[62] The line between a useful respect for the medical profession and the maintenance of hierarchies that impede the

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[59] For more on the *clinical gaze*, see Foucault, *The Birth of the Clinic*.
[60] Tervo et al., "Medical Students' Attitudes Toward Persons with Disability."
[61] Cohen, *Healing at the Borderland of Medicine and Religion*.
[62] Malmsheimer, *Doctors Only*, 1.

doctor-patient relationship, particularly across categories of bodily difference, is often blurred.

Some notions of health and wellness are aesthetically derived. The Western medical tradition, like Western culture, relies heavily on visual information as a means of assessment.[63] Much work in the area of disability studies addresses the aesthetic dimensions of medical intervention in order to make bodies fit social expectations of appearance, rather than address matters of function for people on the spectrum of bodily variation.[64] Medical historian Sander Gilman writes, "the equation of beauty with health and ugliness with illness is fundamental in the Western understanding of the body."[65] This preoccupation with beauty inevitably invokes hierarchies of race, ability, and other visible markers of bodily difference that are then biomedically validated as legitimate indicators of health.

Health care providers have become more self-conscious about the reflection of social hierarchies within the field of medicine and questions of cultural competence in medicine are moving the practice in an encouraging direction. The health care system, while ardent in expressing a need for cultural competency in medicine, still fundamentally understands the body in terms of a set point of normal and average that all bodies are disciplined and "treated" to achieve.[66] Lennard Davis traces the migration of *normal* from a statistics concept connected to a mathematical bell curve to actual people,

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[63] Gilman, *Health and Illness*; Amelia Jones, *The Feminism and Visual Culture Reader / Edited by Amelia Jones.*; Chris Jenks, *Visual Culture / Edited by Chris Jenks.*; L Pauwels (Luc), *Visual Cultures of Science*; Ann B. Shteir and Bernard V. Lightman, *Figuring It Out.*

[64] Davis, *The Disability Studies Reader*; Siebers, *Disability Theory*; Rosemarie Garland-Thomson, *Freakery*; Bell, *Blackness and Disability*; Campbell, *Contours of Ableism*; ibid.; McRuer, *Crip Theory*; Linton, *Claiming Disability*; Snyder, *Disability Studies*; Tobin Siebers, *Disability Aesthetics / Tobin Siebers.*

[65] Gilman, *Health and Illness*, 93.

[66] Foucault, *Discipline & Punish*.

with scientists claiming that society could rid itself of undesirables, the people at the bottom of the extremes of the curve.[67] To be middle class and average becomes ideal because one did not exist at either extreme. Class mediocrity also comes to signify the desirability of average bodies, i.e. bodies not marked by the harshness of poverty or the lavishness of luxury.[68]

These discourses of the *normal body* travel from science to society, reinforcing medicalized knowledge that is already culturally produced. As Abby Wilkerson discusses in *Diagnosis: Difference The Moral Authority of Medicine*, "medical concepts of difference have an exalted status owing to the association of medicine with science, which is perceived as detached, objective, inherently unbiased."[69] Biomedical science is endowed with a unique authority that belies its production. My work is attentive to this process, marking the vacillation between science and the social as illustrated through the significance of images in Western culture and particularly in medicine.

Images in medical texts shape readers interactions by creating a normative template against which bodies are measured, as well as construct doctors' understandings of themselves. The models and figures within medical materials are produced for health care providers as examples of health and disease, and as representations of who they are in relation to their patients. I label these representations *didactic medical media* as they are created with the intent to educate healthcare professionals and students about health and disease.

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[67] Paul A Lombardo, *A Century of Eugenics in America [electronic Resource]*; Kline, *Building a Better Race*; Alexandra Stern, *Eugenic Nation*.
[68] Davis, *The Disability Studies Reader, Second Edition*.
[69] Abby L Wilkerson (Abby Lynn), *Diagnosis*, 61.

Normal and *healthy* are generally represented through images of white body forms. Modern medicine is borne of European and United States' sensibilities in a historical moment where white people, particularly white men, shaped the international conversation of health.[70] In her chapter "The picture of Health: How Textbook Photographs Construct Health," Mariamne Whatley discusses the work images do to portray important concepts. She argues that photographs are "seen as objective representations of reality, rather than artists' constructions…"[71] *Health* in the health textbooks she examined reflected white young and slim bodies. "The healthy person is young, slim, white, physically abled, physically active, and apparently comfortable financially."[72] The fact that these images are staged, framed, choreographed and otherwise produced is obscured by their location within biomedical texts. These photographs and other types of didactic medical media reflect as well as project an image of health that real patient bodies are measured against. They provide a visual narrative, a story that shapes perceptions of health and illness.[73]

In Gilman's *Picturing Health and Illness,* he marks the importance of images in medical history as well as the reticence of medical historians to engage these images. He writes, "It is precisely that historians of medicine are cultural historians and that the culture of medicine is as heavily involved with visual culture as any other aspect of modern cultural history that makes the anxiety about the use of the visual image in the

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[70] O'Malley, *The History of Medical Education*. For more on Specific European influences on American medicine, particularly Germany's impact on Western medicine, see Flexner and Teaching, *Medical Education in Europe*; Flexner, *Medical Education*; Tauber, "The Two Faces of Medical Education."
[71] Elizabeth Ann Ellsworth and Mariamne H Whatley, *The Ideology of Images in Educational Media*, 121.
[72] Ibid., 137.
[73] Richard Sandell, Jocelyn Dodd, and Rosemarie Garland-Thomson, *Re-presenting Disability*, 23.

history of medicine into a meaningful problem."[74] He tackles this meaningful problem himself in *Seeing the Insane* where he chronicles the visual representation of madness within medical literature. In particular, he acknowledges the ways in which photographic representation is believed to be objective. He writes, "The photograph was perceived, at least in the first decades following its introduction, as the ultimate means of creating an objective reproduction of reality."[75] Like Gilman, I think that a historical investigation of medical portraiture says as much about the subjects in the frame as those who construct it, and this framing is not an objective process.

Some studies in other fields are making the connections between didactic medical media and culture. Communications and science studies scholar Lisa Cartwright's *Screening the Body: Tracing Medicine's Visual Culture* traces the ways in which medicine has utilized film imagery as a tool to aid doctors in the diagnostic process though it actually works most readily as a tool of patient surveillance and control.[76] Similarly, Kristin Ostherr interrogates the ways in which images of medicine on the big and small screen are understood as fictional where as film produced in medical communities is accepted as fact without recognition of the muddled boundaries between science and popular culture.[77] Other studies of media and medicine focus on images within textbooks and medical advertising, consistently privileging representational depictions that draw on the formal channels of medical education and commerce.[78]

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[74] Gilman, *Health and Illness*, 10–11.
[75] Gilman, *Seeing the Insane*, 164.
[76] Cartwright, *Screening the Body*.
[77] Kirsten Ostherr, *Medical Visions [electronic Resource]*.
[78] Metzl, *The Protest Psychosis*; Claire Badaracco, *Prescribing Faith*; Janine Marchessault and Kim Sawchuk, *Wild Science*; Gilman, *Health and Illness*.

Initially, this dissertation examined didactic medical media in the form of a multi prong study that included analyzing contemporary and historical medical textbooks used at Emory School of Medicine for the ways in which race, gender, and region were represented in the images used to depict patients. I identified textbooks used in the classrooms of Emory School of Medicine following Flexner's report and analyzed two texts, *Medical Diagnosis* by James Anders (1911) and *Anatomy* by Henry Gray (1913), searching for racialized and gendered representations, particularly as it pertained to the figure of the Black woman patient.[79] I discovered these texts through archival research where I examined the faculty minutes, financial ledgers, and other materials that chronicled the history of Emory School of Medicine. I found that Black women patients existed at the intersections of invisibility and utility. Black women's bodies were visible and invisible; they were utilitarian for pathological depictions in textbooks and practice in the actual colored obstetric wards of Grady Memorial Hospital while simultaneously absent in textbook renderings, curriculum references, and student imaginings of *normal* patients.

The faculty minutes painted a picture of the clinical side of Emory medical education that supported Black women's conflicted status as patients. In the 1920s, the five best students were rewarded by getting first pick of the Grady Memorial Hospital wards they wanted.[80] Most students selected the white male ward while the white women's, colored men's, colored women's wards, and dog cadavers were chosen subsequently. This ordering reflects the hierarchy of preferred patients by students, reflecting a trivialization of Black women patients in multiple collected sources. Initially,

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[79] Anders and Boston, *A Text-book of Medical Diagnosis*; Gray and Howden, *Gray's Anatomy*.
[80] Emory School of Medicine, "Emory School of Medicine Faculty Minutes."

students were not even allowed to work in any ward except the Black women's ward, reflecting another hierarchy between students and established doctors who felt comfortable letting students *practice* with Black women and no other patient population.[81] Black women's wards as less desirable clinical training grounds for medical students mirror textbook renderings that also portray Black women patients as useful figures in the practice of medicine but not respected patients in their own right. The simultaneity of Black women's utility and erasure engenders questions that are answered through my analysis.

I also looked at the grand rounds video archive of Emory School of Medicine. It was in examining this video archive that I noticed the ways in which physicians went off script when presenting their work in ways that captured audience members attention. It was through the physicians' jokes and asides that the audience became visible and audible. These moments that departed from the official and formal script invariably referenced popular culture and were doing important work that my discussion of didactic media could not accommodate.[82] I realized that the formal curricular apparatuses for teaching medical students did not tell me what students were learning or necessarily what was valued. Becker and colleagues of the famed sociological study of medical students *Boys in White* explain, "Students absorb medical culture in a selective fashion as it helps meets the problems imposed in their school environment."[83] The formal curriculum of

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[81] Atlanta Medical College, "Grady Clinics."

[82] In several of the videos, physician lecturers used contemporary examples from current events and popular culture to further illustrate the ways in which their topics mattered beyond the health care context. To access Emory School of Medicine's Grand Rounds Archive, go to itunes.emory.edu Department of Medicine Grand Rounds.

[83] Becker, *Boys in White*, 192.

medical education is not a useful site of inquiry when attempting to discern what students are internalizing about their experience.

A 2007 survey found that medical students place a high value on cultural competency, with racial/ethnic minority students most concerned about their institutions' ability to provide instruction in that arena.[84] However, additional research shows that cultural competence education is not always part of the planned curriculum because it is regarded as unscientific common sense that students should "just know."[85] These amorphous concepts of what is valued within the institution get communicated through sociocultural processes that are difficult to name because they exist in the milieu of medical education.

In crafting this dissertation, I became more concerned with what I call *vernacular medical media*; the media students were creating themselves. I define vernacular media as the images and linguistic representations that are crafted for an informal audience of peers. *Vernacular* denotes language that is specific to a particular population and often articulates norms of that group.[86] Vernacular medical media is not created with the expressed purpose of teaching or educating viewers. Vernacular media like didactic media can induce perspective, be used to compare and contrast types but it is also designed to illicit an emotional response.[87] Vernacular media does not have to meet the

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[84] Hung R, "Student Perspectives on Diversity and the Cultural Climate at a U.S. Medical School."
[85] Wachtler and Troein, "A Hidden Curriculum"; Wyatt, Bass, and Powell, "A Survey of Ethnic and Sociocultural Issues in Medical Schoo..."
[86] Lodge, *A Sociolinguistic History of Parisian French*.
[87] Marsh and White, "A Taxonomy of Relationships Between Images and Text," 660.

same standards of perceived propriety and objectivity that didactic media is believed to hold. It is not stylized and attempts to reflect the ordinary.[88]

Like *jargon*, *vernacular* identifies a particular audience through its articulation though it represents the lower cultural resonances and not the elite or technically specific language of the group. It is through the vernacular images and language of Emory yearbooks that I identify the hidden curriculum, or the informally conveyed messages that instruct students about how they should behave and who they will become.

Using close reading, archival research, and qualitative and quantitative data analysis, I examine primary documents authored by students at Emory School of Medicine from 1913-1917. As such, this project is interdisciplinary, amalgamating methods from the humanities and the social sciences to expose the nuances of the complex social climate that accompanies medical training at an institution forged through its standardization. I interrogate the ways in which race and gender are deployed in medical student yearbooks to represent both patients and future physicians.

To understand the ways in which the figure of the Black woman patient and white men medical students were represented at Emory School of Medicine shortly after its consolidation, I employed an archival triangulation method that involved comparing three types of source materials from the yearbooks including student representations, patient representations, and stock caricatures. I explored these examples of vernacular medical

[88] In trying to find an antonym for *didactic*, I landed on *vernacular*. My selection was bolstered by the use of "vernacular pictures" in Stoeckle and White, *Plain Pictures of Plain Doctoring*, 125–159.

media using qualitative and quantitative methods to understand the institutional culture of medicine.[89]

I identified medical school yearbooks from 1913-1917, the period immediately following the implementation of Abraham Flexner's recommendations for medical schools in Georgia, and looked for images and language that spoke to the way women, people of color, Black people, and particularly Black women were represented. The stark contrast between the depictions of these marginalized groups and the students creating the images is an important site of inquiry in this dissertation.

In chapter two, *Framing and Background for a Medical School Portrait*, I contextualize Abraham Flexner's report and its significance within medical education. I explain how the report was created and how its effects reverberate in medicine today. More importantly, I highlight the reconceptualization of the Southern medical student and their institutions. Emory School of Medicine is formed in the wake of the report and I explore its creation and student population in relation to the integration of Black and women students in medical schools nationally. Additionally, I use this chapter to contextualize race and gender in Georgia and Atlanta when the medical school was formed. I explore the popular culture of the era, which included the racialized entertainment of Blackface minstrelsy. Racial unrest marked this period with the 1906 Atlanta race riot and the pandemic of lynching prototypical examples. This is the environment into which Emory School of Medicine students are situated.[90]

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[89] For more on the central importance of the patient/doctor dynamic in medical student identity, see Merton and Research, *The Student-physician*; Cooper-Patrick et al., "Race, Gender, and Partnership in the Patient-physician Relationship."

[90] Haraway, "Situated Knowledges."

Chapters three and four ground my discussion of medical school culture with the students' assessment of it themselves. *The Aesculapian: 'fully represent[ing]' the Institutional Culture* explores the 1913-1917 yearbooks identifying the way race, gender, and region figure into students perceptions of themselves as well as how they understand their future patients. Named *Aelsculpian*, the yearbooks provided an important entre into the student psyche at that time. Chapter four, *The Yearbook: An 'Algorithmic Criticism'* explores my quantitative data collection, facilitated by the digital tool, Voyant. In these chapters, my quantitative and qualitative analysis reveal the hidden curriculum of Emory medical education as an identitarian meaning-making project.

In the conclusion, I return to the contemporary moment and argue for the need to reconfigure the culture of medical education through the discussion of two popular culture examples: the high profile trial and acquittal of R&B star R. Kelly and the international spectacle surrounding South African Olympian Caster Semenya. I provide evidence of the survival of sociocultural beliefs about the Black woman's body that I identify in the yearbooks at Emory. I discuss the misogynoir[91] that animates these stories within popular media that relies on both didactic and vernacular medical media to communicate to the lay public. It is in these examples that we see deeply rooted biomedical beliefs that stem from as well as inform sociocultural ideas about the bodies of Black women and reveal medical practitioners' anxieties that raise lingering questions for me about our expectations of justice and the amelioration of health disparities for those multiply marginalized in our world.

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[91] Misogynoir is a term I created during my exams to express the specific ways in which Black women (cis and trans) are targeted within popular culture. The term is a combination of *misogyny*, the hatred of women and *noir*, which means black but also carries film and media connotations. It is the particular amalgamation of anti black racism and misogyny in popular media and culture that targets black trans and cis women.

The richness that the vernacular medical media of the yearbooks provided demanded new methods for exhibiting my findings. This project engaged many more images than could be comfortably illustrated in the traditional format of a dissertation. I also created an online archive using the digital platform Omeka to house nearly one hundred additional images from the yearbooks I examined. This archive includes images from the yearbooks as well as links to the Voyant data discussed in chapter four. Please see the appendix for a link to the archive.

Yearbooks as a Genre

Focusing my study on the unique contribution yearbooks make in telling the sociocultural story of medical education offers a fresh look at a neglected genre of scholarly inquiry. Research on the significance of yearbooks in United States cultural studies is sparse.[92] The specificity of the yearbook as a cultural product should be further investigated. Most discussions of yearbooks address high school and college publications.[93] No other study has centered medical yearbooks as an important scholarly subject. The annuals of professional schools are rare artifacts, and have a shorter history than the more traditional yearbooks of high schools and colleges. Emory's School of Medicine yearbooks were only produced for the first eight years of the institution's existence.

Annuals are a unique early form of social media. Initially, yearbooks consisted of written words including essays, poems, of student reflections of a year gone by.[94] George

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[92] Caudill, "Yearbooks as a Genre."
[93] Ibid.; Freedman et al., "Yearbook Discourse In/Ex-Clusion"; Zeitlin, "As Sweet as You Are"; Wermedal, "It Was Once So"; Hoffman, "We're so Diverse"; Hoffman, "Why High Schools Don't Change"; "Gender and Ethnic Differences in Smiling."
[94] N. S. Patterson, *Yearbook Planning, Editing, and Production / N. S. Patterson.*, 8.

K. Warren was a photographer and early adopter of the new wet-plate collodion process that allowed for multiple prints from one negative.[95] During the 1850s and 1860s, Warren made a name for himself taking portraits of students and buildings at Boston area colleges and universities. These images were reproduced and bound, creating the first picture yearbooks. Like their contemporary analog Facebook, early yearbooks provide snapshots of particular moments in time and allow those who participate in the creation and maintenance of these social networks to talk to their peers.[96] Collegiate-level yearbooks are considered a form of journalism, moving beyond significant cultural artifact into a public record or account of events. Yearbooks reflect the values of a particular community and utilize language and images that demonstrate cohesiveness.

Yearbooks are tied to educational spaces, providing the sociocultural pathos of an institution from the perspective of students. I am not able to talk to the 1913-1917 medical students of Emory School of Medicine, but I can discern some of their concerns and feelings about themselves through the annuals that survived. Yearbooks provide a perspective that no other source I initially examined could because they are the only source with narratives created by the students. Only yearbooks so fully captures the identity making process that is embedded within medical education.

The images of students, the portraits that identify doctors in the making, derive from an art form that connotes privilege and esteem. Portraiture is a specific genre of Western art that is concerned with identity and representation, conscious of the ways

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[95] Shannon Thomas Perich, *The Changing Face of Portrait Photography*, 1.
[96] Yearbooks have not been heavily researched. For more on yearbooks generally see Applebome, "Waning Student Interest Threatens Tradition of College Yearbooks.". For more on Facebook and yearbooks see Anonymous, "Yearbooks Are the Original Social Networking Venue. Long before... [Derived Headline].".

these categories shift over time.[97] Initially only accessible to the elite, portraiture was a way to demonstrate status.[98] As literature and disability studies scholar Rosemarie Garland-Thomson explains, "[portraits] confer dignity, value and recognition on their subjects."[99] For American college students, the accessibility of photographic portraiture in the mid to late 1800s contributed to their sense of importance and position. Yearbooks not only provided students with memories of their time together but also marked their transition from laypersons into practitioners of an elite profession.

My consideration of yearbooks as a genre builds on the thesis research of Melissa Ann Caudill of Clemson University. Caudill distills the significance of yearbooks as a genre not only in form but also in use; the choice to use a certain genre over others is an attempt to provide an explanation that another genre would not provide.[100] Analyzing yearbooks provides access to institutional culture through student voices in ways that textbooks or other genres cannot. Caudill discusses the ways in which yearbooks adhere to genre specifications that tell idyllic tales of who educational community members should be:

> Yearbooks, with their longevity and adherence to tradition, tend to present positive images and rarely confront questions of who or what is left out of their covers. Rather, yearbooks may be thought of, as an illustrated instruction manual of what being a high school or college student should be. What the book shows or does not show involves the staff, the students, and the school.[101]

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[97] Brilliant, *Portraiture*, 8.
[98] There is much work on the history of portraiture. See Sabrina Norlander, *Portraiture and Social Identity in Eighteenth-century Rome / Sabrina Norlander Eliasson.*; Lawrence-Lightfoot and Davis, *The Art and Science of Portraiture*; Koerner, *The Moment of Self-portraiture in German Renaissance Art*. For more on portrait photography specifically, see Shannon Thomas Perich, *The Changing Face of Portrait Photography*; Kozloff, *The Theatre of the Face*; Heyert, *The Glasshouse Years*.
[99] Richard Sandell, Jocelyn Dodd, and Rosemarie Garland-Thomson, *Re-presenting Disability*, 25.
[100] Caudill, "Yearbooks as a Genre," 20–21.
[101] Ibid., 119.

Caudill's work lays the foundation for my own understanding of the yearbooks as a significant cultural genre. The words of *The Aesculapian* editors themselves signal and reinforce the yearbook as a cultural conveyance that needs to be taken seriously as a mode of reflecting institutional culture. The carefully curated nature of a yearbook provides evidence of what students valued and what history should be remembered through vernacular media.

The significance of design in yearbook production cannot be understated; as a multimedia project that includes prose, narrative, and images, layout is a tool that conveys important information as well. I draw on Caudill's discussion of Kress and van Leeuwen's *Reading Images: The Grammar of Reading Images*:

> Eye contact and gesture between the represented and the viewer establishes a relationship, and this relationship can either be a 'demand' or an 'offer.' In a 'demand' image "the producer uses the image to do something to the viewer" (Kress and van Leeuwen "Representation" 122). An 'offer' image "offers the represented participants to the viewer as items of information, objects of contemplation, impersonally, as though they were specimens in a display case" (Kress and van Leeuwen "Representation" 124).[102]

These distinctions of *offer* and *demand* images shape my reading of the images in the medical school yearbooks in my study. How different types of figures are represented within each image marks how they understood by the student creators of the yearbook. The size of the image, the distance of the figures in the images from the camera, as well as the position within the yearbook also inform the way that I interpret the images in the text.

In the article "Yearbook Discourse In/Ex-Clusion: Excavating Identity and Memory" author Freedman and colleagues discuss the kinds of sociocultural questions yearbooks prompt and answer. As students analyzing yearbooks in which they were

[102] Ibid., 28–29.

featured, their insights provide a particular level of insight that speaks to my interests in the student authored Emory yearbooks. They write:

> We began our excavation of our yearbooks with the following questions: What did we value? What roles did we appropriate, desire, condemn? How did others construct our existence? What we discovered were discourses that constructed how others saw us and what was expected of us. The superficiality, the elevated, special spaces, the compulsory heterosexuality all fed into a hegemonic discourse that controlled our actions, that constructed our identities within very narrowly defined cultural/curricular spaces: who we could be friends with, who we interacted with, how we organized what can be male, how we organized what can be female.[103]

Their reading of the hidden curriculum within their yearbooks draws out the ways in which they were compelled to behave in ways that fit an idyllic norm in terms of their sexuality as reflected in their friendships and the way they behaved. They speak of the "cultural pedagogy" that disciplines and normalize their behaviors, which are clearly legible in the artifact of the yearbook. My inquiry into the Emory School of Medicine yearbooks addresses similar concerns of a hidden curriculum. The gender, race, and regional backgrounds of the students are apparent, cohering around an idyllic student that Flexner describes in his work.[104]

Hidden Curriculum

There is a hidden curriculum that becomes visible upon close reading of the yearbook. Medical students are being schooled in proper ways to treat their patients' bodies but they are learning another curriculum as well. The yearbook shows the cultural shifts in student culture over time as well as their anxieties around their Southern and rural identities.

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[103] Freedman et al., "Yearbook Discourse In/Ex-Clusion."
[104] For a detailed account of how the ideal student is created in Flexner's image, see Timothy C. Jacobson, *Making Medical Doctors*.

The hidden curriculum refers to the parts of education that are not an explicit part of formal education but are part of what students are learning in an institution. Benson Snyder describes the hidden curriculum as "covert, inferred tasks, and the means to their mastery…"[105] Leading educational theorists such as John Dewey, Henry Giroux, Paulo Friere, and Phillip W. Jackson argue that education is a socialization process.[106] Students are navigating the dissonance between the formal curriculum they are taught in the classroom and the hidden curriculum of the broader institution that shapes them through sociocultural practices. Emory School of Medicine students are not only learning medicine, but they are learning social values that may differ from what they have known previously. As I examined the yearbook, the tensions between who students were before medical school and who they are expected to be afterwards are high. Flexner's feelings about the South are mirrored in the student-produced texts where students marked by their regional background are increasingly teased and non-students are outright ridiculed. "The jocular nature" of the yearbook accounts for some of this messaging, but the way the South is perceived as deficient, particularly in relation to education, is a trope exploited in these jokes.[107]

Discussions of the hidden curriculum within education studies inform this dissertation project. Jamie Phillips and Kathryn Hausbeck analysis of the hidden curriculum in geology textbooks lays an important foundation for my own research. With limited yearbook studies from which to learn, I turned to their work as a methodological

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[105] Benson R. Snyder, *The Hidden Curriculum / [by] Benson R. Snyder.*,4.
[106] Dewey, *Experience And Education*; Dewey, *John Dewey on Education*; John Dewey, *The School and Society / Being Three Lectures by John Dewey … Supplemented by a Statement of the University Elementary School.*; Freire, *Pedagogy of the Oppressed*; Giroux and Purpel, *The Hidden Curriculum and Moral Education*; Giroux, *Between Borders*; Jackson, *What Is Education?*; Hansen et al., *A Life in Classrooms*.
[107] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

guide for shaping my study of the Emory texts. Their examination of didactic media became a useful model for my vernacular media inquiries. In their article, "Just Beneath the Surface: Rereading Geology, Rescripting the Knowledge/Power Nexus," Phillips and Hausbeck set up a framework through which they assess the racialized, gendered, and nationalist elements of geology textbooks that are not overtly stated but are made clear by the way textbooks are constructed.[108] By adapting their model of quantitative content analysis, I was able to determine patterns within the yearbooks along these major axes of social power. Because medical yearbooks have never been investigated in this way, I am making a unique contribution to the field by using them to understand the cultural landscape of a Southern medical school forged through the reforms supported by Flexner.

Qualitative Analysis

As my project developed, I became increasingly interested in the ways in which social values were being communicated to future doctors and how they understood themselves as reflected in self-authored media. My research was guided by two questions that required a focus on the vernacular media created in Emory School of Medicine. My questions were

- What is the hidden curriculum revealed in Emory School of Medicine yearbooks after the release of the influential Flexner Report that created the school?
- How are race, gender, and region deployed in vernacular medical media created by Emory School of Medicine students? And to what end?

I employed close reading as a method of analysis for the Emory School of Medicine yearbooks to answer these questions. This process also involved analyzing the images

[108] Phillips and Hausbeck, "Just Beneath the Surface."

that made up the yearbooks. Building on Caudill's assessment of images in yearbooks, I analyzed images in these primary documents by interpreting them within their specific context. I noted three categorical types of representations that were relevant to my study: student portraits, patient portraits, and stock caricatures. These three types of images and linguistic representations were analyzed using the markers identified in her study. Images were examined for the ways in which figures were framed, their location in different sections of the yearbook, as well as their size and type. For the purpose of the dissertation, the most compelling examples are reproduced. I created a digital archive of nearly one hundred images from the yearbooks and my initial investigation of medical textbooks that provides a more robust rendering or the breadth that these images encompass as well as provide evidence of their ubiquity.[109]

I began my content analysis by identifying key themes within the yearbook, with an eye toward latent meanings in the text.[110] Gender, race, and region were emergent major themes within the text. Using the digital text mining tool Voyant, I was able to create a digital "code book" that allowed me to easily visualize key words, map conspicuous absences, and most importantly, determine the frequency of these different attributes in each yearbook corpus.[111] I determined the gendered, racial, and regional information reflected in these elements of the yearbook texts, further elucidating a hidden curriculum of class ascension, as well as racial and gender hierarchies.

In an endeavor to forestall any claims of presentism within this dissertation, I begin by contextualizing the race relations in Atlanta just prior and during the 1913-1917 time period I examine through the medical school yearbooks. It may appear that the

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[109] To view my digital archive, see…
[110] Phillips and Hausbeck, "Just Beneath the Surface," 186.
[111] Ibid., 187.

incidents of oppressive language tell a story that we already know but the particular motivations and deployment of certain representations emerge out of a specific sociocultural context. Rather than understanding the US South as always already racist, I highlight the ways in which class and gender impact the ways that young Southern medical students understood themselves and their patients at the time. Within the institutional culture of medical education, exists a hidden curriculum of institutionalized racism, which, "relies on the active and pervasive operation of anti-black attitudes and practices."[112]

Quantitative Analysis

Digital Humanities is a burgeoning field that utilizes digital technologies to address humanities research questions.[113] Digital Humanities (DH) also includes the interrogation of digital objects with humanities questions, for example studies of digital phenomena like Twitter.[114] Digital Humanities has a very vibrant academic culture of which I am apart. Many of the current debates within the field are self reflexive, as we ask each other what is purpose of our work, how best to do it – either through "building" digital tools or utilizing them, and even "who's in and who's out" of the "big tent" of DH.[115] I grow the conversations with my own work as a member of the #transformDH collective that is interested in integrating the digital humanities with women's, gender,

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[112] Stokely Carmichael, *Black Power; the Politics of Liberation in America / [by] Stokely Carmichael & Charles V. Hamilton.*, 5.
[113] Spiro, "Getting Started in Digital Humanities"; Warwick, Terras, and Nyhan, *Digital Humanities in Practice*; Svensson, "The Landscape of Digital Humanities"; Mandell, "What Is/Are/Isn't the Digital Humanities?".
[114] Ross et al., "Enabled Backchannel"; Remy, "Twitterpated."
[115] Ramsay, "Algorithmic Criticism"; Matthew K Gold, *Debates in the Digital Humanities / [edited by] Matthew K. Gold.*; Pannapacker, "'Big Tent Digital Humanities,' a View From the Edge, Part 1."

sexuality, disability and critical ethnic studies concerns.[116] In my own digital humanities work I argue, "the ways in which identities inform both theory and practice in digital humanities have been largely overlooked."[117] I use digital tools to answer cultural studies humanities questions that are difficult to answer without the use of these technologies.

I use the digital tool Voyant to mine the texts of these four Emory School of Medicine Yearbooks. Text mining does not replace researchers but rather offer "a way into the texts… which is time saving and, when used sensitively, informative."[118] One integral facet of text mining is determining the frequency of certain words in the corpus being analyzed. I mined for words that show the ways in which race, gender, and region manifest in the yearbooks. I was interested in the frequency of certain words in the corpus but their frequency was not an end in itself.[119] I contextualize this frequency with my qualitative analysis.

This "algorithmic criticism" or "criticism derived from algorithmic manipulation of text…" was extremely helpful in identifying patterns regarding word usage that I would not have been able to determine from my own reading.[120] From these insights I was able to note changes in medical students language over time that signaled an acculturation process among student yearbook editors and contributors. As digital humanists theorize the ways in which their scholarship can be useful across multiple projects and contexts, my dissertation serves as another early example of progress in this

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[116] Cecire, "Introduction."
[117] Bailey, "All the Digital Humanists Are White, All the Nerds Are Men, but Some of Us Are Brave."
[118] Dawn Archer, *What's in a Word-list?*, 4.
[119] Ibid., 17–34.
[120] Ramsay, "Algorithmic Criticism."

arena as I bridge qualitative discourse analysis with quantitative digital methods to "make meaning" from these yearbooks.[121]

My quantitative analysis involved recording each time the yearbooks exhibited racialized, gendered or regionally inflected differentiation. These instances were coded. I created tables of frequently used words, and discussed how they were used in context in each yearbook. The text mining software Voyant facilitated my process. I was able to enter the entire digitized corpus of each yearbook into Voyant for analysis and was able to determine the frequency of words related to my study and even contextualize their use.[122]

Digital text mining was not sufficient for analyzing images. I logged every image within the texts. I determined whether the images were photos, diagrams or drawings. I then assessed whether there were human forms present and what gender, race, and regional inflection they appeared to represent. This data forms the basis for my claims about the ways in which Emory medical students understood themselves in relationship to the world around them, particularly in relation to Black women patients.

The completion of this project necessitated the integration of digital tools into my analysis. I could not have ascertained the changes in the yearbooks over time without the web tool Voyant. This dissertation is intrinsically interdisciplinary, modifying methods across diverse academic fields to answer new questions that are only beginning to be answered with new technological multivalent methodologies.[123]As we look forward to

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[121] Liu, "The Meaning of Digital Humanities."

[122] The 1915 yearbook is not a part of this analysis because it was too fragile to be scanned or photographed. I was able to look at a small section and some of that material is referenced in the qualitative part of this dissertation.

[123] New projects in the digital humanities are extremely interdisciplinary, utilizing tools and methods across the academy and beyond. Innovate text mining and visualization projects like Mittell, "Caption

future studies at the intersection of the digital humanities and medicine, tools that do more than mine text will no doubt be incorporated. As virtual medicine and other types of medical advances take place, the digital humanities can grow to accommodate these new nodes of connection.[124]

Creating and Gathering a Critical Vocabulary

This project has required the invention of new language to describe my research findings. My use of *didactic* and *vernacular medical media* to articulate different forms of representation in multiple source materials derives from the need for more specific terms that encapsulate the interdisciplinary nature of the project. These terms invoke medical history, feminist science, and media studies. *Misogynoir* reflects Black feminist theoretical engagement as well as my interests in critical media studies. I call upon educational studies with my deployment of *hidden curriculum*.

As a scholar of women's, gender, and sexuality studies, I am versed in the multiplicities of seemingly monolithic categories like *Black* and *woman*. Because of the historical nature of this study, I do not address the ways in which these categories have permeable and fluid borders that complicate notions of stable binaries. Issues of intersex identity and diasporic Blackness are addressed in the conclusion and presented in the context of the contemporary moment, though they no doubt were present in my historical time frame.

I use the term *non-white* to refer to multiple cross race groupings to avoid the presentism of *people of color*. I use *Black,* with a capital *B* to reference the politically

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Mining at the Crossroads of Digital Humanities & Media Studies"; Blei, "Topic Modeling and Digital Humanities."

[124] Prentice, "Bodies of Information."

marginalized group of people who are descended from enslaved people from the continent of Africa. Flexner and other authors use the term Negro, and where relevant in the text, I maintain this usage. I also use the word *woman* in places where others may conventionally use *female*. For example, I write "Black woman's body" as opposed to *Black female body* because in context gender is more salient than sex, particularly when sex is understood along a binary of male and female.[125] Issues of queer identity for students and patients were not readily apparent in the archival material I engaged, but this does not mean that they were not present. Gender and sexual queerity were outside the scope of this study.

I refer to *Emory School of Medicine*, collapsing some history for the sake of clarity. The Atlanta Medical College was established in Atlanta in 1854 and a second Atlanta school, The Southern Medical College, began in 1878. Twenty years later, these schools merged into the Atlanta College of Physicians and Surgeons. In 1905 some faculty disputes resulted in another institution, the Atlanta School of Medicine. Both of these schools struggled independently and rejoined as one in 1913 under the name Atlanta Medical College. At the same time, Emory College relocated from Oxford, Georgia and rebranded itself as Emory University in Atlanta, effectively facilitating the amiable attachment of the Atlanta Medical College to the institution. In 1915, the name of the medical school officially changed to Emory School of Medicine though the student

[125] The gender binary refers to the belief that humanity naturally consists of men and women who exists at opposite ends or poles of behavior, body type and sex. Feminist scholars have done much research to show the hidden social biases in the believed immutable nature of gender and sex. For more see Butler, *Gender Trouble*; Fausto-Sterling, *Sexing the Body : Gender Politics and the Construction of Sexuality*; Lorber, "Beyond the Binaries"; Butler, *Undoing Gender*.

yearbook still bore the language Atlanta College of Physicians and Surgeons after these changes.[126]

Positioning the Critic

As I've detailed, this project involves the coordinated deployment of multiple methods from a variety of disciplines. This project is both interdisciplinary and multidisciplinary. I transgress disciplinary boundaries through amalgamating multiple theoretical perspectives but I also aggregate multiple methodologies from a variety of fields. I draw on theoretical and methodological interventions from the areas of history of medicine, feminist science studies, disability studies, digital humanities, education studies, critical media studies, and critical race studies. My dissertation brings these diverse scholastic branches of thought together, navigating the stylistic challenges of creating cohesion across such broad terrain. The structure of the chapters, as well as my digital archive, reflect my attention to the need for multiple modalities to accurately convey this hybridized analysis. My epistemological perspective is also shaped by an attention to social justice borne from personal experience and the integration of both my scholastic and organizing interests.

As a high school student I had a negative encounter with a physician that propelled my own desire to pursue a career in medicine. Initially, I wanted to be the type of physician I did not have. This experience awakened me to issues facing black women who seek health care. If an educated insured patient with easy access to health care and some class privilege had to endure the insensitivity of a biased health care provider, what was the reality for other women of color? This incident prompted me to explore further

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[126] Martin and Perdue, *The History of Surgery at Emory University School of Medicine*, 2–22.

the realities for most young Black women in this country who do not have insurance or knowledge of the drugs that are prescribed to them. As an undergraduate at Spelman, I under took a two-fold investigation in hopes of understanding the root causes of these issues. I examined the cultural bias among doctors and the impact of these societal misperceptions on the lives of young women of color.

As an undergraduate, I was a comparative women's studies/pre-med major taking the introductory science and math courses required for medical school, as well as, courses that engaged critical race/gender/class theory. I began a research project that examined the media's ability to disseminate stereotypes of African American women through television, music, and popular opinion, and the subsequent impact on their mental and physical health. I graduated with a B.A. in Comparative Women's Studies with a concentration in health. Over those four years, my analysis expanded to be much more intersectional, allowing me to link the way multiple marginalized groups' bodies are impacted by a normative model of care.

As someone who intended to pursue an MD, I have had many introductory level experiences to ground my understanding of medical training. I have participated in pre-medical programs designed to show the realities of medical practice through activities such as observation of surgeries, physical examinations of patients, and interactions with practicing physicians. These experiences provided a lens through which to view the introduction of students to medical knowledge of health filtered through the medical establishment and the basis for the hypothesis of my research. But another lens that focuses this project is shaped by my experiences as a social justice advocate in reproductive health and feminist movements.

I organized students to attend the 2004 March for Women's Lives, a national action in Washington DC to demonstrate a collective voice in support of reproductive freedom. My activist organizing as president of the Spelman Feminist Majority Leadership Alliance, Spelman Gay Straight Alliance and other community work expanded my thinking beyond a strictly scholarly engagement of important social issues. Through my organizing of the annual Toni Cade Bambara Scholar Activism Conference at Spelman, I came to understand the necessity of praxis, dually forged from scholarship and political engagement, which colored my dissertation inquiries.

I've benefited from the interdisciplinary nature of my graduate program. My coursework concentration is health studies. I've had courses on survey methods, physicians' performance and the history of medicine through the Rollins School of Public Health. Medical anthropology was a foundational course through which my interest in the issues of marginalized groups and health care bloomed. A course called Health As Social Justice helped me integrate both my scholarly and activist interests, and provided the initial framework for this multimodal dissertation project. It was in these courses that I realized that in order to understand the contemporary moment of medical education, I needed to first go back to its standardization as the models from the past, undergird the current structure.

Chapter 2: Framing and Background for a Medical School Portrait

The Flexner Report: Standardizing Students and Study

In 1910 Abraham Flexner, a leading United States educational scholar, took on a task issued by the Carnegie Foundation to assess the curricular components of medical schools in the United States and Canada. His groundbreaking report transformed the practice of educating doctors, making institutions more standardized and uniform in their aim to educate the next generations of physicians. It is through his work that medical doctors became well-respected professionals with extensive and complex training. In streamlining and raising the standards of medical education, Flexner's report comes to articulate an ideal learning situation for the transference of medical knowledge which ultimately constructs an ideal student so marked by his regional, class, race and gendered attributes. Northern wealthy white men implicitly become the prototypical student as previous practices that served a more diverse student body are shed. According to Flexner, "professional patriotism," a sense among doctors that they owe the profession their best work and practice, is best cultivated with a more homogenous pool of doctors who are deserving of the subsequent societal privileges they should be afforded.[127] The Flexner Report is an essential document that created the context for medical education, as it is understood today, effectively constructing the conditions of optimal medical education, which included a privileging of visual information and the subsequent need for a particular type of student.

Abraham Flexner traveled to all 155 medical schools within the United States and Canada between 1908 and 1910.[128] He assessed the current conditions and made

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[127] Flexner and Teaching, *Medical Education in the United States and Canada*, 8.
[128] Flexner and Teaching, *Medical Education in the United States and Canada*.

recommendations for a new curriculum. His findings addressed both the current and desirable state of medical education and most significantly called for the streamlining of curriculum and limiting the number of institutions that would be allowed to grant medical degrees. By his rigorous estimate, only thirty-one schools were deemed worthy of survival, and those still needed a dramatic overhaul to become practical degree granting institutions.

Born in Louisville, Kentucky in 1866, Abraham Flexner came of age in a rapidly changing South.[129] As a student at John Hopkins University, he set his sights on a career in education and became increasingly interested in how pedagogy manifests in different academic environments.[130] Upon completing his undergraduate degree he studied at Harvard and in Berlin, both experiences furthering his interest in how education was imparted to young minds. His first book, *The American College,* took a critical look at the higher education system and came to the attention of members of the Carnegie Foundation.[131] The foundation, under advisement from the American Medical Association, recruited Flexner as an impartial evaluator to evaluate American medical colleges in the way that he had examined undergraduate institutions.[132]

Although earlier attempts to improve the state of American medical schools were conducted, many failed. Of particular concern was the practice of curtailing the academic year to accommodate students' desires for shorter semesters.[133] Medical schools keen on generating income accepted many students and turned out many doctors, apparently

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[129] Starr, *The Social Transformation of American Medicine.*
[130] Grauer, Johns Hopkins Medicine, and Johns Hopkins University, *Leading the Way*, 41. Abraham Flexner was a protégé of Daniel Coit Gilman, one of the founders of John Hopkins Hospital. Flexner's older brother Simon was a medical doctor trained at Hopkins with some financial help from Abraham.
[131] Starr, *The Social Transformation of American Medicine.*
[132] Rothstein, *American Medical Schools and the Practice of Medicine : a History*, 144.
[133] Duffy, *From Humors to Medical Science : a History of American Medicine.*

flooding the market with more doctors than could be easily maintained by demand. However, this over saturation of the market was only true in so far as the doctors in question wanted to work in urban environments. Rural communities struggled to attract and retain doctors during this time period and continued to rely largely on traditional healing practices. The question of access, however, was secondary to concerns of quality amongst newly minted doctors entering the field.

American medical schools were under extreme financial pressure to change and the public was becoming more interested in established, institutionalized medicine.[134] These circumstances helped to bolster the validity and attention that Flexner's report received. The American Medical Association supported the report not solely because of the ideas therein but largely to distinguish itself amongst other medical sects at the time so that they were emblematic of vanguard reform.[135]

Many medical schools were struggling to remain in operation. Schools with low standards meant students were dispersed and institutions had difficulty maintaining a level of enrollment to stay afloat. These factors contributed to the shifting medical education landscape before Flexner was able to conduct his study or publish his report that supported the pruning of medical schools. Many of the suggestions that Flexner made were already in motion before his work was finished.[136]

Flexner had no prior engagement with medical schools but took to the task with a meticulous fervor. *Medical Education in the United States and Canada; a report to the Carnegie Foundation for the Advancement of Teaching*, or The Flexner Report as his

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[134] Rosen, *The Structure of American Medical Practice, 1875-1941*, 65–66.
[135] *Beyond Flexner : Medical Education in the Twentieth Century*.
[136] Rothstein, *American Medical Schools and the Practice of Medicine : a History*; Flexner and Teaching, *Medical Education in the United States and Canada*; Kaufman, *American Medical Education*.

findings came to be known, set in motion a revolution in medical education with school closings and consolidations. The Flexner Report was a major impetus propelling the consolidation of the medical schools in Atlanta, Georgia into Emory School of Medicine.[137] In Atlanta, an 1898 decision by the administrations of Atlanta Medical College and Southern Medical College led to the consolidation of the schools into the Atlanta College of Physicians and Surgeons. In 1905, the dean resigned to start his own school. The rivalry between the two schools was intense but the Flexner Report, along with pressure from the American Medical Association led to another consolidation, into what becomes Emory School of Medicine.[138] Flexner's recommendations mark the standardization of the practice of medicine, as we understand it today and set the bar for what constitutes a medical education. The goal of his research was to create a normative model of training that attempted to replicate the program at John Hopkins University at all North American medical schools.[139]

Northern Medicine for Ailing Southern Schools

Flexner begins his report by chronicling the rise of the formal medical education system that initially augmented the more desired and common practice of medical apprenticeship.[140] He noted that the rise in the number of medical schools across the country had a negative effect on both the quality of education that future doctors were receiving and the subsequent care that the patient was provided.[141] The growing cost of providing a top-rate medical education further exacerbated the problem of too many

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[137] Flexner and Teaching, *Medical Education in the United States and Canada*.
[138] Martin and Perdue, *The History of Surgery at Emory University School of Medicine*, 2–22.
[139] Taylor, *The Medical Profession and Social Reform, 1885-1945*, 45.
[140] Numbers, *The Education of American Physicians*, 7.
[141] Flexner and Teaching, *Medical Education in the United States and Canada*.

medical schools as it became increasingly expensive for schools to survive. Schools started closing their doors on their own accord because it was just too costly to keep them open. This unfortunate turn for medical schools proved fortuitous for Flexner; his connection with the philanthropic Carnegie Foundation most likely helped him gain access to institutions that hoped his presence foreshadowed a future financial windfall.[142] The report takes an exhaustive look at each medical school in each state and makes recommendations for those that should be supported and those that need not be saved.

Flexner's attention to fiscal concerns is evident through the entire report. He demands universities give more support to their medical programs, calling for them to agree to financial responsibility for medical schools. He warns against the production of "cheaply made doctors" who overwhelm in their numbers and yet are lacking in skill.[143] He assures his readers that there is no need for low standards or poor training so that there can be more doctors. He arrives at the ratio of one doctor for every 1500 person increase in the population and contends that, with an intentional paring back of schools and an increase of standards, the number of doctors produced will exceed even this minimum requirement. Flexner addresses the South in particular on this point, anticipating the concern from the less affluent part of the country. He writes:

> …1300 southern doctors to compete in a field in which one-third of the number will find the making of a decent living already difficult. Clearly the south has no cause to be apprehensive inconsequence of a reduced output of higher quality. Its requirements in the matter of fresh supply are not such as to make it necessary to pitch their training excessively low.[144]

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[142] Starr, *The Social Transformation of American Medicine*; Rosen, *The Structure of American Medical Practice, 1875-1941*; Kaufman, *American Medical Education.*
[143] Flexner and Teaching, *Medical Education in the United States and Canada*, 14.
[144] Ibid., 17.

In short, Flexner thought the country needed "fewer and better doctors."[145] Throughout the remainder of the report, *fewer and better* comes to represent white men of means, privilege, and Northern sensibilities.

In chapter two of the report, Flexner explains the need to safeguard schools from "crude… untrained boys" who are "casual strollers from the highway."[146] The tools needed for proper medical education required vigilance in attention that could not be assured with some of the practices at Medical schools at the time. In particular, Flexner questions the practice of arranging the dates of the academic calendar in accordance with seeding and harvest time.[147] By calling for medical schools to liberate themselves from accommodating students with rural backgrounds, he effectively calls for a more privileged class of students to enter the profession. Other aspects of medical education that accommodated rural and local community interests were abandoned as well.[148] Flexner concluded that only 1300 doctors were needed for Southern states, and current enrollment far exceeded the demand. He quipped, "The best material for making a few hundred southern doctors need not be torn from the plo[w]."[149] In reforming medical education, Flexner also called for a new student that is not tied to the farm. *Southern* becomes synonymous with agrarian and agrarian with a depreciated caliber of men, wholly unlike those from urban areas.

However, Flexner's estimates only applied to the number of doctors needed to affectively serve the white population of the South. Flexner noted that six schools were

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[145] Ibid.
[146] Ibid., 22.
[147] Flexner and Teaching, *Medical Education in the United States and Canada*.
[148] Kaufman, *American Medical Education*; Rothstein, *American Medical Schools and the Practice of Medicine : a History*.
[149] Flexner and Teaching, *Medical Education in the United States and Canada*, 40.

sufficient to provide the number of qualified doctors for the region. These six schools did not include any of the Black medical schools Flexner thought worthy of retention, as they were expressly responsible for the education of Black physicians that would work with Black patients. This omission reflects the perceived divisions between Black and white people in medicine. For Meharry and Howard Medical Schools to be relegated to a separate discussion is representative of the racial divisions of a Jim Crow South.

Flexner reasons that doctors needed to know an abundant amount of information in order to practice effectively; little time could be spared teaching the basics and/or truncating the schedule to serve rural students. He proposed that the entrance standards be raised and that entering students should have a working knowledge of chemistry, physics, and biology on which to build.[150] These core subjects, with the addition of mathematics and writing, remain the core requirements for medical school admission to this day. Meeting these requirements necessitates a college background, and thus all those pursuing the medical profession without this expensive requisite training are effectively excluded. Flexner cited the Atlanta School of Medicine as a particularly flagrant example of the problem of low requirements with seventy-three percent of the 1908 entering class granted admission based on having equivalent requirements that were never verified.[151] Flexner also mentions Grady Memorial Hospital in Atlanta who, despite having room for six observers per bedside clinic session, only had two attending students. He begins a stringent critique of Southern medical education.

Flexner's Northern sensibilities become evident through his harsh critiques of the Southern educational system. His expressed hope was that the South would make more of

[150] Ibid., 24–26.
[151] Ibid., 36.

an investment into secondary education as opposed to higher education. Many students within the graduate system were tremendously underprepared, effectively lowering the standard to which they were measured. A shift needed to be made. But in articulating the need for Southern reform, Flexner privileges the Northern model, effectively mandating the obfuscation of regional specificity in the reconstruction of the Southern medical colleges and their students.

Flexner articulates the need for an intermediate step between high school and medical school by noting the immaturity of the high school student and stressing the imperative for lab experience and scientific knowledge prior to attending medical training. This call particularly affected Southern medical schools that had lax prerequisites for admission. At the time of Flexner's report, only 16 of the one 155 medical schools required a college diploma for admittance, and only an additional six schools required at least one year of a college education. Flexner writes:

> Southern Schools… after specifying an impressive series of acceptable credentials ranging once more from university diplomas downward, announce their satisfaction with a "grammar school followed by two years of high school," or in default thereof a general assurance of adequate "scholastic attainments" by state, city, or county superintendent, or some other person connected to education or purporting to be such; but the lack of such credentials is not very serious, for the student is admitted without them, with leave to procure them later.[152]

Flexner highlights the Atlanta School of Medicine as a particularly egregious offender, citing that seventy-three percent of the 1909 entering class were admitted on equivalent status or lacked the requirements for admission all together. Grady Memorial Hospital is also chastised because their students do not regularly attend bedside clinic. Seventy percent of the 1909 class of The Atlanta College of Physicians and Surgeons dropped,

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[152] Ibid.

conditioned, or failed by the school year's end.[153] Flexner was particularly critical of Charlotte, North Carolina's medical school, recounting the words of a senior administrator who said, "it is idle to talk of real laboratory work for students so ignorant and clumsy. Many of them, gotten through advertising, would make better farmers. There's no use in having apparatus for experimental physiology—the men couldn't use it; they're all thumbs."[154]

Flexner's impatience with the South is acute. He asks, "How much longer will the southern people, generously spending themselves in the effort to create high school systems, continue to handicap their development by legally allowing medical education rest on ante-bellum basis?" He continues, "The weak southern schools apologize for their wretchedness by alleging the short comings of the student body."[155] Flexner's displeasure with the South is not simply relegated to the region; it is also complicated by class as he continually references the need to protect the profession from farm and poor boys that, in his view, have limited aptitude for medicine. Flexner objects to defenders of low standards and equivalences so that *poor boys* are not excluded from the profession. He counters with the logic that admitting unqualified poor boys comes at the cost of the health and well being of those on the receiving end of their care.[156] His analysis anticipates complaints that rural and Southern towns will suffer without doctors because medical students of means will unlikely desire small town life. Flexner dismisses this concern, citing the breadth of distribution of John Hopkins graduates, the best in the

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[153] Ibid., 37.
[154] Ibid.
[155] Ibid., 41.
[156] Flexner applies a logic similar to opponents of affirmative action, stating that efforts to level the playing field in regards to equal access to education is premised on lowering the bar for some at the expense of others.

country, to thirty-four states and territories (though the distribution in rural areas is not addressed).

By writing in favor of students who already have access and financial means, Flexner helps to solidify the status of doctors in American life. His privileging of students who already had the economic resources to attend school helped redirect school funds to infrastructure and curriculum. Medical schools do not offer money in the form of scholarships to needy students, but consolidate their power by following recommendations that call for a more technical curriculum that requires extensive laboratory knowledge. By asking schools to spend more on equipment and training, Flexner advocated for schools to divert funds from other costly endeavors, particularly student scholarships.[157] Flexner explicitly calls for an end to the heterogeneity among the medical student body in favor of a more uniform student who will become a standardized practitioner.[158] Within this new framework, Flexner does concede a different standard for the South as it grapples with far less economic resources than other parts of the country. Despite this concession, students within Southern schools are expected to conform to new ideas about the ideal student, who is not from the farm and has significant funds to contribute to his own medical education.

Flexner asserts that medical education should be divided into two parts: laboratory sciences in the first two years and clinical work in the last two. Students will learn first and apply second, though he admits that these divisions are somewhat arbitrary. Faculty should be sharpened through research so that they are aware of the latest happenings in their respective fields and so that students receive instruction that is

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[157] Flexner and Teaching, *Medical Education in the United States and Canada*, 41.
[158] Flexner and Teaching, *Medical Education in the United States and Canada*.

reflective of up-to-date practices. He argued for full-time faculty, effectively preventing the development of community based medical learning that accompanied part time faculty instructors who also worked in clinics and networks apart from the hospital.[159] Although students are taught by instructors who are specialists, Flexner believes the amalgamation of the different sciences in the mind of the physician produce the best kind of practitioner. He endeavors to maintain a spirit of enthusiasm within the practice of medicine. He imagined that students should be organically drawn to the profession and taught by instructors who buoy their sense of connection to the practice. He warns against the compartmentalization of the subjects that do not ultimately support the goal of training a proper physician.

Flexner talks at length about the curriculum, discerning the different components and their varying weight in terms of overall instruction for the student. Flexner examines the standard four years of instruction and the enormous amount of material that must be covered. He critiques the average four thousand hours of instruction, surmising that many of these hours could be eliminated by appropriately preparing students prior to their professional medical education.[160] This shift in the instruction of medical education permits more time for *doing* on the part of students, meaning more clinical and laboratory instruction as opposed to memorization. Once again, Southern medical schools bear the brunt of Flexner's critique, calling them "mercenary" due to their failure to provide the bare necessities for laboratory instruction. Very few resources, limited access to autopsies, even outdated textbooks place Southern medical schools at the bottom of Flexner's list. The Atlanta College of Physicians and Surgeons was singled out for having

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[159] Rothstein, *American Medical Schools and the Practice of Medicine : a History*, 168.
[160] Flexner and Teaching, *Medical Education in the United States and Canada*, 140.

too few microscopes. The Atlanta Medical College did not have access to a single post-mortem autopsy for the entire year of 1909.[161] Flexner cautions that students who do not have access to clinical rotation in the third and fourth year are at a severe disadvantage. At the time of his report, many schools worked independently of hospitals. Teaching hospitals become a requirement for medical instruction through Flexner's report.

According to Flexner's new system, a medical student should have some basic competencies. He write:

> He knows the normal structure of the human body, the normal composition of the bodily fluids, the normal function of the tissues and organs, the physiological action of ordinary drugs, the main departures from normal structure, and in a limited fashion the significance of those departures in tissues and organs.[162]

Students begin by learning the parts of the body (anatomy), how they form (embryology & histology), and their function (physiology). In the second year students should begin to understand drugs (pharmacology), causes and recognition of disease (bacteriology and pathology), and patient diagnosis.[163] This course pares back what was previously assumed to be the realm of the physician. Whereas "baths, electricity, massage, psychic suggestion, dietics, etc." were once a part of *materia medica*, a subset of pharmacological instruction, they were removed to have doctors' focus on drugs of "proved power."[164] With this recommendation, the division of power between doctors and more organic healers like midwives becomes stark.[165] Simply by changing the breadth of material medical students were responsible for, the practice of medicine was able to attain an even more elevated status. What is now colloquially known as *alternative medicine* was no

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[161] Ibid., 37.
[162] Ibid., 91.
[163] Flexner and Teaching, *Medical Education in the United States and Canada*.
[164] Ibid., 65.
[165] Haller, *American Medicine in Transition*, 150–191.

longer perceived as being integral to the serious science of medicine, effectively vaulting physician practices to an elite level of care only accessible through expensive medical education. Flexner contributed to the medicalization of health through the promotion of an increasingly technical education for practitioners.[166]

These promoted methods of knowing relied on practices that have visible results a physician can measure. By learning a *normal* structure for human physiology, medical students would be able to see if a patient presented with abnormal structures. By focusing on drugs of proven power, Flexner shifted medicine toward a visible and tangible evidence of health. He writes, "It needs perhaps still to be emphasized that description is not substitute for tactile visual experience, and that such experience, if intellegently controlled, both records and organizes itself with suprisingly little formal revamping."[167] Where ideas of promoting wellness were a part of medical instruction before his report, Flexner encouraged schools to focus training on identifying sickness and disease and its alleviation. Students are encouraged to cultivate their skills of observation.[168] In his 1925 comparative study of the revamped American schools with schools in Europe, Flexner writes, "… the student's powers of observation should be actively excercised in accumulating additional information of more and more sharply differentiated quality, and in forming habits which tend to make all subsequent experience both informational and constructive."[169]

These curricular changes remain even as the breadth of what a medical student is expected to know has increased exponentially. Medical School still adheres to a four

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[166] Abby L Wilkerson (Abby Lynn), *Diagnosis*, 18.
[167] Flexner and Teaching, *Medical Education in the United States and Canada*, 62.
[168] Ludmerer, *Learning to Heal*, 174–179.
[169] Flexner, *Medical Education*, 177.

year curriculum, with the first two years largely lecture based general education classes and the last two more obviously clinical.[170] The survival of the four year system speaks to its durability, but questions of efficacy remain as health outcomes in the United States still differ drastically from other industrialized peer nations. Flexner reconfigures medical education to center science you can see. In his copius notes on the schools he visitied, he often chastized schools where students did not have access to patients and other forms of clinical learning.[171] Student access to microscopes, cadavers, skeletons, diagrams and other types of didact medical media foreground the importance of doctors-in-training visually assessing health, another facet of medical education that remains today. Questions of rapport with patients and general bedside manner are entertained by Flexner but are not discussed in nearly as much detail as the scientific elements of medical education.[172] The doctor-patient relationship remains a site for medical education reform and study today.

All the Women are White and All the Blacks are Men: Flexner on Race and Gender

Chapters thirteen and fourteen of the Flexner Report explicitly address the possibilities for women and Negro medical students.[173] The discussion of these two groups in two distinct chapters models their position within medicine, on the fringe. Flexner's relative indifference toward women medical students and benevolent patriarchal reflection on Blacks in medical school reinforce that the ideal student is a white man.[174] Additionally, women are understood to be white and Negroes are

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[170] *Beyond Flexner : Medical Education in the Twentieth Century*.
[171] Flexner and Teaching, *Medical Education in the United States and Canada*, 302.
[172] Ibid., 91–92.
[173] This section title draws on the subtitle from Hull, Scott, and Smith, *But Some Of Us Are Brave*.
[174] Flexner and Teaching, *Medical Education in the United States and Canada*, 178–181.

understood to be men. Black women are discussed only briefly in the capacity of nurses in the Negro chapter and are not legible at all in the chapter on women, despite the fact that there were Black women physicians at the time and even in the South.[175] Black women are limited to a sentence of the Negro chapter as help mates to negro doctors in "educating the race to know and to practice fundamental hygienic principles…"[176] Neither doctors nor patients, the role of Black women within medicine is portrayed as inconsequential.

Flexner's referential regard for Black women is not surprising. The cultural context for well-educated white men in 1910 United States does not lend itself to a discussion of Black women's unique relevance to medical education. However, the history of J. Marion Sims, Emory School of Medicine, and medical educational practices portends the opposite. Black women's bodies are central to the development of medical practices and are the most expendable human bodies on which medical students honed their skills.

Chapter thirteen of the Flexner Report specifically addresses the medical education of women. Flexner believed that medical schools, at the moment of his report, were particularly receptive to women students. In his estimation, women could attend any medical school (assuming they could travel alone to those various locations). Flexner reports that despite fewer medical schools, women's declining pursuit and matriculation at institutions represents a declining interest in the medical profession.[177] He suggests that because the majority of women who were in medical school went to coeducational insitutions, it was not fiscally responsible to develop women's schools at the expense of

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[175] See, Darlene Clark Hine, *Black Women in White*.
[176] Flexner and Teaching, *Medical Education in the United States and Canada*, 180.
[177] Ibid., 178.

sharing those resources with men. He proposed closing all of the women's colleges and acknowledges that women students would then need unrestricted access to interns. The chapter, which consists of a graph and three paragraphs, does not address the reality of the *otherness* of women in the world of medical education. Prior to this chapter, women are not acknowledged in the report with the exception of one of the three women's medical colleges listed among schools that have poor standards and facilities for students.[178] Throughout his report, it is clear that Flexner imagines the prototypical student to be male. All of the pronouns used refer to a male-identified student body. Though using *he* universally was the proper language convention of the time, students are also referenced as *men* and *boys*.

Flexner's opinion can be best summed up with an indifference, which asserts that women have choice and agency to become doctors but are largely uninterested. His dismissive position does not reflect the real social conditions that made it difficult for women to participate in medical school. Economic instability and social norms regarding the roles of women in society work together to hinder women's pursuits of medical degrees.[179] Flexner's inability to recognize these realities speaks to the ways in which his masculinist perspective colors his perception of marginalized identities and their relationship to the hegemonic world of medical education.

In chapter fourteen, Flexner deals explicitly with Black people, highlighting the particular North/South, Black/white, dichotomous understanding of race in the United States. He begins rather ominously remarking, "the medical care of the negro race will

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[178] Ibid.

[179] Leserman, *Men and Women in Medical School*, 12. Women were not admitted to the American Medical Association until 1915 and even then were not allowed to examine men's genitals, though gynecology and obstetric specialties were practiced by men. For more on women in medicine, see Walsh, *Doctors Wanted, No Women Need Apply*; Wear, *Women in Medical Education*.

never be wholly left to negro physicians."[180] The paternalism of this chapter seems to be in direct contrast to the ambivalence and even utilitarian nature of the proceeding chapter about women in medical education.

He reiterates what seems an obvious point for the time period, that negro physicians will work exclusively with negro patients however in doing so he makes clear the report is for a white audience. He writes, "The negro must be educate not only for his sake, but for ours." [181] The necessity of repeating what seems self-evident exposes the anxiety around the concept of Black physicians treating white patients. He attempts to further allay fears around the projected deficiencies of the Black physician by pointing out that Black patients will undoubtedly be better served by their own doctors than by "poor white ones."[182] Flexner's point elucidates a reality that poor white physicians, possibly lacking funds and perhaps not preferred by white patients who have other options, are more likely to work with negro patients.[183] The importance of providing quality care for Black patients is alluded to here, though not named. The care of Black patients was affected by a climate of racial tension between poor whites and Blacks that was exacerbated by clinical interactions.

Flexner explains why negro health is of importance to whites asserting that Blacks and whites live in proximity to each other and if Blacks contract diseases they are communicable to nearby white population: "Self-interest seconds philanthropy."[184] Negro physicians and nurses should be most concerned with hygiene; other medical concerns

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[180] Flexner and Teaching, *Medical Education in the United States and Canada*, 180.
[181] Todd Lee Savitt, *Race and Medicine in Nineteenth- and Early-twentieth-century America / Todd L. Savitt.*, 258.
[182] Flexner and Teaching, *Medical Education in the United States and Canada*, 180.
[183] Conversely, some Black doctors had trouble attracting Black clients because of internalized racism that made Black patients question the aptitude of Black practitioners. Dittmer, *Black Georgia in the Progressive Era, 1900-1920*, 35.
[184] Flexner and Teaching, *Medical Education in the United States and Canada*, 180.

are not discussed. Historian Todd Savitt writes, "Flexner not only limited the role of Black physicians to caring for other Blacks, but further restricted it to matters of public health."[185] Being able to care for Negros who are *taken in* is the kind of benevolent patriarchy that characterized the time. Flexner writes, "The negro needs good schools rather than many schools--schools to where the more promising of the race can be sent to receive a substantial education where hygiene rather than surgery, for example, is strongly accentuated."[186]

Of the seven medical schools for Blacks at the time, Flexner thought only two were worth saving: Meharry Medical College in Nashville, Tennessee and Howard Medical School in Washington D.C.[187] The success of Meharry is credited to Dr. George W. Hubbard, a white physician who "has devoted himself singly to the elevation of the negro."[188] He praises the Negro graduates of Meharry for "remembering their obligation to him and their school."[189] His comments reflect a patriarchal understanding of his and other white men's role in relation to Black medical students. These two schools will be the only places to educate Black medical students after the implementation of Flexner's recommendations.

The financial health of these two surviving schools was not insured. Howard University President Wilbur Thirkield embraced Flexner's report with open arms, adjusting entrance requirements and curriculum as noted. When these measures notably reduced student enrollment and subsequently funds to sustain the school, Thirkield wrote to Andrew Carnegie and Flexner for help in procuring financial support. Dr. Hubbard of

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[185] *Beyond Flexner : Medical Education in the Twentieth Century*.
[186] Flexner and Teaching, *Medical Education in the United States and Canada*, 180.
[187] Summerville, *Educating Black Doctors*, 54.
[188] Flexner and Teaching, *Medical Education in the United States and Canada*, 181.
[189] Ibid.

Meharry made a similar request and was also rebuffed. Carnegie's reply was telling. "If we start helping medical colleges for colored people we cannot discontinue."[190] The American Medical Association and the founders of the organizations that supported many medical schools agreed with Flexner's recommendations, ensuring their implementation.[191] The impact of this decision reverberates today.[192]

Flexner makes no mention of the potential for racially integrated medical education. In spite of his claims of need for more attention to negro health, he proposes the closing of five of seven schools that are available for negro doctors.[193] He argues for the concentration of resources for Black doctors at these two institutions. The realities for Black patients under Flexner's reimagined medical education system leave much to be desired as these patients are ignored in the estimates for the number of Southern doctors needed to serve the population. The realities for Black physicians and patients in the North are not addressed at all and leave lingering questions about how they fared in a reformulated medical education system that did not acknowledge their existence.[194]

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[190] *Beyond Flexner : Medical Education in the Twentieth Century*.
[191] Summerville, *Educating Black Doctors*, 54–55.
[192] Kenneth M Ludmerer, *Time to Heal*, 10; Lippard, *A Half-century of American Medical Education, 1920-1970*; Cooke et al., "American Medical Education 100 Years after the Flexner Report."
[193] For more on the experiences of Black doctor in the late 19th and early 20th centuries, see Savitt, "Black Doctors."
[194] It is important to note that the Flexner Report does not acknowledge Asian, Arab, Indigenous, Latino, races or ethnicities. These identity categories were not intelligible at the time of Flexner's report. The realities for these non-white doctors cannot be gleaned from this document though Asian and Latino students are visible in the Emory yearbooks. The complete erasure of indigenous peoples in Flexner's report is an important omission because there was a great deal of representational imagery regarding their existence in the late 19th and early 20th century. The ways in which Indigenous bodies were used in medical experimentation and indigenous youth were adopted into white families does register them in the sight of a medical education review if only in the limited scope of *patients* in need. See S. E Wilmer, *Native American Performance and Representation / S.E. Wilmer, Editor.*; Devon A Mihesuah (Devon Abbott), *American Indians*; Elizabeth Hoffman, *American Indians and Popular Culture / Elizabeth DeLaney Hoffman, Editor.*; Smith, *Conquest : Sexual Violence and American Indian Genocide*.

Furthermore, negro doctors are assumed to be men. Black female physicians are not considered at all as he specifically gendered the roles of doctor as men and nurse as women, which accounts for his only mention of Black women in the entire report.[195] Black women were not welcome at women's medical schools and with his prediction of their immanent demise, it was not a line of inquiry that Flexner pursued. Howard and Meharry had Black women students as early as the late 1800s.[196]

Flexner's thoughts on (white) women and negroes' (men) roles in medical school ends part one of Flexner's analysis. Part two is a detailed assessment of each medical school. Of particular interest are his assessments of medical schools in Atlanta. The schools that would merge to become Emory University, Atlanta College of Physicians and Surgeons and the Atlanta School of Medicine were not rated favorably by Flexner. He disliked the lab facilities of the Atlanta College of Physicians and Surgeons and believed that students at the Atlanta School of Medicine, an institution borne of faculty at the Atlanta School of Physicians and Surgeons, did not use their resources very well. His overall recommendation for Georgia was the obliteration of the two eclectic schools and the "snap of the slender thread" between the University of Georgia and its medical college to ensure its quick demise.[197] His suggestions encouraged plans to consolidate the Georgia schools and from these two institutions one emerged—the Atlanta College of Physicians and Surgeons—which was in short order renamed Emory School of Medicine.[198]

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[195] Flexner and Teaching, *Medical Education in the United States and Canada*, 180.
[196] Kerr-Heraly, "Race, Gender, and African American Women Doctors in the Twentieth Century."
[197] Flexner and Teaching, *Medical Education in the United States and Canada*, 206.
[198] Martin and Perdue, *The History of Surgery at Emory University School of Medicine*, 2–22.

Race and Gender in Context: At Emory and Beyond

Flexner's report reinforced ideas about the education of white women and Black men that were already evident in the operations of medical institutions at the time. Though Flexner spared two Black medical schools, he offered no plan by which they could remain financially viable; a factor he considered with many other schools by encouraging consolidation.

Emory School of Medicine was slow to integrate women and Black people as students. In 1943, the first woman medical student entered Emory School of Medicine. A former faculty member, Elizabeth Gambrell, a white woman, began her studies a full thirty years after the school was founded. It would be exactly twenty years later that the first Black student was admitted to the Medical School. In 1963, Hamilton E. Holmes was admitted to Emory School of Medicine.[199] Asa Yancey became the first African American member of the medical faculty in 1964 and later became the medical director at Grady Hospital. These dates are significantly later than Emory School of Medicine's Northern counterparts.[200]

In 1857, Dr. Cortlandt Van Rensselaer Creed became the first African American to graduate from Yale Medical School.[201] In 1862, Mary Jane Patterson became the first African American woman to earn a bachelor's degree.[202] By 1864, Rebecca Lee Crumpler was the first African American woman to earn a medical doctorate from New England Female Medical College and moved to Virginia where she worked and even

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[199] Hamilton E Holmes also integrated the University of Georgia in 1954. See, Pratt, *We Shall Not Be Moved*.
[200] Epps, Johnson, and Vaughan, *African-American Medical Pioneers*, 127–128.
[201] Epps, Johnson, and Vaughan, *African-American Medical Pioneers*.
[202] Lawson and Merrill, "The Antebellum 'Talented Thousandth'."

published medical texts.[203] In 1870, Susan McKinney Steward graduated as class valedictorian from the New York Medical College for Women, becoming the first Black woman in the state to earn a medical degree.[204] But, there were strides in the South as well. Matilda Evans, a Black woman physician in South Carolina opened a Black Hospital in 1901.[205] It was not until 1963 that Verdelle Bellamy and Allie Saxon enrolled in nursing school, becoming the first full-time African American students at Emory University. Later that same year, both women became Emory's first Black graduates.[206] And it was not until 1972 that Emory graduated Marshalyn Yeargin-Allsopp, its first Black woman physician.[207]

Black doctors were practicing in Atlanta during the early 1900's, although they were trained in institutions outside of Georgia. There were only a few public hospitals where they could practice. Legally, the education of Black doctors in the state was not possible. Although there were no specific laws segregating higher education or medical school, Georgia had passed several laws barring the integration of classrooms.[208] In 1906 the Georgia state assembly passed a law that punished schools that tried to integrate by removing all state dollars from the institution, effectively foreclosing any institution's willingness to try. Court statutes and demographic shifts in Georgia, and specifically Atlanta, contributed to a climate of racial unrest characterized by violence.

A Cultural Context for Emory School of Medicine: Racial unrest in Atlanta

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[203] Kerr-Heraly, "Race, Gender, and African American Women Doctors in the Twentieth Century," 5. For more on firsts in science in medicine for Black people, see Sammons, *Blacks in Science and Medicine*.
[204] Epps, Johnson, and Vaughan, *African-American Medical Pioneers*, 152.
[205] Hine, "The Corporeal and Ocular Veil."
[206] Mason, *Politics, Civil Rights, & Law in Black Atlanta*, 94.
[207] Epps, Johnson, and Vaughan, "Black Medical Pioneers."
[208] Savitt, "Black Doctors."

In the post civil war South, race relations were strained. Between 1909 and 1918 nearly six hundred Black people were lynched. Mostly men and mostly in the South, lynching was a source of entertainment for whites anxious about the changing racial landscape post slavery.[209] The brutal lynching of Mary Turner, the pregnant wife of a man accused of killing a white man, happened in Georgia in 1908.[210] She was burned to death and her unborn child cut from her and stomped to death in retaliation for "unwise remarks" she made in the town square in Valdosta.[211] Georgia has the third highest number of recorded lynchings in the US.[212] Activist Ida B. Wells created a detailed account of lynching events that she called "the red record."[213] In addition to her documents, archivist Monroe Nathan Work amassed his own record of the early 1900s negro experience called the "negro year book."[214] Work's findings included an official count of lynchings as reported in the papers and he concluded, like Wells, that just one-third of lynchings stemmed from rape allegations, despite public perception to the contrary.[215] Most lynching incidents were connected to white men mobs attacking Black men over disputes related to work and proper compensation. Though African Americans made up nearly ninety-four percent of lynching victims, other racial and ethnic minorities were targeted as well.[216] Atlanta experienced rapid growth in the late 19th and early 20th century, with its Black population nearly quadrupling in just twenty years.[217] Not only

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[209] Paul A Lombardo, *A Century of Eugenics in America [electronic Resource]*, 84.
[210] Julie Buckner Armstrong, *Mary Turner and the Memory of Lynching / Julie Buckner Armstrong.*
[211] Christopher, *White Man's Country*, 4.
[212] Ibid., 7.
[213] Ida B. Wells-Barnett, *On Lynchings / Ida B. Wells-Barnett ; with an Introduction by Patricia Hill Collins.*
[214] Christopher Waldrep, *African Americans Confront Lynching*, 54.
[215] Ibid., 55; Tolnay, *A Festival of Violence*, 24–25.
[216] The Leo Frank Case was an important non Black lynching event in Georgia. See Robert W Thurston, *Lynching*, 281–362.
[217] Robert W Thurston, *Lynching*, 281–362.

were there more Black people in the city, they were able to compete with working class whites for jobs. Black men were also voting and participating in public office, increasing the numbers of Black people moving up in class status. Some Black men were able to own businesses, including bars.[218] It is these businesses that were targeted by both white and a growing Black elite to demand a change for the city.

The 1906 Gubernatorial race helped these mounting tensions come to a head. Both front-runners for the Democratic ticket were newspapermen who used their respective papers to move white voters to the polls by exaggerating the threat of the growing Black-voting population. Hoke Smith, who eventually won the ticket and the governor's seat, proposed a constitutional amendment to disenfranchise Black voters.[219] While middle class Black voters tried to distance themselves from working class Blacks, white newspaper writers sought to blur the lines and stir the pot through overwhelmingly false tales of Black men's assaults on white women, both physically and through the maintenance of Black owned bars that purportedly had pictures of naked white women in them.[220] The papers kept coming out with new incident after new incident, prompting white men down town to surge on the Black establishments on Decatur Street.

On September 22, 1906, after several late editions with headlines about Black men's impropriety with white women, white people stormed the largely Black owned section of Five Points and twenty to fifty people were killed. Just two of the deceased were white. The story was covered around the world, published in papers in Italy, France, and the UK. Atlanta elected officials wanted to put the incident behind them and actively worked to bury the story. The city of Atlanta quickly tried to shirk this blemish on its

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[218] Crowe, "Racial Violence and Social Reform-Origins of the Atlanta Riot of 1906."
[219] "Century-Old Race Riot Still Resonates in Atlanta."
[220] Bauerlein, *Negrophobia*, 139.

reputation by simply acting as if it did not occur. Because yearbooks generally convey a nostalgic and light tone for readers, it is no surprise that these tragic events are not represented in the texts I examined. They do however provide more context for the environment Emory students negotiated who were just teenagers when these events occurred.

The riot was the impetus for integrated class solidarity among some of the elites in Atlanta, who blamed poor Blacks for the racial troubles of the city. Wealthy Black people hoped that by adhering to a politics of respectability, i.e. behaving in ways that mirrored elite white culture, Black people would be treated better and regarded well in their communities.[221] This practice proved ineffectual, as Blacks of all classes were still mistreated and regarded as second-class citizens and it was in part the shifting class status of Blacks that helped spur the violence. Atlanta was not unique in this treatment of Black people. As the country struggled to deal with new racial relations following the civil war and the emancipation of previously enslaved Black people, racial tensions remained high.

In 1915, a rally in the neighboring town of Stone Mountain heralded the return of the Ku Klux Klan in the South.[222] Lynching was at an all time high.

> Centuries of white European abuse had constructed a justificatory notion of the Negro as a subhuman beast; under the radical racism of the Reconstruction period, white paranoia imagined in Black men an inherent viciousness that, beginning in 1890, ostensibly justified the unspeakable atrocities of lynching that seared the nation for more than twenty years.[223]

Georgia's medical community united with public health advocates to preserve "racial integrity" through the 1914 passage of laws that tracked race in records of marriage, birth

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[221] Stokely Carmichael, *Black Power; the Politics of Liberation in America / [by] Stokely Carmichael & Charles V. Hamilton.*, 5.
[222] Martin S Pernick, *The Black Stork*, 25.
[223] Ronald G Walters, *Scientific Authority & Twentieth-century America / Edited by Ronald G. Walters.*, 70.

and death to ensure the races were separate.[224] Georgia doctors participated in the institutional racism that colored the time period.

Mammies and Minstrels: Blacks in early 20th Century Popular Culture

In the antebellum North and South, representations of certain Black bodies took the form of spectacle in mass media and popular culture. The public and theatrical autopsy of Joice Heth, promoted as the oldest woman alive and nurse to George Washington prior to her passing, linked medicine and media through the pulling apart of the Black female body. The public dissection was the brainchild of P.T. Barnum who had previously displayed Heth as one of his many freaks in his traveling shows. Barnum charged onlookers fifty cents to see the autopsy and hear from the doctor first-hand if Heth was indeed as old as Barnum claimed. The doctor determined that the body in question belonged to someone of no more than eighty years of age, significantly younger than Heth was supposed to be. But the perhaps failed attempt to corroborate Heth's age is much less important than the precedent that the public spectacle of the autopsy of a Black woman generated in an emergent mass media.[225] The use of a Black woman's body in medical theater becomes one of the spectacles that solidifies Barnum's career as a showman, as well as promulgates the consumption of the Black body as a form of popular entertainment.[226]

Minstrel Theater was a popular form of entertainment in the post Civil War United States. Minstrelsy involved white actors performing in Blackface and speaking

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[224] Lombardo, "Eugenics Bibliography," 48–49.
[225] Reiss, "P.T. Barnum, Joice Heth and Antebellum Spectacles of Race."
[226] Ibid.; hooks, *Black Looks*, 21–40; Tompkins, "Everything 'Cept Eat Us.'"

and singing in ways that signaled Black speech.[227] Ethiopian minstrels' caricatures of Black life carried into all aspects of society, and represented one of the first examples of popular culture. Technological advances in printing, image production, and transportation allowed more people to access similar forms of entertainment.[228] Tropes and themes from the shows made their way into advertisements, books, and other media in the time. Despite being at least forty years after slavery, the popular depictions of Black people still reflected ideas about Blacks as enslaved people, though the characteristics portrayed shifted to account for new anxieties within a white population adjusting to the post-war racial landscape.

One character that was popular in minstrel shows was Jim Crow.[229] Jim Crow reflected the attributes ascribed to Southern Black men. They were represented as lazy chicken thieves that were sexually immoral. During slavery however, when whites utilized Black men's unpaid labor, Black men were depicted as obedient hard workers who did what they were told. Black women were mammies, asexual Black women who happily reared white children. The sassy Black mammy evolved into the emasculating Sapphire, another stereotype used to mitigate a changing racial landscape where Black women's sexuality was no longer subsumed by ideas of reproductive capabilities for slave labor.[230]

The changing representations reflected white unease with a free Black labor force that was increasingly competing with poor whites for jobs. Portraying Blacks as non-threatening helped quell unrest and made whites more comfortable with the shifting

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[227] Mahar, *Behind the Burnt Cork Mask*, 98; Mahar, "Black English in Early Blackface Minstrelsy."
[228] Lott, *Love and Theft*.
[229] Lemons, "Black Stereotypes as Reflected in Popular Culture, 1880-1920."
[230] Fontaine, "From Mammy to Madea, and Examination of the Behaviors of Tyler Perry's Madea Character in Relation to the Mammy, Jezebel, and Sapphire Stereotypes."

social order. Historian Eric Lott builds on Laura Mulvey's concept of the male gaze in favor of the " pale gaze," that is "a ferocious investment in demystifying and domesticating black power in white fantasy by projecting vulgar black types as spectacular objects of white men's looking."[231]

Minstrel representations circulated widely through performances, post cards, etc. The humor attached to minstrel performances and representations attempted to assuage mounting racial tensions in a post-slavery era. As historian J. Stanley Lemons put it, "If humor is a way of relieving social tension, then making blacks into comics was one way of coping with an extreme situation."[232] It is this imagery and social context that inform the wider culture experienced by Emory School of Medicine students in the early 20th century. In a post-riot Atlanta, the ubiquitous nature of this feel-good imagery in the Emory School of Medicine Yearbook is to be expected. I use the archetypes of minstrelsy to contextualize the work of the images and language in the yearbooks. What could read as a list of presentist calls of racism are actually racialized images that do a particular type of work for the medical students who read these yearbooks. Through their pale gaze, Emory School of Medicine students see humor in this vernacular medical media that serves as release valve within the stressful world of medical education.

The "gallows humor" of doctors is legendary.[233] Often interpreted as a coping strategy, medical humor contains references to death and the macabre.[234] In *Dissection,*

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[231] Lott, *Love and Theft*, 153.
[232] Lemons, "Black Stereotypes as Reflected in Popular Culture, 1880-1920."
[233] Warner, *Dissection*, 23.
[234] This dissertation examines medical humor in the context of the United States and even more specifically, in the United States South. For more on humor in other cultural contexts please see Squier, *Liminal Lives*; Gilman, "Black Bodies, White Bodies"; Burgess, "Illustrative Material in the Wellcome Institute for the Social History of Medicine ∗"; Haslam, *From Hogarth to Rowlandson*; Garrod, "MEDICAL CARICATURES"; Jones, "Caricatures; Especially Medical Caricatures *"; Museum, Arnold-Forster, and Tallis, *The Bruising Apothecary*; Butterfield WC, "THe Medical Caricatures of

the medical cadaver portraiture photo book that chronicles the practice from1880-1930, an entire section was dedicated to the darkly humorous photographs students staged with skeletons and human remains.[235]Authors Warner and White that these images helped students manage their deepest concerns about dealing with life and death, and the fear of their cadavers, also proxies for future patients, one day operating on them.

Medical student humor anticipates doctor humor. In the book *The Social Ideas of American Physicians*, medical historian Eugene Link gives a detailed account of how racist humor marked the profession in the late 19th and early 20th century.

> A hidden bias can be revealed in a physician's sense of humor. Without malice, William Olsner used the phrase "nigger in a wood pile," and George Crile could repeat what he considered a humorous story about "a Tommy" bayonetting five "Boches" (Germans) and apparently enjoyed telling it. Hermann Biggs (1859-1923) the New York City sanitarian of some renown, played a trick on his fiancé when courting her. She asked him to help select a baby for a friend of hers to adopt. The doctor agreed to meet the two women at Bellevue Hospital and then ushered them to the nursery "to see a perfectly black pickaninny."[236]

This hidden bias amongst physicians is understood here as offensive jokes but the consequences of this humor is real when it informs the way these practitioners see their Black patients.

Humor is used within groups to create a sense of solidarity among members. Humor is polysemic meaning it can have multiple valances at once in addition to doing the work of making a particular audience laugh, it is also refiguring an in group for those who get the joke.[237] Humor has been theorized as a tool for conflict management and as a coping strategy. It helps those telling and laughing at jokes navigate stressful

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Thomas Rowlandson"; Rocchietta, "[Daumier's caricatures relating to medicine at a commemorative exhibit]."

[235] Warner, *Dissection*, 143.

[236] Link, *The Social Ideas of American Physicians (1776-1976)*, 129–130.

[237] Simon Weaver, *The Rhetoric of Racist Humour*, 2–3.

situations.[238] Joking allows the teller and audience to feel relief through the articulation of the joke. Humor also allows for the expression of ideas that would not be conveyed in serious conversation.[239] In the stressful process of medical education, jokes that help students mitigate their insecurities are welcomed and dominate the sociocultural artifact of the yearbook.

In Emory yearbooks, this humor took the form of multiple cross-hierarchal joking as well as in-group humor. Students and faculty made fun of Black people in ways that aligned with minstrel comedy of the time period. They also made fun of each other across racial/religious and regional/class lines. Jewish and rural students were targeted by their fellow students, teased for their apparent differences in their class biographies and other locations within the yearbooks. The intensity of these jokes increased in later editions of *The Aesculapian*, showing how student perception changed over time. Where students with agrarian backgrounds were celebrated in early editions, by 1917 they either obscured their rural roots or there were no more students who came from the farm. Students created their own hierarchies amongst each other, including the embedded hierarchy of the four different class years of matriculation. Student humor directed at faculty or administrators was infrequent. Students were more likely to laugh with their professor than at them, opting even more frequently to tease a classmate for their ignorance in the classroom. Student humor followed established research patterns by preserving the social order through the camaraderie of castigating an out-group and maintaining in-group hierarchies across class and regional lines.[240] No group was more

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[238] Ibid., 10–12.
[239] Giselinde Kuipers, *Good Humor, Bad Taste*, 166.
[240] Dubin, "Symbolic Slavery."

out than Black women patients, who were at the bottom rungs of the important hierarchies of race, gender, region and medical encounter.

Flexner's report is the guide that led to the consolidation of the medical schools in Georgia, but the implementation of the newly standardized medical education system fell to the administrators and faculty at the Atlanta College of Physicians and Surgeons turned Atlanta Medical College turned Emory School of Medicine. The students are the ultimate barometers for how Flexner's proposals impacted the learning process. I am interested in the messages that were communicated unofficially through the social structures of Emory School of Medicine and internalized by students about their training. By focusing my attention on the student generated content of the yearbook, I am able to see the ways in which this vernacular medical media conveys a hidden curriculum that informs future doctors about how they should understand themselves, their patients, and their profession.

Chapter 3: *The Aesculapian*: 'fully represent[ing]' the Institutional Culture of Medical Education

> There is perhaps no one feature of an institution, which, to the casual observer so fully represents the things for which that institution stands, as does the student annual. Recognizing this fact we have endeavored in some manner to here represent all of the activities of our undergraduate life and for the encompassing of those ends several changes have been instituted, chief of which has been the enlarging of the Staff of the Class editors.
> Characteristics of members of the Faculty and students alike have been portrayed but in no case is ill-will intended and in the remarks made are but a record of the friendly raillery constantly indulged in.
> The book in many ways shows evidence of the work of amateurs, but when it is considered that a great deal of time and labor has been expended upon it in addition to regular college work it is hoped that its faults will be passed over lightly.
>
> The Editors[241]

So reads the preface to the 1913 *Aesculapian* Yearbook of the Atlanta College of Physicians and Surgeons.[242] The importance of the yearbook in the psyche of Emory Medical students is self-professed and regarded as the one feature of the institution that "fully represents the things for which that institution stands."[243] As such, the yearbook provides insight into the social culture of the medical students and the school writ large. The yearbook's portrait of race, gender, and region mirrors Flexner's articulation of new medical education standards that privilege white male urban students, and simultaneously replaces his paternalism toward Black people and ambivalence toward women with overt racist ridicule and sexist patronizing. While there are exceptions to the white urban

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[241] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913. The editions of *The Aesculapian* do not have page numbers.
[242] Ibid.
[243] Ibid.

student rule, the characterization of these interlopers also vacillates between the honorable other and the backwards farmhand.[244]

In these yearbooks, the figure of the Black woman patient emerges as a joke, a source of comic relief in the stressful and competitive world of physician training. The "raillery constantly indulged in" comes forth in just about every page of the yearbook but especially when discussing racially and regionally marginalized others. Black women, children, and men are depicted in cartoon jokes, lengthy comedic narratives, and even used as mascots within group photos. Other non-white people most notably Asians, are marked differently. They are accepted as fellow students but are reminded of their exceptional and temporary position within the white student body. It is clear that the mockery and appropriation of the racial and gendered *other* were particularly salient properties of the medical school culture. The "eating of the other" by an almost exclusively white medical student population helped support community norms and practices, as well as shore up white men's beliefs about their own identities through implicit comparison.[245]

The yearbooks' representations of marginalized groups signal the multivalent nature of Black women's conspicuous presence in medical media. These images and descriptions fall outside the bounds of the scientific racism that was part of didactic medical media, yet they still provide a didactic experience as part of a hidden curriculum. These representations signaled the ways that students understood themselves in relation to non-white racial groups. Lest the racism reflected in these images be understood simply as indicative of the time and location where they were created, it is important to

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[244] See the appendix for access to the Voyant digital archive of the images and representations from the yearbooks.
[245] hooks, *Black Looks*, 21.

contextualize them within the realities of a shifting racial landscape. A growing Black middle class in Atlanta, as well as the shifting demographics of Emory School of Medicine, reveal that these representations were as much about the subjects of the jokes as they were about the people making them. The images help to ease the mounting social tensions of an advancing Southern Black population as well as assuage the fragile egos of subjugated students. Many of the images and representations follow the logics of minstrelsy. Black women are depicted alone and as mammies; Black children are orphaned, no mothers in sight; Rural white students are racialized in yet another tactic of stigma management by these young doctors.[246]

These racist and sexist images are important beyond simply reflecting the race and gender relations of the time. They provide evidence of another education for future doctors about how they should behave in the world. This vernacular medical media also trains doctors in comportment, social positioning, and emotionality. Medical school is not only teaching doctors the practice of medicine, but the right way to *be* a physician. Future doctors are managing their anxiety through disparaging groups that are more marginal than themselves within the medical hierarchy. Medical students use of racist, sexists and regionally denigrating vernacular medical media allows them to retain mastery in a system in which there capacity to mitigate their self-doubt through studying cannot be fully achieved. Students have difficulty managing the amount of information they are expected to know. By privileging doctor-like behavior over doctor knowledge, they are able to feel more in control.

The yearbooks reveal a hidden curriculum that instructs students about their almost achieved physicians identities. As they struggle to meet the academic demands of

[246] Goffman, *Stigma*.

the institution, students realize that there are unspoken expectations and values that are shaping their experiences. These unarticulated social principles may be easier to grasp and perform than mastery over the material students study. Students can adopt behaviors that mirror their professors, even when they cannot answer questions correctly on a test.

Yearbooks provide access to noncompulsory student voices. Yearbook production is a labor of love and a medium where students feel comfortable expressing their visions for the future, current frustrations and past failings. Students negotiate the nebulous space of *almost* being practitioners through creating narratives about what their future holds. These futures are less intimidating when they feature ignorant classmates and fearful patients. Rather than direct their frustrations at the professors and institution that produce their anxiety, students move down the matrix of power, selecting less formidable targets as their comedic fodder.

I closely examined the 1913-1917 editions of *The Aesculapian* for racialized and gendered imagery with specific attention paid to representations of Black women. Each instance of non-white racialized and/or non-male gendered language or imagery was photographed and categorized based on its meaning. As much as one-third of the yearbooks were devoted to jokes and information related to student experiences. This material was heavily peppered with racialized and gendered representations of people who were not medical students. This chapter explores this vernacular media, analyzing the ways in which medical students at Emory understood the world around them through their representations of the people in it. I explore the ways in which students, patients, and stock caricatures are portrayed, drawing on my qualitative analytic frameworks of close reading for the languages and images present in the texts. Through this process, I

uncover the hidden curriculum that animated the culture of a post-standardization institution.

Vernacular Media in the *Humorous* Section of *The Aesculapian*

The structure of Emory School of Medicine yearbooks reflects the social hierarchy that organizes the institution. I began my study by identifying the major components of the yearbooks' structure through close reading each of my four texts. The yearbooks' evolve in their self-articulation of their organization and I use the texts own language to identify the five framing segments. Book One of the yearbook holds faculty, staff, and class portraits. Faculty, followed by staff, and then seniors, marks the social positions of these constituencies within the structure of the institution. Seniors are the first student class pictured. Each senior is pictured individually, with adjacent biographies that include their full names, hometowns, and future plans. The subsequent classes, juniors, sophomores, and freshman, are represented through a group portrait and a list of their last names and first initial.

Book Two reveals the students' extracurricular activities. Following the classes are the different fraternities, clubs, and teams in which students participate. Group portraits and officer lists characterize these student activity representations. They are followed in the later yearbooks by Book Three that contains the *facts, history and progress* of the students and the institution. Book Four is the officially sanctioned space for yearbook humor. The *humorous* section is filled with jokes, narratives, and images that make light of the student experience. The final section, Book Five, contains advertisements that are geared toward current and future medical students.

The structure of *The Aesculapian* is not unlike yearbooks in other educational settings. The yearbook itself is organized in a hierarchy where people are first, the things they have done are next, followed by what they laugh at, and what they might buy. The humorous section is fourth in the order of yearbook sections, but it is one of the largest sections of the yearbooks I examined. Additionally, the *raillery constantly indulged in* is visible in the senior class biographies, the clubs in which students participated, as well as narratives in other sections of the yearbook. Yearbook humor is such an integral component it is present throughout the corpa.

Doctors, even future doctors, are not as humorous as the women who attempt to pull them from their path or the patients that do not appreciate what doctors do for them. Women are represented primarily as the love interests of future doctors and to a lesser extent, patients, and nurses. Black people, and Black women particularly, are represented only in the context of comic relief. However, this comedic rendering of Black women belies their utility within medical education, their use within Emory School of Medicine, and the broader biomedical community as vehicles for medical experimentation and training.

It is the humor of jokes, narrative, and images where I see most of the racialized and gendered constructions within the yearbooks that relate to marginalized groups. Bodies outside the realm of Flexner's idyllic student are most often represented within the yearbook in the context of humor. Student jokes at each other's expense represent a subtle policing of those who fall outside the bounds of the prototypical student. Students who are not white, urbane, or Christian are highlighted, their difference from their cohorts mitigated through ribbing and/or detailed explanations. In fact, it is through these

representations of out-group members that the hierarchies that the yearbook itself outlines are maintained.

Portraits of Medical Students

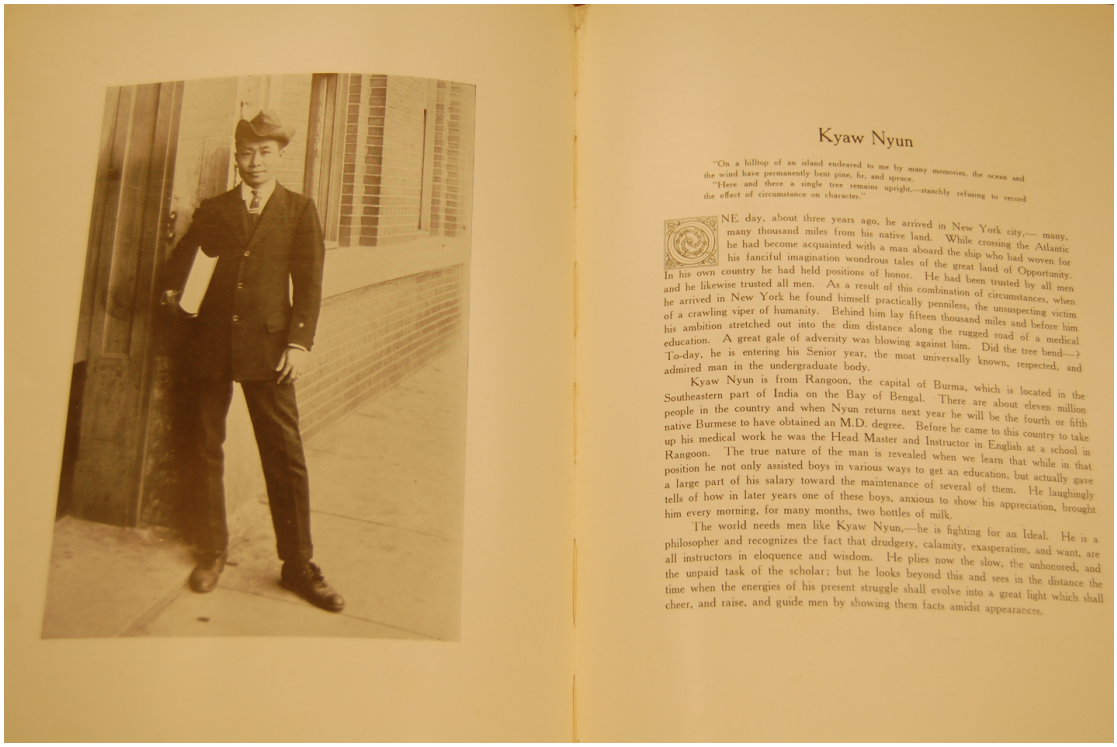
The student classes of Emory School of Medicine closely mirrored Flexner's vision for ideal fodder for future doctors. They were young white men, though some came from agrarian backgrounds. They took their class portraits in suits, with seniors pictured in tuxes, signaling the formality and status of their future profession. In keeping with the traditional conventions of portraiture, their names and biographies were an important part of conveying their status. The senior student are photographed close up. The tightness of the shot and the fact the camera is level with the eye of the senior students suggest an equality between the photographer and the students.[247] The pictures of the lower classes are full body group photos that do no reflect the same intimacy or closeness that are reflected in the senior individual pictures. Seniors are photographed inside and appear to be seated, indicating a composed shot and set design by the photographer. The junior, sophomore, and freshman pictures are all taken outside as students stand on the steps of Grady Hospital and other school buildings. These choices by the photographer and the students extend the hierarchies within the institution. Seniors experience just a bit of the preferred position they will command upon graduation. Students learn the benefits of the medical hierarchy by moving up the ranks each year of their degree.

These elements of photocomposition and framing of the class portraits at Emory School of medicine provide the beginning of the narrative of the student experience as

[247] Caudill, "Yearbooks as a Genre."

expressed in the vernacular media of the yearbooks. I focus on the images within the margins of vernacular medical media that trouble the sameness of white male identity that is central within the yearbook. For the few students who exist in these liminal spaces, the yearbook provides evidence about how their identities fit within the dominant and presupposed model of white masculinity.

Kyaw Nyun



Kyaw Nyun

"On a hilltop of an island endeared to me by many memories, the ocean and the wind have permanently bent pine, fir, and spruce.
"Here and there a single tree remains upright,—stanchly refusing to record the effect of circumstance on character."

ONE day, about three years ago, he arrived in New York city,— many, many thousand miles from his native land. While crossing the Atlantic he had become acquainted with a man aboard the ship who had woven for his fanciful imagination wondrous tales of the great land of Opportunity. In his own country he had held positions of honor. He had been trusted by all men and he likewise trusted all men. As a result of this combination of circumstances, when he arrived in New York he found himself practically penniless, the unsuspecting victim of a crawling viper of humanity. Behind him lay fifteen thousand miles and before him his ambition stretched out into the dim distance along the rugged road of a medical education. A great gale of adversity was blowing against him. Did the tree bend—? To-day, he is entering his Senior year, the most universally known, respected, and admired man in the undergraduate body.

Kyaw Nyun is from Rangoon, the capital of Burma, which is located in the Southeastern part of India on the Bay of Bengal. There are about eleven million people in the country and when Nyun returns next year he will be the fourth or fifth native Burmese to have obtained an M.D. degree. Before he came to this country to take up his medical work he was the Head Master and Instructor in English at a school in Rangoon. The true nature of the man is revealed when we learn that while in that position he not only assisted boys in various ways to get an education, but actually gave a large part of his salary toward the maintenance of several of them. He laughingly tells of how in later years one of these boys, anxious to show his appreciation, brought him every morning, for many months, two bottles of milk.

The world needs men like Kyaw Nyun,—he is fighting for an Ideal. He is a philosopher and recognizes the fact that drudgery, calamity, exasperation, and want, are all instructors in eloquence and wisdom. He plies now the slow, the unhonored, and the unpaid task of the scholar; but he looks beyond this and sees in the distance the time when the energies of his present struggle shall evolve into a great light which shall cheer, and raise, and guide men by showing them facts amidst appearances.

Figure 2: Kyaw Nyun

Kyaw Nyun was a Burmese medical student who attended Emory and was featured in the 1913 edition of *The Aesculapian*. In an unprecedented two page spread that includes a full page portrait and page long narrative, Nyun is described as well-liked by his classmates and very smart. The attention to his intellect and genial nature in the face of setback are central themes of his narrative. He is not described as a *good fellow*,

an appellation attributed to many of his classmates. Nyun is instead applauded by his colleagues for being a "little gentleman," a literally diminutizing designation.[248] He is encouraged to do well when he returns to his home country. Nyun is framed as "a naïve young Burmese immigrant," duped by someone of "uncertain moral character" who pulls himself up by his bootstraps.[249]

Nyun is pictured in a traditional Western suit and tie. He holds a large book under one arm. Readers see Nyun's entire body in the frame. Nyun is represented without the intimacy and connection of a close up shot of the senior portraits but his lengthy narrative and two-page spread is unparalleled in any of the yearbooks.[250] He does not appear uncomfortable as he looks confidently into the lens of the camera and strikes a pose. His appearance and countenance position him as an in-group member of his fellow medical student colleagues, but the narrative frames him differently.

The author works to convince readers of Nyun's important status in Burma. There is a certain prestige attached to Nyun's work in his home country. The author highlights his "position of honor" as head master and instructor of an English school. His place of origin and return are a central part of his identity in the yearbook. It is Nyun's trusting nature however, that gets him into trouble. Due to his non-Western naivety, Nyun is taken advantage of by a "crawling viper of humanity" and arrives in the United States with no money.[251] The author tries to cultivate sympathy for him while simultaneously

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[248] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.
[249] Ibid.
[250] Caudill, "Yearbooks as a Genre."
[251] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

portraying him as wise and uniquely tenacious. He is simultaneously infantilized and exoticized.

Nyun is an exceptional member of the Emory student body. He is hypervisible. As the only non-white student his presence is conspicuous. In the established hierarchy of the medical school classes, Nyun's two-page spread is unprecedented. Only seniors have biographies and have their full names and places of origin included in the yearbook. Nyun is a rising senior and has a longer narrative than any graduate. The layout of his biography most closely resembles the extended portraits that highlight certain members of the faculty. His visibility translates into attention from his colleagues.

The student author stresses the positive reception of Nyun by the rest of the institution. Nyun is described as an exemplary student and is reportedly, "[the] most universally known, respected, and admired man in the undergraduate body."[252] This praise embeds assumptions about Nyun and the student body. The author seems to anticipate an ambivalent reception to Nyun. By discussing Nyun as the most universally known and admired, the author forestalls attempts to pre-judge Nyun. His purported universal approval preempts a negative reception from other students. It also reinforces the uniqueness of Nyun within the student body, as he, and students like him, are not the imagined audience for the narrative. The white medical student is speaking to his peers about Nyun, seemingly allying fears by announcing Nyun as already vetted by his peers. The white students' feelings about Nyun are an important part of the narrative but Nyun's thoughts about his colleagues are illegible.

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[252] Ibid.

His celebrated status as a model minority contrasts with the way Black people and Black women in particular are portrayed in the same text.[253] Nyun confounds the racial landscape of the time because he exists outside of the white/Black binary of race in the American imagination, particularly as constructed in the Jim Crow South. He occupies a space that affords him more personhood than an American-born Black, but less than his white contemporaries as evidenced by the slight patronizing and infantalization that characterize his narrative. His status in his home country and plan to return help make his presence at Emory School of Medicine an exciting novelty and not a threat to the whiteness of the institution.

For all the lauding of Nyun in the yearbook by his fellow students, the faculty minutes reveal a student apart. He is discussed in the October 1, 1912 faculty minutes by the medical school faculty because he does not have enough money to pay for school. Faculty are apparently unmoved by his "practically penniless" existence as the victim of a con artists. The faculty assigned Nyun menial labor to do on campus.[254] Though the minutes do not specify the type of janitorial work Nyun might have completed, it is not the work generally associated with the status-building project that is medical education. When white students are referenced in the minutes with similar financial problems, janitorial services are not mentioned as a possible solution. As the book *Dissection* reveals, Black janitorial staff were a vital part of medical school culture but were clearly set apart from students both physically and socially.[255] Faculty treated him differently than the other students who are also having difficulty paying their tuition. Nyun is not

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[253] Lee, *Unraveling the "Model Minority" Stereotype*.
[254] Emory School of Medicine, "Emory School of Medicine Faculty Minutes." The faculty minutes existed in one ledger that spanned multiple years. They begin 1911 and stop in 1940.
[255] Warner, *Dissection*.

like his white colleagues because he can be asked to do the menial labor of a janitor, a position that is characterized by Black workers. His race matters in ways that the narrative cannot capture.

While some white students may regard Nyun as a wise scholar, assigning him janitorial duties suggests that faculty have a different standard by which they gauge him as a student. Nyun's colleagues imagine that he will "evolve into a great light which shall cheer, and raise, and guide men by showing the facts amidst appearances."[256] This utopic vision ignores Nyun's own financial concerns in favor of a more uplifting vision. Despite the space his narrative occupies, Nyun's own voice is barely visible. Nyun is one of two non-white students who negotiate their colleagues' wishes for them in the face of what they could want for themselves.

Another Asian student appears in the 1916 yearbook. Yontaik Kim appears as a member of the 1916 club, University Degree Men. He appears again as a member of the same club and sophomore in the 1917 yearbook. In the student narrative *A Dream* by S. P. Kenyon, Kim appears again. Kenyon's poem has lines that follow a pattern that begins "the other night I dreamed…" which is followed by a long list of dreams for his classmates and professors. He writes that he dreamed, "that we could understand what Kim said."[257] Kim is presented as a non-native English speaker who is unintelligible to his colleagues. Kenyon's wish calls attention to Kim's difference while appearing to be a call for understanding. It reinforces his marginal status within the school. Kim and Nyun are tolerated outliers within the student body. Student authors acknowledge their presence

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[256] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.
[257] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1917.

in ways that recenter whiteness. Nyun is a well-liked exception while Kim could be better understood.[258]

The successful matriculation of two Asian students represents the way race operated in the United States' South. In her book *Partly Colored: Asian Americans and Racial Anomaly in the Segregated South*, Leslie Bow investigates the ways in which Asian Americans did not receive the same levels of white supremacist venom directed at them that Black people received but that white people "' were rarely nice either.'"[259] Kim was someone who was difficult to understand and Nyun was a credit to his community. They were constructed as both outsiders and temporary insiders. They lived in an interstitial place that was not in between white and Black, but to the left of it.

The cases of Kim and Nyun represent a particular Asian experience in the United States' South, where these individual students were tolerated. The realities were different for Asians in other parts of the US where their communities were larger and their numbers prompted white concern. Doctors in San Francisco at the turn of the century blamed Chinatown for the bubonic plague outbreak and called for "the herding of all Chinese into camps and the burning of their homes in the city."[260] The lack of Asian community may have shielded these students from a more caustic experience with their peers at Emory. Nyun and Kim's experiences shed light on the identity making processes of their peers. In both cases, white medical students see the presence of these students as temporal and not integral to their representations of who they imagine the student body to be. The racialized other is a tool for the maintenance of in-groups and out-groups, even when race is not the most salient difference.

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[258] Kim does not have a narrative like Nyun. Kim was not mentioned in the faculty minutes either.
[259] Bow, *Partly Colored*, 124.
[260] Link, *The Social Ideas of American Physicians (1776-1976)*, 129.

Sophomores

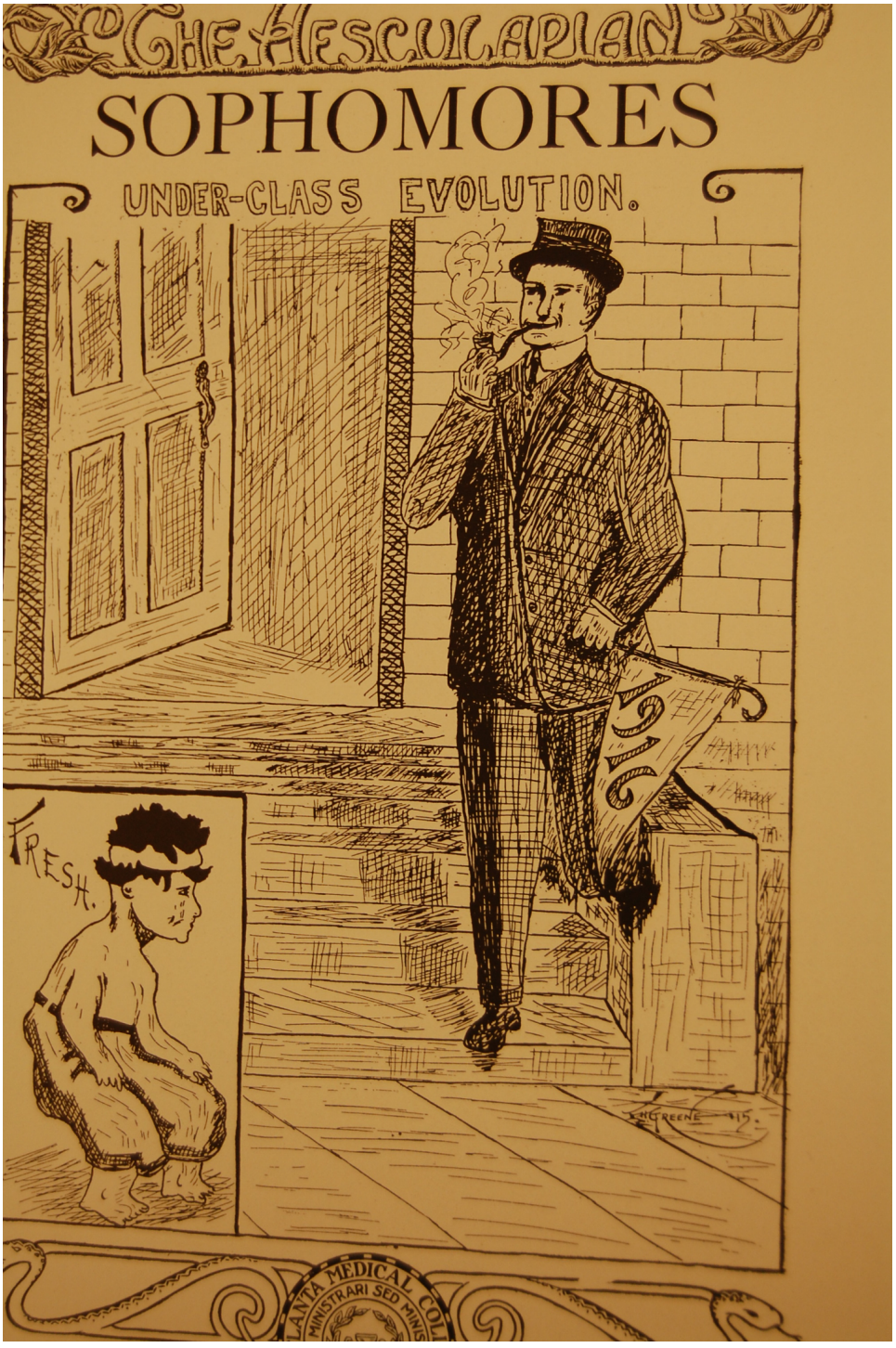

Figure 3: Sophomores

The title page for the sophomore section of the 1914 edition of *The Aesculapian* yearbook depicts an evolutionary development in medical students from their first to second year.[261] Titled *UNDER-CLASS EVOLUTION*, the image is used to mark the apparent knowledge and sophistication gained from matriculating through the first year.[262] The bottom left corner has an inset frame titled "Fresh." The freshman is portrayed as slovenly with wild hair and poor posture while the sophomore, in contrast, is portrayed as clean-cut, mature, and dignified. The freshman has kinky black hair and a headband rag. He has tattered pants, no shoes or shirt, and is stooped over. He appears to have dirt smudges on his face. In contrast, the dominant image is that of regal sophomore. He is smoking a pipe and is wearing a suit and hat. He is standing on the steps of a building, with a pennant for his expected year of graduation. By using markers that signify Blackness as unkempt and unclean, the students mark for each other the transformation that occurs in their education over the course of one year. A lowly freshman has evolved into a presentable and respectable sophomore, a transformation so significant that Black becomes white, expressing the significance of first year education as well as the prescience of racial markers in the minds of Emory medical students.

In addition to invoking race, this image marks region and gender. The image of the freshman connotes menial labor and poverty. His work is conducted in outdoor heat thus requiring few clothes and a rag to wipe the brow. The sophomore is in an urban environment, positioned on the steps of a brick building, while the fresh is squatting barefoot on the ground. The dapper refined appearance of the sophomore demonstrates what is understood to be taste and class ascension, in addition to the attainment of a

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[261] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.
[262] Students, *The Aesculapian*.

degree. Region, race, and gender are used to signal an important shift in the student from the first year to the second.

Medical school is not only cultivating the mind of students but, as this illustration suggests, it is impacting the way they move through the world and where. The shift in physical location from rural to urban setting is significant in that it reveals that the process of medical education is not simply about the acquisition of knowledge. Social values are being communicated to potential doctors. There is an anticipated development of intellect but also behavior, dress, and social position and location. The image reflects other elements of the yearbook that encourage students to transcend their rural backgrounds. Students are policing each other and recreating themselves in an image that aligns with the idyllic preferences for physicians that Flexner outlined in his report.

Student Biographies

The jocular nature of the yearbook is evident in the descriptions of the students in their class pictures. Yearbooks from Emory included paragraph biographies of the students filled with inside jokes and references to the demeanor and character of the student. Students from rural backgrounds were identified and then gently guided away from agrarian life in a myriad of ways. In the 1913 yearbook, senior J.C. Trentham Jr. was singled out for his past life on the farm and applauded for following in his father's footsteps and becoming a physician.[263] In the 1914 yearbook, the poem *Their Destiny?* discusses the transitions of the year at medical school with the seniors leaving school and freshman entering. In addressing the differences between freshman and seniors, author W.A. Johnson writes, "Freshman haven't yet quit thinkin' about the farm, Seniors just

[263] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

begun to thinkin' How to set an arm."[264] Johnson marks the shift in students' concerns from freshman to senior year. Medical education introduces new concerns for students as they matriculate and the farm is no longer pressing.

Despite Flexner's flippant comment that "the best material for Southern doctors need not be torn from the plow," many Emory students come from an agrarian background. Students with visible farming backgrounds pepper the senior biographies. 1914 Senior Stephen Leander Cheshire is identified as a farmer who "decided he could serve mankind better as a doctor; so leaving his plow behind, joined us." Cheshire is congratulated by his fellow students and assured that his patients will enjoy him in the profession.[265] Jesse H. Campbell, a senior in the 1916 yearbook, is teased for his farming background. He comes from "a large farming district where the train only stops by waving the engineer down." But his fellow students do not hold his past against him writing, "However he is a fine fellow even if he did use to be an expert at the plow behind the "'ole gray mule."[266] Senior Earl Sanders Price is identified as "Farmer" and described as a "brawny over-grown product of the farm that survived a barefoot and plowing stage of life."[267] A fellow student identified as N.B. says that he and friends will never forgive Farmer for his request for molasses at the end of their YMCA banquet.

These biographies contain little jabs at the students from the farm. Campbell's classmates find him "a fine fellow" in spite of his agrarian roots. They wonder at the ruralness of where he grew up but tease him about having done farm labor. Farmer's

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[264] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.
[265] Ibid.
[266] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.
[267] Ibid.

identity in school is predicated on his background yet his friend was embarrassed by his country ways. The language of these biographies registers the student authors as simultaneously intrigued and repulsed by their colleagues from the farm. Students are using language that recenters urban and cosmopolitan life by noting the exceptions to the generally held rule that people from rural places are not fine fellows. Students from rural backgrounds are accepted by their classmates as they are simultaneously reminded that they are different from the norm. However, student acceptance of their rural colleagues changes over time.

The class implications of just which white men were able to pursue a medical degree were also laid bare in the yearbooks. Flexner's own disparaging comments regarding "poor boys" from the farm were rivaled by the self-policing that occurred in the yearbooks themselves. A page in the 1915 yearbook called "A Prospective Student" includes letters from two alleged potential students of Emory School of Medicine. According to the yearbook staff, "The above letters are exact copies of two letters received at the office of the Atlanta Medical College."[268] What makes these letters humorous for student readers is the poor spelling, grammar, and rural concerns of the rejected students. Current students are able to laugh at their would-be colleagues' gaps in knowledge. One letter reads, "I have Ben Studying aBout Studying medican—and i want to know what you wood teach," while the other perspective student writes, "I got a Job farming and I could not Start until I got it geatherd…"[269] A commitment to the farm, particularly after the Flexner Report has reorganized medical education to adhere to a semester system, is a laughable proposition for acculturated current students.

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[268] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.
[269] Ibid.

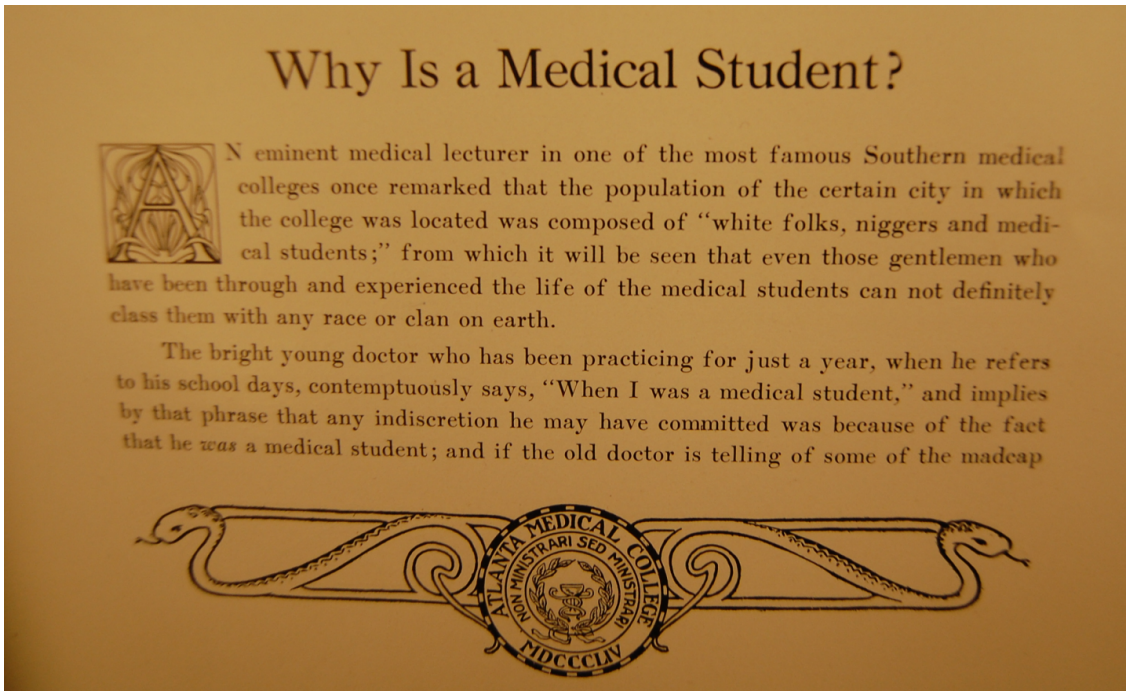
These potential students were easy targets for current students negotiating their anxieties about their place within the hierarchy of medical education. The second letter that includes the author's reason for wanting to delay when he would begin school, further illustrates Southern medical schools shifting away from the needs of students with farm responsibilities. The first letter also includes repeated requests for information on the price to attend, proving that money is an issue for this perspective student. By poking fun at the letter, students are effectively saying that money is not a significant concern for them and should not be for their peers. Flexner's impact on Emory medical education is apparent as students ridicule those who are ill equipped to pass the newly rigorous standards of entry. Students in conjunction with faculty and staff separate themselves from others through the creation of a camaraderie that requires an educational status not easily obtained by rural farmer would-be medical students.

The fact that these letters are reproduced *exactly* as the institution received them implies cooperation from the administration and staff of the school. The participation of medical school staff highlights the institutional discomfort with students from the farm and students with little resources. The publication of these letters serves as further evidence of the self-regulation of the student body at Emory and their growing resentment for students from agrarian backgrounds. The letters are even accompanied by a drawing of a farmhand with a mule and plow with the caption "should auld acquaintance be forgot."[270]

The ways in which the "raillery" directed at students from rural backgrounds escalated throughout the students' matriculation at Emory should be noted. The 1913 yearbook featured a student whose farm background was acknowledged sympathetically

[270] Ibid.

and a student poem that referenced the freshman students' feelings of homesickness, but, by the 1917 yearbook, farmers were made fun of in more overt ways. Even potential students were targeted with ridicule, demonstrating a growing condescension on the part of Emory School of Medicine's future doctors. The hidden curriculum of Emory was pushing students to discontinue identifying with agrarian life.



Why Is a Medical Student?

AN eminent medical lecturer in one of the most famous Southern medical colleges once remarked that the population of the certain city in which the college was located was composed of "white folks, niggers and medical students;" from which it will be seen that even those gentlemen who have been through and experienced the life of the medical students can not definitely class them with any race or clan on earth.

The bright young doctor who has been practicing for just a year, when he refers to his school days, contemptuously says, "When I was a medical student," and implies by that phrase that any indiscretion he may have committed was because of the fact that he *was* a medical student; and if the old doctor is telling of some of the madcap

ATLANTA MEDICAL COLLEGE
NON MINISTRARI SED MINISTRARE
MDCCCLIV

Figure 4: Why is a Medical Student?

The 1917 yearbook a section called "Why is a medical student?" begins to answer this question by invoking a lecturer's characterization of a city as containing, "white men, niggers, and medical students."[271] The author understands the lecture's point to be that one "can not definitely class [medical students] with any race or clan on earth." Medical-student status is its own entity and is in a class superior to Blacks and even the average white man. This exceptionalism echoes Flexner's reconceptualized notion of medical education and the special social capital his standards helped engineer for the

[271] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1917.

profession. The "eminent medical lecturer in one of the most famous Southern medical colleges" who is not named, implicitly calls students to understand themselves as fundamentally different from their patients and anyone else they may encounter.[272] Doctors may be white but they are set apart from other white people. The student created media of the yearbook is infused with their sense of the prestige of the position. Being a doctor is such a noted distinction that it cannot be placed within the general context of whiteness.

Student yearbook practices reinforce the privileging of doctor identity. By listing faculty members first and organizing the classes in descending order students reinforce the hierarchy that simultaneously restricts them. Students negotiate their relationships to each other by identifying the members that are the least like the models of medical doctors to which they ascribe. Educational and class privilege are other tools students leverage against each other as they negotiate their own feelings of inferiority on their way to being practitioners. The slight gradations of difference among the white student body are enough to animate narratives, and jokes that assuage student fears.

Club Photos

In two club photos from the 1916 *Aesculapian* there are two different Black boys pictured as mascots. The "University of Georgia Club" and the "Obstetrical Cascarets" feature two Black boy children, seemingly under the age of ten, in front of an assembled group of white male medical students. In each picture the boys seem to be held in place by authoritarian white hands. Children as emblems for various groups are not an

[272] Ibid.

uncommon phenomenon, but its significance in the club pictures of the Emory Medical School yearbook must be examined within the racial context of the yearbook itself.

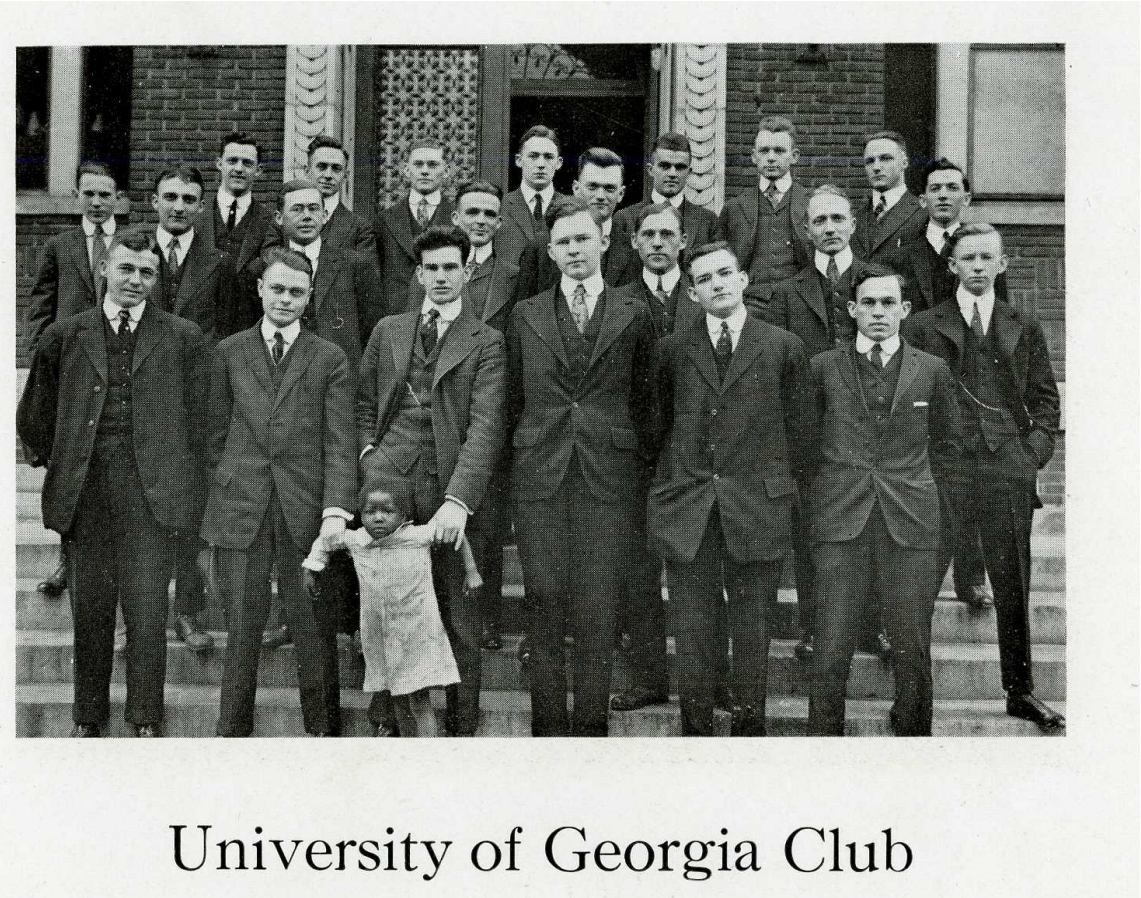


Figure 5: University of Georgia Club

The University of Georgia Club's yearbook picture is similar to other club photographs.[273] Dapper, young, and serious looking white men stare into the lens of the camera on the steps of an entrance to Grady Hospital.[274] Two members of the class hold a small Black boy of no more than seven years old. Uncredited, this little boy is attired in a dirty shirtdress and no pants. He appears stunned; his eyebrows are furrowed as he looks

[273] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.
[274] This was a club for students who had attended the University of Georgia as undergraduates.

directly into the camera. The angle at which his arms are held looks uncomfortable. Simultaneously visible and uncredited, present but unacknowledged, the boy serves to reinforce the idea of the superior and composed white male student.

The students pictured are reminiscent of the sophomore in the class drawing that highlights the evolution from freshman to sophomore as a medical student. The boy in a dirty, ill-fitting shirtdress against a backdrop of resplendent medical students creates a similar impulse for comparison. His diminutive status among the tall students adds to the contrast. The uncredited child is both necessary and superfluous in the image as he serves to validate the growing power of the medical students. They appear to be holding him against his will. Unlike the students whose last names and initials identify them with the picture the boy is unnamed. In all of the Emory School of medicine yearbooks, these two group photos are the only images of people this young.

The boy is emblematic of the popular postcards of the time that featured Black children. Black children were cute and appropriate subjects for sometimes-violent comedic relief. Images of black children like this one dominated the industry at the height of the postcard era.[275] Historian Grace Elizabeth Hale notes that images of black children were used to invoke some sentimentality and describes " a black boy in a long gown and bonnet holding a puppy advertised both Piqua Patent pillows, bolsters and sectional mattresses as well as Topsey Tablets."[276] The Pickaninny, as these child minstrel figures were known, was often represented as alligator bait, cute but doomed, with the symbolic violence of these images left unexamined.[277]

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[275] Williams, "Darkies, Coons, Pickaninnies, and Jim Crow."
[276] Hale, *Making Whiteness*, 155.
[277] Dubin, "Symbolic Slavery."

These photographs are not only analogous to popular representations of the pickaninny. They resemble a much closer analog, Black dissecting room attendants. Black dissecting room attendants were "tolerated outcast[s]" of medical educational culture and were additions to medical student photos with their cadavers.[278] Like the boys featured in these club photos, they were outliers whose positioning also reflects their location within the hierarchy of medical education. These men and women janitors in dissection rooms are often posing with Black cadavers in front or behind them an additional reminder of their subjugated status. Black janitors and even children are being utilized in the identity management of white medical students anxious about their position within the structure of medicine.

[278] Warner, *Dissection*, 20.

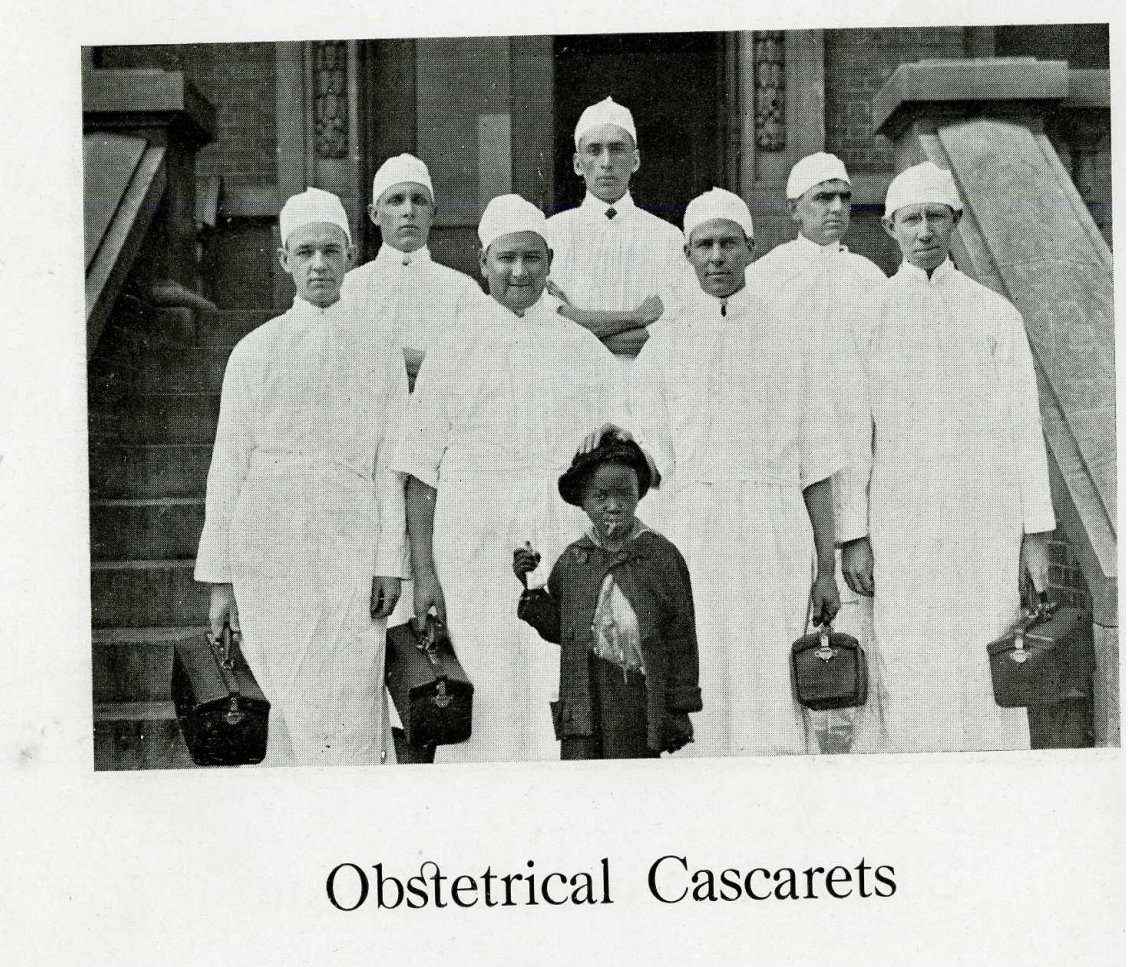

Figure 6: Obstetrical Cascarets

The club photo for the Obstetrical Cascarets is just two yearbook pages removed from the University of Georgia picture. Although this picture also contains a conspicuous Black child in the photo, the resonance of the image is slightly different on its face. The Black boy in this picture is identified as "Moose … a small chunk of midnight." He is dressed up, perhaps as a woman as there appears to be a bulge in his shirt to approximate breasts. He has a cigarette in his mouth and seems to be holding a handkerchief. He wears an oversized button up sweater, hat, blouse, and what appears to be a skirt. Unlike the University of Georgia club picture, this image suggests a more cooperative relationship between Moose and the students because Moose is dressed in costume. One medical

student has his hand on his head in what could be said to be an affectionate manner. The doctors are dressed in delivery attire and are holding their medical bags. With the exceptions of the medical students closest to Moose, they all have rather austere expressions. These expressions seem contradictory to the intentional silliness of the group and the way Moose is attired. Another point of contrast is the white of the students clothing and the dark colors that cloak Moose.

Cascarets were laxatives used to help women eliminate feces before the birthing process. The name of the group in addition to the name of the members further demonstrates its comedic purpose. The students use the tag line "We work while others sleep" referencing the fact that women give birth at any time. They even list their meeting time as "cold and rainy nights" and further exemplify their jest with "We deliver by mail. Babies sent C.O.D. or on trial."[279] Moose is both real and fiction, as he is a real little boy not a small chunk of midnight. In the context of obstetrical cascarets this appellation, takes on a more vile possible meaning.

This club page provides information regarding the way women were understood by medical students. Pregnancy and childbirth are the central joke of the club. Bandl's ring is listed as the emblem of the group, despites its association with protracted and dangerous labor.[280] The students have their own appellations including "Duke" and "Shorty" with longer descriptive titles like "purveyor of the placenta."[281] Their humorous and rather irreverent approach to the parturition process differs greatly from the way that

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[279] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.
[280] Gohou et al., "Responsiveness to Life-threatening Obstetric Emergencies in Two Hospitals in Abidjan, Côte d'Ivoire."
[281] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.

women are experiencing the process of childbirth. Women are absent from the picture that uses their bodily processes as the source of the comedy in the photo. Like Moose and the unnamed boy in the University of Georgia club picture, women are props for the medical students comedic representations.

Another prop featured in many medical student pictures from the early 20th century are students posing with human skeletons. The 1915 Emory School of Medicine Terpsichorean Club photo showed students posing with three skeletons and one holding a skull as they pose together. Some of the skeletons have hats and are standing up as members of the club ready to dance with their living friends. The students pose comfortably with their props and look into the camera. Students sometimes posed cadavers and skeletons as though they were living.[282] Class portraits with cadavers were another way of expressing a collective identity for future doctors.[283] When figures other than students are featured in club photos they perform a subjugated role that make their student counterparts look more authoritative. The students can literally dance with death and laugh. The humor of the club photos allows students to remain detached in the life and death stakes of medicine but it also helped create in and out-group audiences for future doctors anxious about their burgeoning identities.[284]

Portrait of the Patients

A Patient

The image and narrative of Mandy propelled my journey towards analyzing Emory School of Medicine yearbooks. Written in what is to be read as authentic Black

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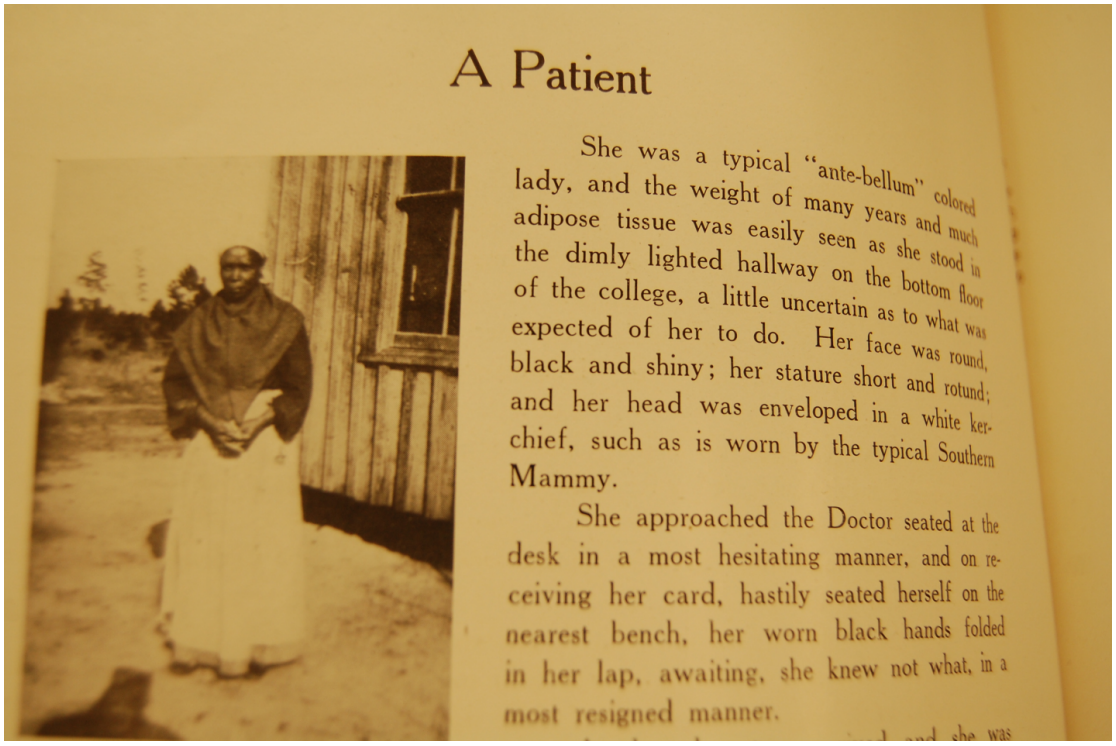
[282] Warner, *Dissection*, 143–161.
[283] Ibid., 162–175.
[284] Ibid., 143.

dialect, *A Patient* is a two-page narrative in the 1913 yearbook of Emory School of Medicine of a Black woman patient seeking medical care. Located towards the back of the book in the section later identified as *Humorous* in subsequent yearbooks, *A Patient* provides some evidence of the way the medical students imagined Black women as patients. An image of a Black woman identified as Mandy is used to illustrate a comical patient narrative, describing her trip to see a doctor at the clinic.[285] Though not credited, one or more of the medical students at Emory in 1913 contributed to this work.[286]



A Patient

She was a typical "ante-bellum" colored lady, and the weight of many years and much adipose tissue was easily seen as she stood in the dimly lighted hallway on the bottom floor of the college, a little uncertain as to what was expected of her to do. Her face was round, black and shiny; her stature short and rotund; and her head was enveloped in a white kerchief, such as is worn by the typical Southern Mammy.

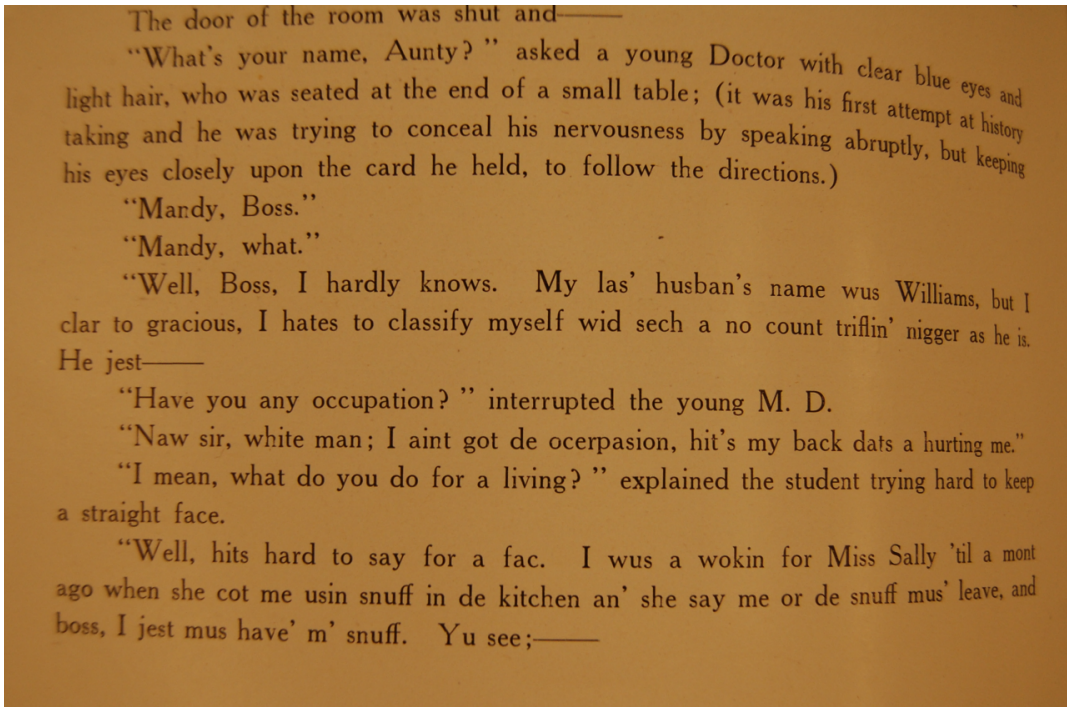
She approached the Doctor seated at the desk in a most hesitating manner, and on receiving her card, hastily seated herself on the nearest bench, her worn black hands folded in her lap, awaiting, she knew not what, in a most resigned manner.

Figure 7: A Patient

The narrative begins by describing a short, rotund "colored lady" who has come into the clinic. A "typical Southern Mammy," Mandy is skittish and "unsure of what's expected of her."[287] She is ushered into a room with three medical students and one

[285] Though not referred to by name, the clinic referenced in this fictive narrative is the Negro clinic at Grady Hospital.
[286] Warner, *Dissection*, 162–175.
[287] Ibid.

graduate physician. The reader is given the information that the doctor is nervous about doing his first chart. As the doctor begins the patient interview, the comedic bits soon follow.



The door of the room was shut and——

"What's your name, Aunty?" asked a young Doctor with clear blue eyes and light hair, who was seated at the end of a small table; (it was his first attempt at history taking and he was trying to conceal his nervousness by speaking abruptly, but keeping his eyes closely upon the card he held, to follow the directions.)

"Mandy, Boss."

"Mandy, what."

"Well, Boss, I hardly knows. My las' husban's name wus Williams, but I clar to gracious, I hates to classify myself wid sech a no count triflin' nigger as he is. He jest——

"Have you any occupation?" interrupted the young M. D.

"Naw sir, white man; I aint got de ocerpasion, hit's my back dats a hurting me."

"I mean, what do you do for a living?" explained the student trying hard to keep a straight face.

"Well, hits hard to say for a fac. I wus a wokin for Miss Sally 'til a mont ago when she cot me usin snuff in de kitchen an' she say me or de snuff mus' leave, and boss, I jest mus have' m' snuff. Yu see;——

Figure 8: "What's your name Aunty?"

> "What's your name, Aunty?" […]
> "Mandy, Boss."
> "Mandy, what."
> "Well, Boss, I hardly knows. My las' husban's name was Williams, but I clar to graciaus, I hate to classify myself wid sech a no count trifilin' nigger as he is. He jest---"
> "Have you any occupation?" interrupted the young M.D.
> "Naw sir, white man; I aint got de ocerpasion, hist my back dats hurting me."[288]

Mandy is loquacious and apparently *needs* to be interrupted by the doctor to stay on track. The doctors learn that her ex-husband is a "no count trifling nigger" in the process of trying to get her to reveal her last name. Mandy does not comprehend what she is being asked. Much to the amusement of her doctor, who finds it difficult to conceal his

[288] Ibid.

laughter, she confuses occupation with a medical condition, asserting that it is her back that is the trouble. When the doctor rephrases, asking instead what Mandy does for a living, she begins another tale in which she describes working for Miss Sally. Mandy's employment is cut short due to her decision to chew tobacco instead of following Miss Sally's request that she discontinue. The doctor interrupts Mandy again inquiring about her age, another question she is unable to answer.

The imprecise nature of her longer-than-necessary answers to the doctor's questions is presented as comical. The remainder of the text omits his questions altogether, in favor of more space for Mandy's musings. When asked if she drinks whiskey she replies, "What would a 'spectable nigger drink that stuff for?" saying she does take peruny, which unbeknownst to her is as high in alcohol content as whiskey.[289] The narrative ends with Mandy's diagnosis and subsequent treatment and she leaves in a jovial fashion.[290]

Like Moose, Mandy is both fictional and real. The image used to depict Mandy is an actual photograph of a Black woman from the period. There is no way to tell if the woman pictured is actually named Mandy. It is very likely a stock photograph used to illustrate the story, however, her expression and demeanor in the picture does not reflect the way she is described by the medical student or students who wrote the narrative. Unlike the students who are photographed with their full name and place of origin in their senior portraits, Mandy only has a first name. She is photographed with her full body in the frame. Her picture does not match the closely cropped portraits of seniors nor the dignified portrait of Nyun. The rural background against which she is photographed

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[289] Adams, *The Health Master*.
[290] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

contrasts with the urban environments where the lower student class portraits were taken. The rural setting does not match the medical clinic setting described in the text, further illustrating the fabrication of the narrative and picture.

In her work on mammy figures, Kimberly Wallace-Sanders chronicles the evolution of the image and narrative of the mammy, one that initially began with a thin, young, sexually enticing woman that evolved into a fat, Black, happy-go-lucky, asexual matriarch.[291] The woman visually depicted in the yearbook seems far from either characterization. She squints into the camera, the sun in her eyes. She possesses a grave countenance and a closed body posture that belies the openness with which she purportedly engages the physician and his cohort. The text that accompanies Mandy's image constructs the happy-go lucky mammy Wallace-Sanders describes with her laughable commentary on her life and habits.

Mandy embodies classic stereotypical representations of Black women. While the text identifies her as a *typical* mammy her language represents the sapphire, through her embittered remarks regarding her former husband.[292] She is constructed as undesirable, with information given about her fat body and caustic speech. Mandy's behavior and comments are used to reinforce her othered status that is in opposition to the representation of the medical student treating her. The aesthetic dimensions of the narrative shapes readers' perceptions of Mandy and her doctor, particularly when they are framed as complete opposites.

Although the narrative is titled *A Patient*, it also constructs an image of the medical student. "[W]ith clear blue eyes and light hair…" the doctor is nervous as he

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[291] Wallace-Sanders, *Mammy*.
[292] West, "Mammy, Sapphire, and Jezebel."

begins to take his first history.[293] We are given physical details of the young doctor that contrast sharply with the image we are given of Mandy. The significance of his eye and hair color, along with his demeanor, contrast with the way Mandy is represented. Her uncouth responses put the doctor at ease and allow him to gain confidence as the examination progresses.[294] Her humorous mannerisms and speech allay the fears of the doctor in the narrative, as well as provide comic relief for the medical students reading the yearbook.

This two-page narrative is an important find in the yearbook for many reasons. It reveals that Black women are part of the patient population with whom Emory medical students come in contact. It also shows how the medical students perceive Black women as patients. Flexner only briefly addresses Negro patients being seen by white physicians, yet he singles out an early incarnation of Emory School of Medicine for not allowing students to work with patients at all. This yearbook testimony seems to contradict his assertion or represents a new practice in the school following consolidation and the release of Flexner's report. More likely, as was the case in other hospitals of the time, the same standards of care were not applied to white and Black patients. In the words of the doctor from the narrative, his treatment of Mandy is perfunctory. *A patient* evokes the practice of minstrelsy that involved white performers donning Blackface and dialect, and mannerisms as entertainment for white audiences. In this narrative, white medical students also adopt imagined *Black* speak to entertain each other. But their entertainment effectively ends the fictional clinical encounter. Mandy's answers to the resident's questions erode her already tenuous position as a legitimate patient.

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[293] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.
[294] Ibid.

This narrative challenged my initial assumption that Black women were not regarded as patients, and that there was a disconnect between the actual Black woman patient that was used by medical students in training, i.e. autopsies, patient rounds in the segregated wards of Grady Hospital, etc., and the Black woman as a patient in her own right that necessitated treatment. Black women are a part of the *who* doctors imagined they would treat; yet their care is perfunctory and marked with ridicule.

There is only one other reference to *real* Black women in the yearbooks. In the Calendar of the 1917 yearbook, a list of student happenings for the year includes "December 24: Askew and a Senior spend the night at a colored 'gem'men's' club where they waited and watched."[295] This activity was one of the few ways that medical students interactions with real Black women outside the sphere of medical education is visible. As literary scholars Peter Stallybrass and Allan White explain,

> … the 'top' attempts to reject and eliminate the 'bottom' for reasons of prestige and status, only to discover, not only that it is in some way frequently depend upon that low-Other (in the classic way that Hegel describes in the master-slave section of the *Phenomenology*), but also that the top *includes* that low symbolically, as a primary eroticized constituent of its own fantasy life.[296]

The trip describes the eroticized voyeurism of students interested in watching the low-Other. Student derisively signal the gentleman's club through apparent Black dialect, yet their adventure express a certain eagerness and delight. The students bolster their self-esteem through the mockery of their chosen destination and the Black women who work there.

In making the connection between the lives of real Black woman and their representation in medical media, I move briefly to the world of didactic medical media to

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[295] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1917.
[296] Peter Stallybrass, *The Politics and Poetics of Transgression / Peter Stallybrass and Allon White.*, 5.

more fully illustrate the portrait of the Black woman patient. The Emory School of Medicine class of 1913 used the 1911 edition of the textbook *Medical Diagnosis* in their training. The textbook contained over four hundred images with a little over half representing the human body.[297] Ninety-six percent of the images depicted white people with white women representing only thirty-five percent of these. Most of the images of white people were used to illustrate the proper way to conduct medical examinations. Ten of the textbook images were of people or children of color only two of which were black and both of these were women. In more than two hundred images of the body, half represented pathological images. However, all images of people of color were used to highlight disease and illness.

In discussing Animal parasitic disease, the authors turn their attention to the Caribbean. They discuss a condition called Filariasis, caused by microorganisms multiplication in lymph nodes that can leads to elephantitis in certain areas. Figures 286 and 287 are a side and profile depiction of a Black Jamaican woman.[298] Her lower region is exposed revealing an almost appendage like sac of lymph tissue and fluid distending from her labia. Filariasis does indeed result in these elephantitis conditions all over the body. What is interesting to me is that this drawing of a Jamaican woman's genitals was used to illustrate this point. The most common locations for this enlargement are in someone's legs, not their genitalia. The disorder was so common in the Caribbean that it was referred to as "Barbados-leg."[299]

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[297] Anders and Boston, *A Text-book of Medical Diagnosis.*
[298] Ibid., 907.
[299] Todd Lee Savitt, *Race and Medicine in Nineteenth- and Early-twentieth-century America / Todd L. Savitt.*, 9.

This image is one of two that depict black women in the text. There is no accompanying case story to give context to her illustration, a practice that occurs with almost all of the images of white patients. The doctor who provided the drawing is named, but not her. She is used to illustrate a condition but is not discussed as a legitimate patient. It is her body not her personhood that matter in the context of this didactic medical media.

Medical doctors are actively constructed through this process of constructing the patient. The doctor is everything that the patient is not: refined, educated, well spoken, white. The stark difference between medical doctors and their Black women patients exaggerates an already disparate relationship. By casting the doctor and patient as polar opposites in this narrative, physicians reinforce and legitimate their position within a hierarchal interaction. It is actually through their interaction with patients that medical students come to understand themselves as doctors.[300] In negotiating that anxiety the diminished status of Black women best facilitate a bolstered sense of self. The mutually constituted nature of the representations of the doctor and patient exposes the ways in which the interaction is predetermined by the roles students imagine themselves to play.

Other Patients

Mandy is an outlier within the yearbooks not only because of her gender and race but also because of the length of her narrative. Mandy represents the only photographic representation of a patient. Other representations of patients appear in uncaptioned drawings and jokes. The 1914 and 1916 yearbooks have small drawings of white male patients nervously eyeing a doctor or doctors with panel hacksaws from their hospital or

[300] Merton and Research, *The Student-physician*, 185–187.

sick beds. The doctors are revel in their ability to scare their patients.[301] One physician use a grindstone to sharpen his hacksaw, while another set of doctors wore an ominous set of hooded white robes as the patient screamed out in fear. Patients are depicted in generally uncomfortable prone positions. These images perpetuate the idea that patients are skittish and scared of the actual processes that are necessary to improve their health. Students represent patients as generally afraid of them and by proxy, the profession of medicine. Students allay their own fears about medicine by projecting them onto representations of patients. The ultimate mastery comes in the form of a Black woman patient, the least like them in appearance and the easiest to treat with a simple examination.

Stock Caricatures

Caricatures are representations that exaggerate the unique features of a person for comic or grotesque effect. Blackface minstrelsy is a form of caricature because it exaggerates the distinctive features of blackness in ways that are grotesque and comedic for white audiences. In his work, *Playing the Races: Ethnic Caricature and American Literary Realism*, literary scholar Henry Woham discusses the presumptive architecture that undergirds caricature. He writes, "…caricature operates on the phrenological and physiognomic premise that the essence of identity can be gleaned from observation and interpretation of the exterior form."[302] In the vernacular medical media of the Emory School of Medicine yearbooks, stock caricatures, or caricatures that are ubiquitous in popular culture, find purchase as identity management tools for medical students. Student

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[301] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914; Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.
[302] Oregon, *Playing the Races*, 13.

identity coheres through the shared pleasure students derive from making fun of the fantastic other.

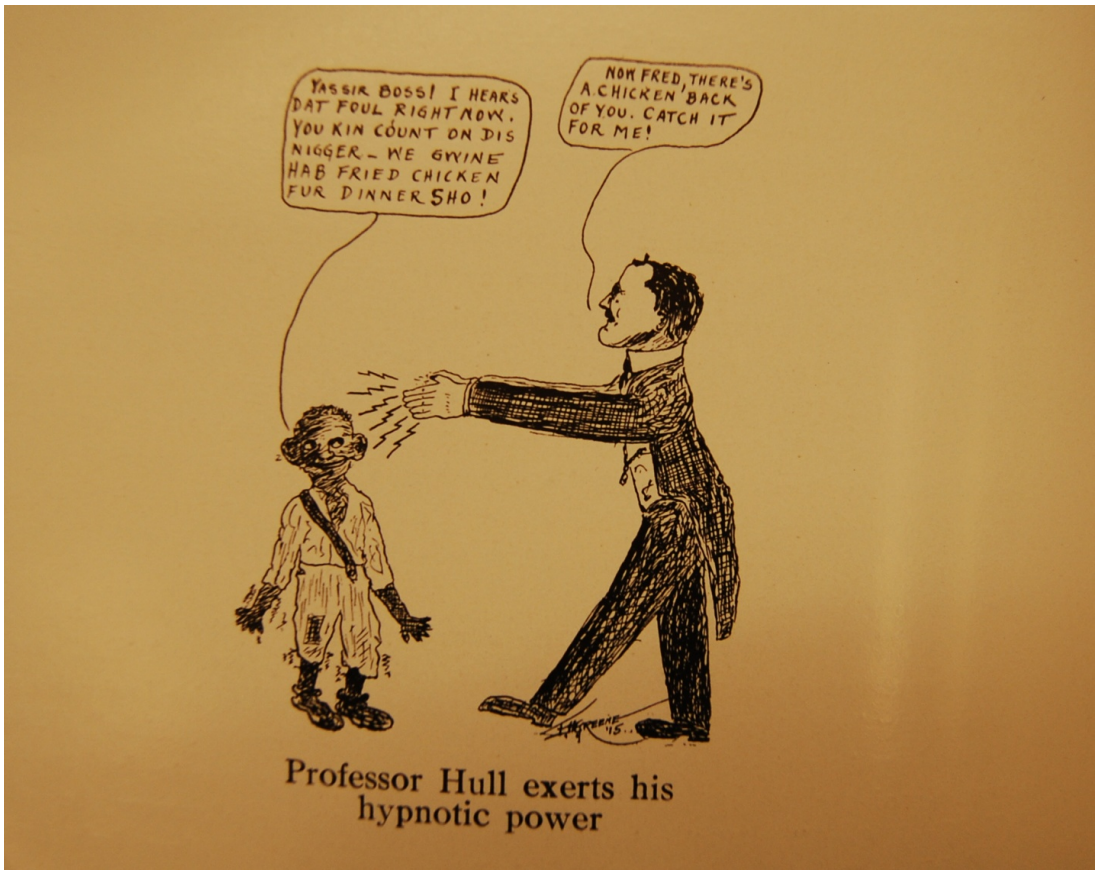

Figure 9: Professor Hull exerts his hypnotic power

W.A. Jonson drew this cartoon in the 1915 yearbook. The faculty member Dr. Hull, is shown hypnotizing a Black man identified as Fred with the captioned speech bubble, “Now Fred, there’s a chicken in back of you. Catch it for me.” Fred, apparently under professor Hull’s hypnotic spell, replies, “Yassir Boss. I hears that foul right now.

You can count on this nigger_We gwine hab fried chicken fur dinner sho!"[303] While there is no chicken pictured, the audience can imagine a next frame that includes Fred running off to catch the chicken or turning and turning to try and find the chicken "in back of" him.

This image mirrors that of the racialized freshman in the inset frame of the sophomore class front page. The scale at which the figures are drawn exacerbates power relations between them. The professor is dressed in a suit with tails while Fred has old tattered pants that have been patched. Fred is smaller in dimension. The smaller stature accurately reflects the power dynamics that exist. The juxtaposition of the urbanized doctor and rural Fred help underscore the shift in values for future doctors away from the diminutive agrarian life to the power of a learned citified existence.

The work of Susan Squier exposes the chicken thief mythology of the early 20th century that characterize Fred. The chicken thief represented a particular animation of the coon caricature. Thought to sneak into the chicken coop and steal chickens, chicken thieves were the emasculated reinterpretation of Black men following the necessarily virile representation connected to slavery. Squire writes of these representations that they:

> …satisfied the white need to recall a prewar era of black slavery and white racial dominance; served whites as a humorous release from the grinding need to maintain control over a newly freed black population; Testified to the unease whites felt at the economic resilience and resourcefulness of a propertyless black population; embodied the intimidation white people experienced at the fantasized greater sexual prowess of black men, those so-called bucks with large "cocks" and an insatiable sexual drive; and naturalized the negative traits associated with the shiftless, lazy, unreliable chicken-stealing black man.[304]

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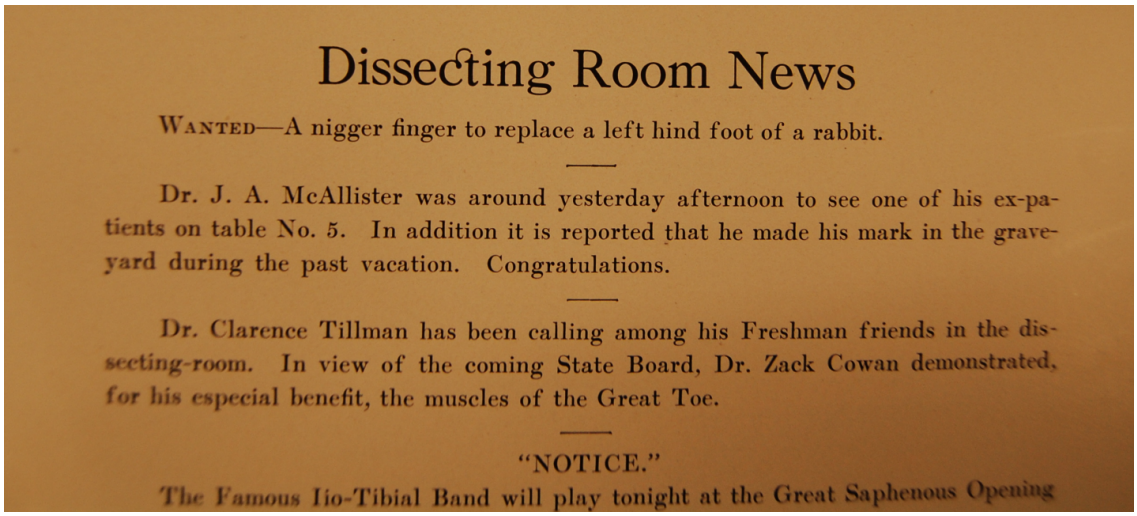
[303] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.
[304] Squier, *Poultry Science, Chicken Culture*, 179.

Like Stallybrass and White, Squire identifies the latent desire that accompanies the denigrating image through the eroticism of the master/slave dynamic. Fred is under the spell of the Dr. Hull and is compelled to work, a seemingly anachronistic proposition given his intrinsic characteristic of shiftlessness. White doctors exerting control over Black men in a time of social unrest, is a comforting image for the pale gaze of student yearbook readers. Hypnosis as a legitimate biomedical practice is further debunked through the drawing. It is a non-scientific practice that can be used to control Blacks, no longer useful in a scientific medical context with white patients.

Nigger is the slur that Fred and Mandy deploy in reference to themselves in their constructed dialogs. White racism is cloaked through Black caricatures use of the word themselves. Their representation within the medical media marks their lower status with the use of their first names alone. As is the convention in American culture last names connote respect. Socially, Black men negotiated their white peers infantilizing use of the word *boy* to address them.[305] *Boy* and *Fred* are linguistic choices that diminish the Black man who is referenced. In the vernacular medical media of the cartoon, Fred is visibly lower in the medical hierarchy.

Dissecting Room News

[305] Dean, "Boys and Girls and 'Boys'."



Dissecting Room News

WANTED—A nigger finger to replace a left hind foot of a rabbit.

Dr. J. A. McAllister was around yesterday afternoon to see one of his ex-patients on table No. 5. In addition it is reported that he made his mark in the graveyard during the past vacation. Congratulations.

Dr. Clarence Tillman has been calling among his Freshman friends in the dissecting-room. In view of the coming State Board, Dr. Zack Cowan demonstrated, for his especial benefit, the muscles of the Great Toe.

"NOTICE."

The Famous Ilio-Tibial Band will play tonight at the Great Saphenous Opening

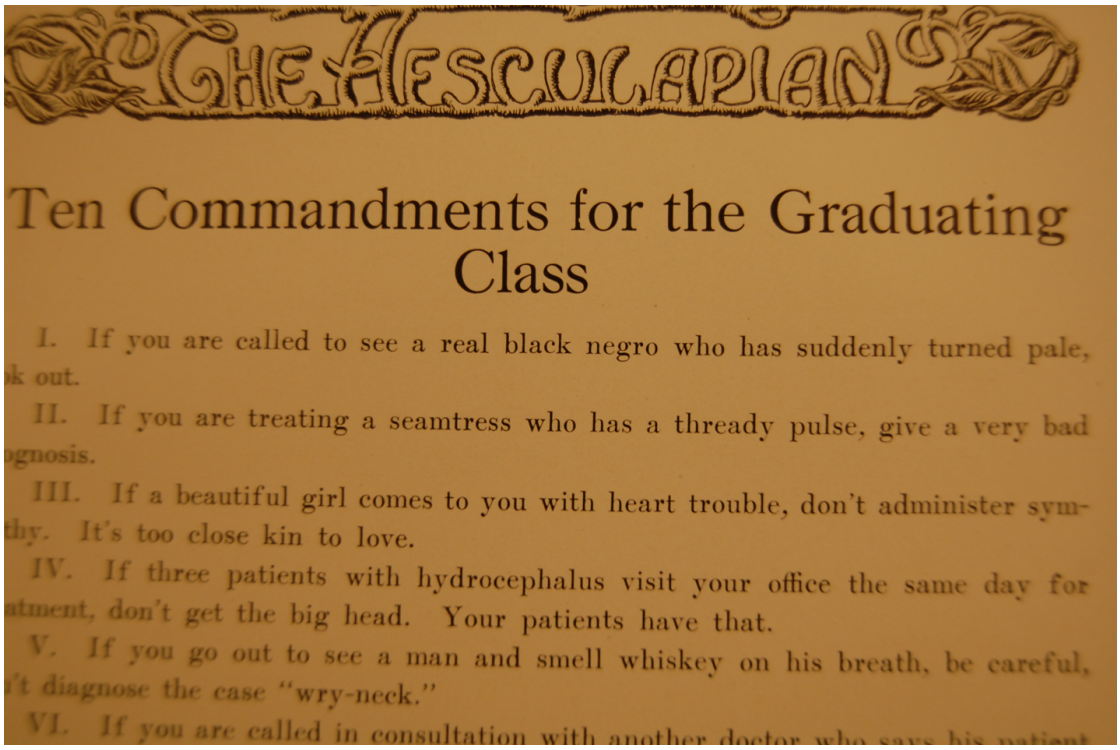
Figure 10: Dissecting Room News

Wanted- A nigger finger to replace the hind foot of a rabbit.[306]

The line above appears in the 1915 yearbook. It is located in the jokes section and is the first item of dissection news delivered. The apparent connection between a Black person's finger and a rabbit's foot exemplifies the continued linking of Black people to animals as a characteristic of scientific racism. Black people are deemed less than human, yet they are appropriate proxies for white bodies in medical education. Scholars in the field of animal studies have been exploring the ethics of the approximation between animals and humans for scientific research.[307] African American historians have wrestled with similar questions. In her book *Medical Apartheid*, Harriet Washington cites the 1973 refusal by the FDA to fund additional trials testing the efficacy of Depo-Provera, a contraceptive routinely prescribed to Black and brown women, when it was found to cause cancer in beagles. Despite this fact, Emory University conducted a 1978 study that the FDA criticized for putting 4,700 Black women's lives in jeopardy while they again

[306] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1915.
[307] Tuvel, "'Veil of Shame'"; Twine, *Animals As Biotechnology*.

opted to examine the effectiveness of the drug despite the existing research.[308] Unfortunately, these links between Black people and animals remain a popular trope in the sciences. In what is perhaps the greatest irony of scientific racism, Black bodies are fit for practice and experimentation, but are not taken seriously as legitimate patients.


THE AESCULAPIAN

Ten Commandments for the Graduating Class

I. If you are called to see a real black negro who has suddenly turned pale, ok out.

II. If you are treating a seamtress who has a thready pulse, give a very bad gnosis.

III. If a beautiful girl comes to you with heart trouble, don't administer sym- thy. It's too close kin to love.

IV. If three patients with hydrocephalus visit your office the same day for atment, don't get the big head. Your patients have that.

V. If you go out to see a man and smell whiskey on his breath, be careful, 't diagnose the case "wry-neck."

VI. If you are called in consultation with another doctor who says his patient

Figure 11: Ten Commandments for the Graduating Class

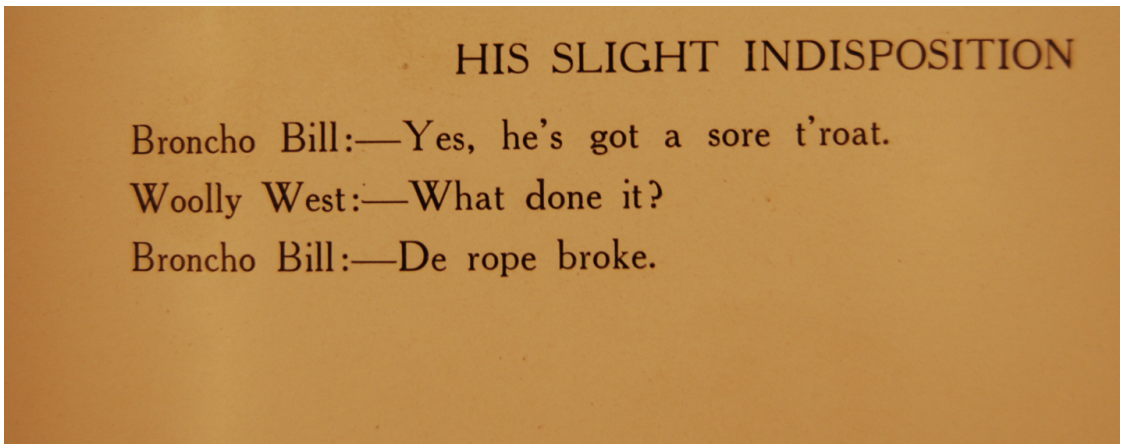
The very first commandment for the graduating class of 1916's Ten Commandments references Blackness.

1. If you are called to see a real Black Negro who has suddenly turned pale, look out.[309]

[308] Washington, *Medical Apartheid*, 205.
[309] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.

It is significant that this is the first commandment for newly minted doctors to mind as they enter the profession. Pale negroes top this humorous list. Suspicion seems to be the suggested reaction to the possible deception that a pale Negro could perpetuate. This fascination with pallor in the face of Blackness is noted in documents dating back to the mid 19th century. In an advertisement for a concert in Boston, The Four Snow-White Albino boys were "born of Negro parents," a fact certified on the poster by several physicians.[310] The need to validate the racial makeup of the boys marks the wonder and disgust engendered by the possibility of Black people having children who do not look Black, at least in regard to their skin color. Blacks who can pass as white represent a threat to the racial hierarchy and as such need to be monitored carefully. This advice to the graduating class serves as a humorous warning for this unlikely threat. By making the possibility a joke, the yearbook authors delegitimize the threat as they expose the anxieties of racial bifurcation.

HIS SLIGHT INDISPOSITION


HIS SLIGHT INDISPOSITION

Broncho Bill:—Yes, he's got a sore t'roat.
Woolly West:—What done it?
Broncho Bill:—De rope broke.

Figure 12: His Slight Indisposition

Broncho Bill: ---Yes, He's got a sore t'roat.

[310] Washington, *Medical Apartheid*, 504.

Woolly West: ---What done it?

Broncho Bill: ---De rope broke.[311]

A slight indisposition is a joke in the 1913 Emory School of Medicine yearbook. The joke relies on the reader's prior knowledge of lynching and the typical targets of Broncho Bill's cowboy ire: indigenous and Black people.[312] The rope references the noose used in lynchings of Black people and indigenous groups during this time period. The representational violence directed at these marginalized racial subjects is a source of comedic relief. The title itself downplays the violence that is associated with lynching, a rhetorical strategy of contrast that carries part of the humor.

A slight indisposition connotes a failed killing. Doctors are supposed to do no harm, but this joke invokes violence. The joke invokes a symbolic violence in a comedic way that is directed at non-white racial groups.[313] This joke, originally published in the Chicago Record, circulated beyond the Emory yearbook appearing also in the more scholarly Western Medical Review of the Nebraska State Medical Association years earlier in 1897.[314] Broncho Bill was a popular stock figure during this time period and his appearance in the yearbook illustrates the connection between the social world and the academic world of medicine.

Another joke is attributed to an Emory School of Medicine professor, "'About four million tons of herring are caught every year in Japan. This would seem to

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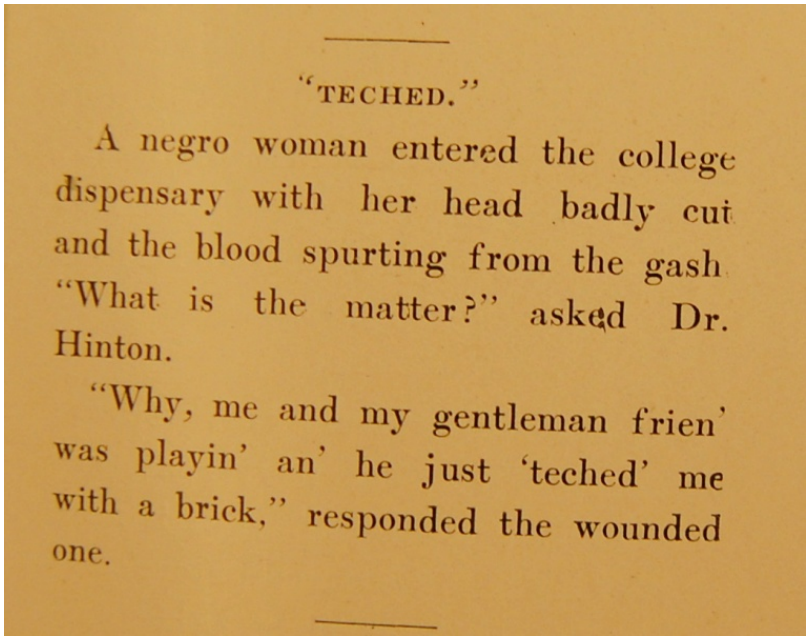
[311] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.
[312] Broncho Bill is the first Cowboy in American Culture.
[313] Dubin, "Symbolic Slavery," 133.
[314] Simmons, *Western Medical Review*.

indicate that herrings are contagious.'— Prof. Simp."[315] Japanese people are implied to be highly susceptible to disease and contributors to the spread of disease. Herrings must be contagious since they are amassed in such large numbers in Japan. It reinforces the ethnocentrism of white American culture by implying that contagions are endemic to the Japanese.[316] By including this joke in the yearbook, students are demonstrating the parts of their lessons that stick with them A joke from a professor's lecture conveys a set of values that students internalize. Student humor is evolving as they interact with their professors. Students are demonstrating their own integration within medical culture through joking across the faculty-student hierarchy.

Black women were specifically addressed in jokes in the yearbook. A joke in the 1916 *Aesculapian* draws on domestic violence for its punch line.

[315] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.
[316] The Representation of Asia and Asian students at Emory could be its own study. The Japanese people are represented as contagions here but there is a simultaneous fetishization of Eastern mysticism apparent in descriptions of medical practices in China.



"TECHED."

A negro woman entered the college dispensary with her head badly cut and the blood spurting from the gash. "What is the matter?" asked Dr. Hinton.

"Why, me and my gentleman frien' was playin' an' he just 'teched' me with a brick," responded the wounded one.

Figure 13: "Teched"

The joke describes a Black woman coming into the college dispensary bleeding and trying to downplay a situation of domestic violence by saying that she was "playin'" with her gentleman friend when he "teched" her with a brick.[317] Her verbal account does not match the wounds that she has sustained and this apparent contradiction is the source of the punch line (pun intended). While domestic violence seems far from being humorous, it appears alongside other jokes in the same yearbook section.

The Black woman's version of the tale also shows her desire to protect her gentleman friend. By couching the tale in the language of play and being "teched," she downplays the violence of the situation, to the chagrin of Dr. Hamilton and the readers but more likely for the safety of her gentleman friend. Were he to be deemed a troublemaker or violent the repercussions would have been swift and severe. As Andrea Smith writes in the introduction of her book *Conquest*, "women of color who survive

[317] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.

sexual or domestic abuse are often told they must pit themselves against their communities, often portrayed stereotypically as violent…"[318] The reality that her perhaps defensive response is read as humorous as well as pathetic, exposes the deep disconnect between the lived experiences of Black and white people at the time. Symbolic violence directed at Black people is humorous and no cause for concern and actually a tool for student negotiations of identity.

Though these jokes appeared in the yearbook, they were culled from a variety of medical sources. As noted earlier, jokes were also found in the pages of other medical journals and publications. Even in the arena of objective science, the sociocultural productions of the time, including racist sexist jokes, were evident and, I would argue, even necessary for students' constructions of their sense of self as idealized within the hidden curriculum of Emory School of Medicine. The line between didactic and vernacular media is blurred, creating an ideal medical student and ultimately physician who understands himself at the top of both a medical and social hierarchy.

I have discussed the racist and sexist nature of the vernacular media in the yearbooks as a way that students manage their anxiety. Their anxiety stems from the stress of navigating an overwhelming amount of material and the negotiation of their subordinate position within the hierarchy of medicine. A poem attributed to the student C.F.H. called "The Freshman's Wail" constructs the image of a diligent, fatigued, and overwhelmed medical student.[319] Despite Flexner's desire for more applied instruction, the student's poem suggests that rote memorization of the bones in the finger was standard practice.

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[318] Smith, *Conquest : Sexual Violence and American Indian Genocide*, 151.
[319] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

The student describes not wanting to get out of bed but feeling compelled to memorize all the bones in the finger. The student also writes he is no longer concerned about what happens to them. He ends the poem with, "Bones, bones, bones, will we ever get through with that junk, bones bones bones, til I don't give a darn if I flunk."[320] His reaction is important because the student is no longer invested in the overall learning objective or his grade. The student's poem suggests that the connection to the final practice of medicine is lost in the minutia of learning the names of the bones. Other poems across the years reflect a similar pattern of student frustration with a lot of material to learn and a resignation to the process. As current medical research shows, students learn to adapt and only learn what they think they need to because of the amount of information they are expected to retain. It is through the culture of medicine that they learn what material is truly worth valuing and what deserves the least attention.[321] As students make decisions about what to prioritize within the process of becoming doctors, they opt for ways they can exhibit mastery, which often comes in the form of utilizing what privileged positions they do have against others.

Students acknowledge that the ways in which they are learning "employ the banking concept of education."[322] Students are getting factual deposits from their professors and are expected to regurgitate that information during moments of evaluation. Student jokes include some ribbing of faculty but most of the jokes reflect the unintelligent comments of their colleagues. Through their incorrect and therefore laughable answers, students rehearse their ignorance in relation to their professors and mock each other in the process. The faculty doctors are superior to the student patients. It

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[320] Ibid.
[321] Becker, *Boys in White*; Broadhead, *The Private Lives and Professional Identity of Medical Students.*
[322] Freire, *Pedagogy of the Oppressed*, 72.

is through representing the doctor patient dyad that students negotiate their low status in relation to the faculty.

Despite Flexner's seeming ambivalence about women medical students, the reality as depicted in the yearbooks was much more stark. These yearbooks also made it clear that women were not imagined as medical students. Women were not to be trusted and they were distractions from the serious business of medicine. As represented in the medical school yearbooks, women were only once mentioned as doctors and then as the butt of a joke. The other images highlighted their sexual appeal to male medical students and their ability to distract them from their studies. There are paragraphs describing students' girlfriends, wives, and womanizing exploits. All these factors serve to reinforce the idea that there are only male medical students. Black women were defined by their capacity to serve as comic relief and as a particularly useful patient model. I emphasize this point to make clear that, while not articulated, *woman* was a raced category that only applied to white women. Black women and other non-white women are not implied when the term *woman* is used in the yearbook text or in the representational images.

Women are the source of difficult choices for medical students. In a drawing in the 1914 yearbook, a male medical student stands in front of a forked road. There is an image of a dancing lady with ruffles underneath her lifted skirt and leg. On the other side of the fork are his textbooks including surgery, anatomy, practice of medicine and diploma. The question at the top of the page is "Which?" implying that choosing one means forsaking the other.[323] So medical students must make a choice between pursuing women or their work. In the juxtaposition of a woman and education, women are reduced

[323] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.

to objects. The objectification of women is important to consider as (male) medical doctors will not only date women, as the yearbook consistently points out; they will also treat them. Presenting women as serious distractions from educational advancement can have problematic effects on how they are treated in the examining room.

Women were represented in very few of the images in the yearbook. There were photographs of white women faculty members and a woman is visible in a nursing uniform in two of the club photos. In the 1916 and 1917 yearbook there are class portraits of the nurses of Grady Hospital. Unlike the pictures of male students, these nurses are seated and their names do not accompany their image. The women are not given an identity outside of their role within the hospital setting. Though there are poems that celebrate the work of the nurse, they are visually undermined by not being pictured with their names, an important convention of portraiture that confers respect.[324]

The 1914 *Aesculapian* does contain a poem that actually pays homage to the traditionally women's role in medicine, nursing. Class of 1915 graduate E. H. Bryce writes,

> Cry for Justice
> We sing the praise of the surgeon. Who deftly wields the knife.
> And cuts out Jones' appendix, And thereby saves his life.
> We cry "All Hail to THE DOCTOR," Who comes through snow and rain,
> Seeking to help the afflicted. And to ease the ones in pain.
> We put them on a pedestal. And think it's simply great.
> The way they fight "The Reaper," And seemingly cheat Fate.
> From their just dues, you understand, I mean not to detract.
> I truly think their work is great, The greatest of all, in fact.
> But there's another noble soul Whom, often we, in verse,
> Neglect to give just praise to — I refer to the registered nurse.
> 'Tis she whose work has just started. When the operation's done.
> And many a surgeon is credited with Cases her nursing won.
> So give just praise to the doctor— But likewise intersperse.
> Along with plaudits for surgeons. Much praise for the faithful nurse.

[324] Richard Sandell, Jocelyn Dodd, and Rosemarie Garland-Thomson, *Re-presenting Disability*.

E. H. Brice—'15.[325]

This depiction of women as nurses is one of very few in the yearbooks that represent women as something other than a patient or a potential love interest. Nurses should be given due credit for their work, though it is still secondary to the work of doctors and surgeons. The celebration of the nurse in Brice's poem expands the possible roles for white women within medical school culture beyond the potential love interests of medical students.

Another image also reveals the sexism and urbanization emerging in medical curriculum of that time. A beautiful dancing girl is located in center stage in the spotlight with the caption "Why country boys leave the farm." The city, and by proxy medical education offer country boys the opportunity for interactions with women that they may not have been able to access before. Women are simultaneously distracting men from their studies and an impetus to leave the farm in pursuit of a degree.

From these highlighted examples, a vision of race and gender concepts in student culture emerges.[326] A white male student body understands white women as distractions and Black people as comic relief. In the increasingly elite world of medical education, the environment and curriculum reinforce one another in the portrayal of Black women as both invisible and hypervisible others.

The hidden curriculum that emerges from the yearbook is one that establishes doctors at the pinnacle of professional hierarchies. The process of creating doctors sets them apart from everyone even other white men and especially Black people. Part of going to medical school is becoming acculturated to the culture of medicine. The

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[325] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.
[326] Becker, *Boys in White*, 34.

Vernacular media of medical education has a clear agenda to make doctors feel a sense of mastery over something or someone as they negotiate difficult feelings of not knowing enough or knowing the right information. Students are able to displace their anxieties about what they do not know in medicine onto the bodies of even more marginal subjects as opposed to critique the social hierarchy they aim to surmount. This "displaced abjection" of their social position bonds the students to each other and against those lower than them within the medical education hierarchy.[327] Black women patients represent a multiply afflicted lower status because of their gender race and status as vulnerable patients. Mandy in particular fully encapsulates this debased position through the visual iconography of her rural location amongst students who are being encouraged to value the cosmopolitan. Through their mastery of her image and narrative, white medical students are able to manage their scholastic uncertainty and anxiety about becoming physicians.

[327] Peter Stallybrass, *The Politics and Poetics of Transgression / Peter Stallybrass and Allon White.*, 53.

Chapter 4: The Yearbook: An 'Algorithmic Criticism'

Through qualitative analysis of the yearbooks, I have demonstrated the ways that the hidden curriculum is transmitted to students through vernacular medical media. But to fully understand the ways in which these particular representation matter, they have to be contextualized within the yearbooks as a whole. Quantitative analysis allows me to provide topical snap shots of the yearbooks through establishing the frequencies of certain terms over time. This dissertation also marks an early installation of the digital tool, Voyant in the service of answering questions about race, gender, and region. My project joins a growing body of research that is not only content driven but also tool interdependent. My findings say something about the hidden curriculum in vernacular medical media but also open up new conversations about what digital tools can and cannot do.

To quantify the ways in which race, gender, and region were evident in the yearbooks, I used digital tools for my analysis. I extracted the text from the yearbooks and entered the copra into the online tool, Voyant. Voyant is a web-based textual analysis tool. It can generate word visualizations and can measure the frequency and occurrence of words in a corpus. I compared trends in language across years and notice patterns in the yearbooks. Issues of race, gender, and region were highlighted by manipulating the search and stop terms in Voyant. Stop terms are words that are not important to your analysis. I used the Standard English stop word list that ignores common words like *the*, *and*, and *like*. Once these words were removed I discerned what words occurred most frequently and even how they were used in context. Because the yearbooks are digitized using the Text Encoding Initiative (TEI), I can search within the text for key words.

Racial terms did not initially rise to the surface via Voyant analysis, but were searched within the corpuses themselves.

Voyant provides several different ways to visualize the words of a particular corpus. It can accommodate XML, PDF, HTML, RTF, and MS word file types. I uploaded each yearbook PDF into the Voyant-tools environment and create a number of different types of visualizations for each edition of *The Aesculapian* that was a part of my study.[328] It is through this finer grain analysis that I was able to notice changes over time and mark transitions within the yearbooks in regards to the words and images used as the students grew older and new students joined the institution.

Voyant allows views that show the frequency of words used in certain parts of the text. I was able to determine where certain words were featured most prominently in the text and then draw conclusions about their significance in those locations. This helped to triangulate the major themes and concerns for students, further contextualizing the importance of sociocultural practices around race, region, and gender as manifested in the texts.

Voyant only analyzes text. To understand the ways in which the images of the yearbook changed over time I used quantitative content analysis. I determined the number of images in each yearbook and their relative themes, types and frequency. As my analysis progresses chronologically, my sections of discussion get smaller so as not to rehash previous insights made about the years passed. I flag both the components that stay the same and the ones that shift. I used these results to explore changes in yearbook content over time, noting the shifting preoccupations of student editors. These findings

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[328] Croxall, "Comparing Corpora in Voyant Tools."

are corroborated and further explained through the qualitative analysis of the yearbooks.[329]

1913

There were a total of 29,084 words in the 1913 edition of *The Aesculapian*, the first yearbook created after the merger of the two Atlanta medical schools.[330] The words used most frequently in the corpus were pronouns for students like *he*, *him*, and *his*; the words *university* and *college*; followed by *M.D.*, *medical*, and *Ga*. The high frequency of these words signaled the importance of place and student identity in the yearbook.

[329] See appendix for access to actual Voyant platform.
[330] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

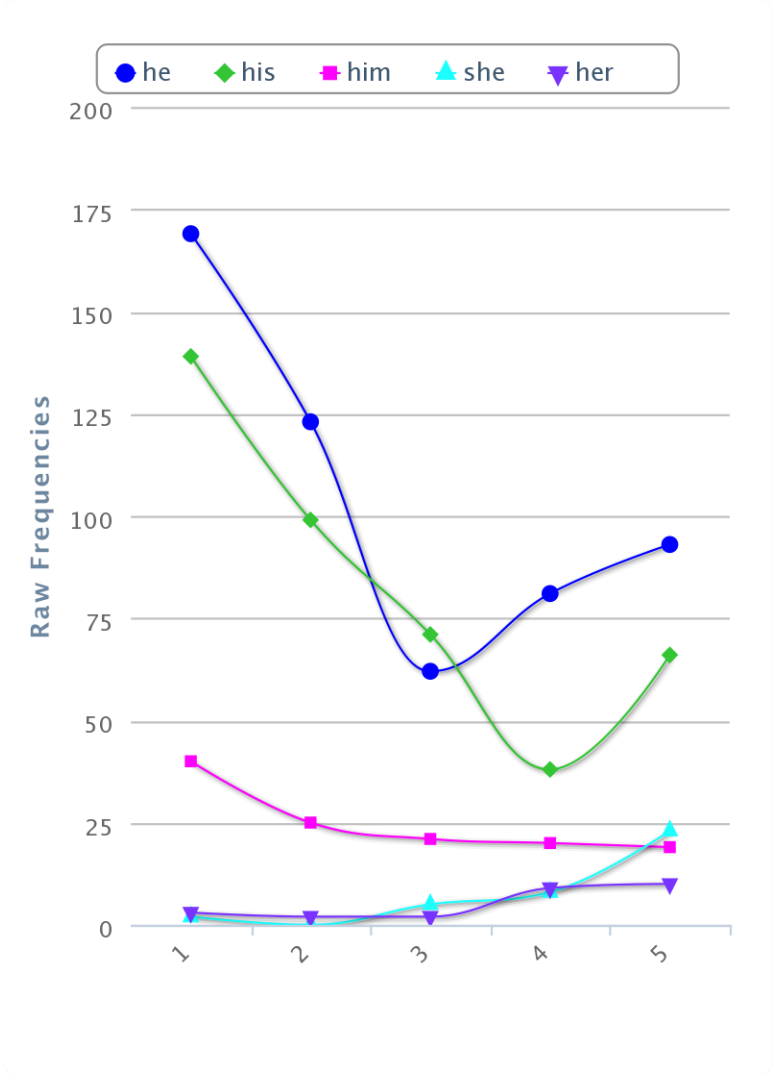

Figure 14: Frequency of *He*, *His*, *Him, She*, and *Her* within the 5 Sections of the 1913 Yearbook

When looking at the different sections of *The Aesculapian,* it is easy to understand the higher frequencies of these words at the beginning of the text. The first two sections of the yearbooks contain the faculty, staff, and senior student biographies. Senior student biographies dominate these sections, so the high frequency of these pronouns and locations are expected. Most Emory School of Medicine students lived in Georgia before attending the school. All Emory School of Medicine students were men from 1913-1917.

University and *college* were used primarily to show the connection between fraternities at Emory with other institutions. For example, the Chi Zeta Chi fraternity had

chapters at Fordham University, Long Island Medical College, and many more medical schools across the country. By connecting fraternities across institutions and across regions of the country, students actively worked against a regionalism that would contain their interests to the South. The various fraternities in which students participated were listed as well as their chapters at other institutions. By joining fraternities, students navigate insecurities about Southern identity and grow their network of peers.

M.D. appeared in a cluster at the beginning of the yearbook and was used to name the education achieved by the listed faculty members at Emory School of Medicine. The students rarely refer to themselves as *M.D.s*. Their identities as students and potential doctors maintain the hierarchies of the institution. Students were reluctant to adopt the title of *M.D*. prematurely. Students refer to themselves as "in quest for the dignified degree M.D" and hoping to one day "stand at last M.D."[331] By resisting the early adoption of their future titles, students maintained their subjugated position within the medical hierarchy. Rather than resist the structure that creates the awkward power imbalance embodies by the almost doctor, students pine for their chance to one day be at the top of the medical food chain.

In the latter sections of the yearbook, devoted to humor and advertising, there is a drop in the repetitions of *he*, *him*, and *his*. Jokes in the humorous section do not assume students or faculty as the punch line. It is actually in the humorous section of the yearbook that the use of *she* and *her* are highest. This quantitative data corroborates the qualitative that illuminates the ways in which students use people more marginal than themselves to manage their anxiety about their positions within the hierarchy of medical education.

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[331] Ibid.

It was important for students to speak to the character of their classmates. After the more common words, the words *good* and *great* appeared with a high frequency and were used to speak favorably of fellow students. For example, "In his relations with us he has conducted himself as a jolly good fellow and a diligent student."[332] This description is excerpted from the senior biography for William Niles. His status as a *good fellow* speaks to the importance of congeniality among the students. Indeed, great deals of these *good[s]* are accompanied by *student*, suggesting the importance of doing well in school as part of the shared ethos of these future physicians. Oliver Wendell Holmes and S. Weir Mitchell were popular novelists in the late 1800's and early 1900's. Their work often invoked "doctors of good character" who were praised for their pleasant bedside manners and benevolence and wisdom.[333] Their paring of *good* and *doctor* circulated widely, establishing or supporting the continuation of that word combination. Because students were reluctant to prematurely adopt the appellation *doctor*, *fellow* provided a less distinguished but safe substitute.

[332] Ibid.
[333] Malmsheimer, *Doctors Only*, 59–60.

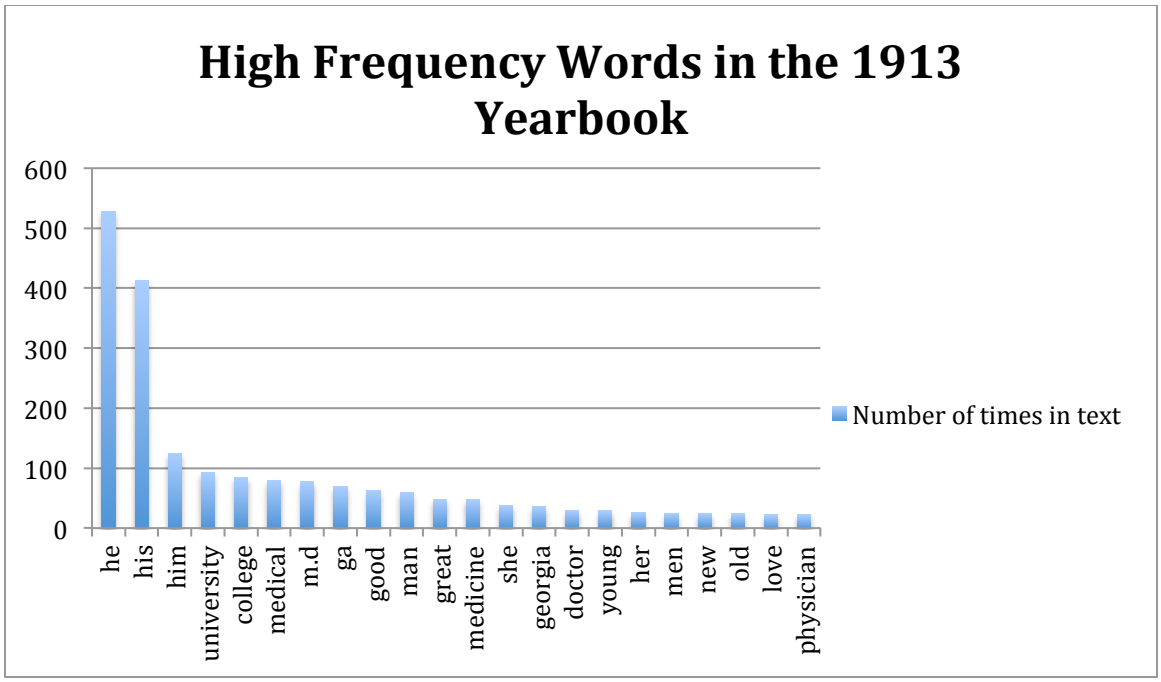

Figure 15: High Frequency Words in the 1913 Yearbook

To examine the ways in which the three themes that emerged – race, region, and gender –were used in context, I used Voyant to search for keywords related to each theme. I changed the stop word list so that the pronouns *he*, *her*, *she* and *him* were not excluded from the list of words Voyant would reproduce. *She* was used thirty-eight times and *her* just twenty-four in the 1913 yearbook. *He* and *his* were the most used words in the entire corpus, with 528 and 413 uses, respectively. Overwhelmingly, the *hes* were used in reference to the students themselves, not in the generic personal pronoun use of *he* where gender is unknown. Men were at the center of the yearbook that they created.

The overwhelming use of *he* within the yearbooks may seem an obvious point. However, its frequency portends the singular importance of addressing student identity within the context of the hidden curriculum of medical education. Students are preoccupied with themselves and the stickiness of managing an unstable identity that exists somewhere between elite status and the lowest rungs of the medical hierarchy.

The use of *she* tells a more interesting tale. *She* was only used once in reference to a real person. Miss Gay was used to acknowledge the girlfriend of one of the students. Her first name is not used nor do we know anything about her beyond the fact that she was the girlfriend of one of the senior students. All other instances of *she* are used in fictional accounts that are either funny or cautionary tales. *A Patient*, which tells the story of Mandy, uses *she* more frequently than any other section of the text. The amount of space dedicated to Mandy's story mirrors the layout and composition of the faculty portraits that are in the yearbook. However, faculty members are depicted utilizing medical equipment in pristine labs; Mandy is outside, standing in a rural environment. *She* is also used in the corpus to tell the comedic story of a woman who uses medicine until she cannot use it anymore; she dies. Finally, *she* animates the tragic poetic cautionary tale for men who have sex before they are married.

Each of these stories represents women in less than idyllic ways. These four instances place women into two categories: romantic interest for a student or a patient. Women are not represented in any other way in the 1913 yearbook.[334] The small numbers of women represented are relegated to their own sections and narratives that are not incorporated into the yearbook as a whole.

The word *woman* is used infrequently in the 1913 text. It is used three times compared to *man's* sixty. In a reprint of the Hippocratic Oath there are lines that specifically calls for Physicians not to help a woman have an abortion, nor to be tempted to indulge in the pleasures of a man or woman free or enslaved while visiting patients as part of work.[335] The inclusion of the oath connects the students to a medical history

[334] *She* and *her* are used to personify cities and the moon.
[335] This inclusion of man and women reflects Greek cultural values that allowed men to have other

beyond the Flexner Report. Women are, again, either potential patients or forbidden fruit. Doctors swore oaths not to indulge or take advantage of the people they were supposed to treat. The need for the oath signals the vulnerability of patients to their providers.[336]

The word *girl* is used more frequently than *woman* and has multiple valences. It is used to refer to women and also used to identify girl children. The diminutization of women via the use of *girl* follows the same logic of representing girls as love interests for students. A few seniors are teased for their charm of girls while others are lauded for their steadfastness to a girl back home. The yearbook's representations of gender go beyond Flexner's ambivalence and render women either wives to future doctors or potential patients. In either case, women are only understood through their relationship to a male doctor who is either their husband or their physician.

Race emerges from the quantitative analysis of the yearbook as well. In addition to the narratives about Kyaw Nyun and Mandy, race becomes visible through a search of keywords such as *race*, *Negro,* and *Ethiopian*.[337] I found representations that were hidden in language and not visible to me in photographs.[338] There are two students who are identified in the yearbook as *Hebrew*. Henry Cliff Sauls from Marietta, Georgia was a senior who was "known to the boys only as 'Jake,' because of his Hebrew cast of

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men as sexual partners. This is the only reference I found that does not presume heterosexuality. The Hippocratic Oath has been modernized to exclude this language and it also changes in the Emory School of Medicine Yearbooks over time. In 1913 the text reads "I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves." The 1916 includes a slight alteration to the last phrase stating, "Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption; and further from the seduction of females or males, bond or free."

[336] Additionally the text conveys the lengthy history of the medicalization of women's bodies around abortion. A portion of the Oath has doctors swear not to give women abortifacients.
[337] My list of search words is in Appendix A.
[338] Race tends to be understood as a bodily visible difference however the process of racialization in the United States is much more complex. See Philosophy, *Visible Identities*; Gilman, *Making the Body Beautiful : a Cultural History of Aesthetic Surgery*.

countenance and traits characteristic of that race, but he is an all around good fellow, notwithstanding."[339] The writers follow their pattern of indicating the *good* fellows within their class but they do so in a way that suggests Sauls' Hebrew identity would otherwise foreclose the possibility of him being good. He is *good* in spite of his race not because of it. Another student, Sam Sinkovitz is "an American by birth, a Hebrew by faith, and designated by himself as an Irishman." This articulation of region, religion, and ethnicity keeps Sinkovitz from being unduly understood only in the context of his religion, a fate he attempts to escape through his self-labeling as an Irishman. To self-identify as Irish at a time where the Irish were just beginning to be assimilated into American culture demonstrates the ways in which Jewish students were further marginalized and othered. Rather than solely be understood by classmates as Jewish, Sinkovitz leverages another derided social identity but one with perhaps a buoying clout.

Medical students seem to understand Judaism as reflective of both a religious and racial group. Protestant Christianity is the implied default faith of the students at Emory School of Medicine. Student authors make three references to Christmas and mention no other religious holidays. Although religion was not mentioned in Flexner's configuration of the ideal student, a protestant Christian emerges as the default at Emory. This lack of accommodation for Jewish students is evident in the faculty minutes as well.

Students were required to attend Saturday lecture in 1913, but Jewish students would miss it. Rather than accommodate these students, faculty decided that they should either attend their classes or leave the institution.[340] In the 1911 faculty minutes,

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[339] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

[340] Emory University prides itself on its early tolerance of Jewish students however the faculty minutes suggest more ambivalence.

professors raised concerns about Jewish students who wanted to sit out Saturday lecture in honor of their Sabbath. The resolution is deceptively neutral. The minutes read, "Dr. Elkin took the chair temporarily and Dr. Westmoreland moved that after this session, any student, who could not attend lectures, etc., would be asked to leave school as it tended to demoralize them as well as the other students."[341] The language of the faculty minutes suggests that faculty were doing Jewish students a favor by asking them to leave school for honoring their religious practice. Rather than risk possible ridicule, Jewish students were expected to leave their studies or forego their faith. Similarly, student yearbook authors frame Jewish peers outside of the centralized identity of the institution by framing their *good* as a surprise.[342]

The unique ways in which Nyun and other non-black racial outliers are treated, reinforce the white/Black binaristic thinking about race in the Jim Crow South. Nyun, Kim, Sinkovitz, and Sauls are curious exceptions to the implicit white protestant rule for students admitted to Emory School of Medicine and are celebrated for their collegial behavior in spite of stereotypes. They are exceptional students in that they are not like the rest of their cohorts and are understood to be different from the rest of their race.

I wanted to understand the ways that non-white racial groups appeared in the yearbook. No other non-white racial group was represented as frequently as Black people. This edition of *The Aesculapian* contains five instances of the word *nigger*, no use of *Negro,* or *Ethiopian* and one use of *colored*. The invocation of Black people in the yearbook is a foil to whiteness. Each Black figure is interacting with a white person in the narratives and jokes in which they are referenced. The location of Blacks in relation to

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[341] Emory School of Medicine, "Emory School of Medicine Faculty Minutes."
[342] For more on the realities for Jews in medicine in the early 20th century see Sokoloff, "The Question of Antisemitism in American Medical Faculties, 1900–1945 1."

whites both within the narrative and within society is unique and cannot be paralleled with other non-white racial groups represented in the texts. This racial power dynamic, however, is analogous to the doctor-patient relationship that prompts medical student anxiety. As the yearbooks demonstrate, students invoke the more marginal figures of patient and Black bodies to help them feel superior. *A Patient* amalgamates these strategies through the body of the Black woman patient; she is the marginal figure that exists at the lower end of the power dynamics at the intersection of race, gender, region and medical encounter.

Patient or a variation of it appears fourteen times in the yearbook. The word appears in the senior bios as accompanied by encouraging words for future practitioners as well as in poems and narratives about physician life. Interestingly, students can foretell of future patients but can call themselves *M.D*. before they have graduated. These semantic choices further exemplify the vigor of the medical hierarchy. *Patient* operates in two main ways within the text. On the one hand, it is used to name an integral member of the unique professional environment that is medicine. In this context generally the word is used simply to identify an actor. The other use is in humorous narratives of patient folly. These two different contexts were used equally in the text. Because the yearbook is made by and for future doctors, the high level of frequency of *M.D*. to patient is not surprising.

I finally turned my attention to the ways in which region or rural agrarian identity manifests in the 1913 textual corpus. Variations of farm are used eight times. One of these uses indicates a student who was "reared on a farm."[343] There is no joke or mockery

[343] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1913.

of the student because of this fact. It is simply stated and not referenced again. The other uses of *farm* are in jokes where farmers are not exactly mocked but have a different vantage point than the other parties in the vignette; but are not demeaned because of it. The first of these jokes involves a farmer talking to scientists:

> A wise old farmer, seeing some great men at work asked them what they were doing. "We are trying to find a universal solvent," they said. "What are you going to keep it in?" asked the farmer, as he made a quick exit through the door.[344]

The farmer's quip is a clever one. What would you keep a universal solvent in if it could dissolve anything? The farmer is not demeaned and neither are the great men to whom he spoke. This type of interaction across profession and lifestyle creates a humorous moment but does not rely on the denigration of either group to make the joke.

In the next joke, a politician speaking to a crowd and tries to make a special appear to farmers saying, "I'm the farmer's friend: I was raised between two ears of corn," to which a farmer replies, " a pumpkin, by gum!" This joke relies on the readers' knowledge that pumpkins are grown between corn plants.[345] The farmer here is speaking in dialect and his exclamation that the politician is a pumpkin is humorous. The joke does depend on the farmer *being* a farmer to know about the relationship between corn and pumpkins but it also relies on the students understanding the same thing. Students are not that far removed from the farm that they cannot understand the joke and find it funny. While the joke may be a little patronizing to the old farmer, it is not denigrating. In the 1913 yearbook, farms are the places where students are reared and farmers are quick

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[344] Ibid.

[345] Javanshir and Shuti, "Evaluation of Competition in Corn (Zea Mays L.) and Pumpkinseed (Cucurbita Pepo Var. Styriaca) Intercropping by Reciprocal Yield Model and Some Competitive Indices."

witted jokesters who may be funny but are not funny simply by virtue of their being farmers.

I belabor these words, their usage and frequency to build a case for what I see shift over time. Students are managing their anxieties about their identities and school by having a laugh at the end of the year. The vernacular medical media they create brings the people who are more marginally positioned than them into focus for a while, allowing them to feel better about themselves and their location within a hierarchy they will one day usurp. The change in the language of the yearbook each year is a function of the students of the moment, but it also reflects the institutional culture of that year, with each generation of students absorbing a more and more refined set of values expressed through formal and informal channels of medical education.

1914

The 1914 yearbook contained 38, 908 words. Like the 1913 edition, words like *he* and *his* were most frequently used. *University* does not appear in the top ten and *Ga* is a popular word, used in the same context of student biographies.

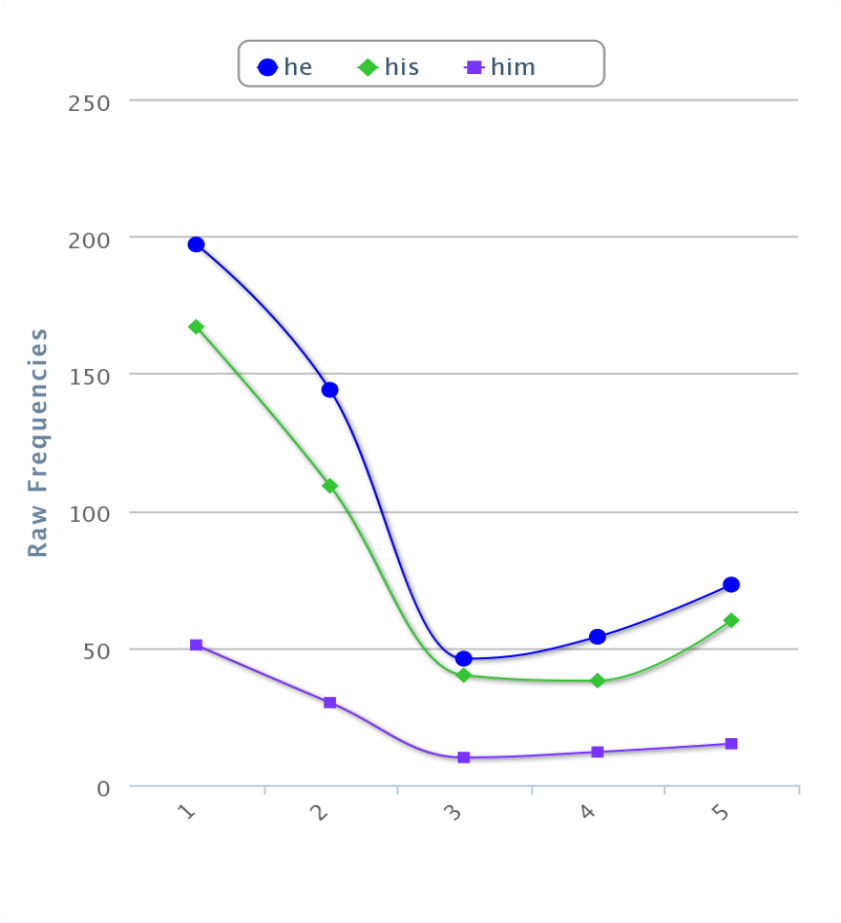

Figure 16: Frequency of *He*, *His*, and *Him* within the 5 Sections of the 1914 Yearbook

She and *her* were lower down the list of frequency with *she* being used twenty-five times compared to *He's* 515. *She* is, again, most often used in the context of romantic interest for students. Senior Ralph James Greene is diagnosed in his portrait's biography with "Feminitis." and other students have poems for the women they love.[346] It is in the 1914 yearbook that the poem for nurses, "A Cry For Justice" appears. But there is a unique occurrence in the yearbook that is not present in 1913. The students in the 1914 yearbook

[346] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.

refer to women as "skirts."[347] The very definition of objectification, *skirts* appears six times, five times within the senior biographies. One student is labeled a "Skirt professor" while another "does well with the skirts."[348] The only use of the term outside of the student biographies, is in a long humorous narrative where women are discussed as though they are a bacterial object of scientific inquiry. *Skirt* is listed as a synonym for woman. The page-long narrative adapts scientific classification to discuss the ways in which women are a dangerous agent. A moral position is asserted through some of the claims made by the students.

The narrative articulates two types of women: the good ones and "the other kind."[349] Women will make a man go broke and the good ones will infect him with love. "The other kind" must be "'gram negative' because they are never sure about anything."[350] *The other kind* is described as feeding off medical students. There are two 2 and 3 page treatises on *woman* in this yearbook, both using the frame of a scientific taxonomy to describe women in, sometimes, misogynistic ways. For example, "the other kind" is "…impossible to exterminate (consult police records from 1912-1914)."[351] Students joke about the possible acts of extermination that might be perpetrated on bad women who are difficult to kill. The 1914 yearbook also contains two senior biographical references to the Women's Hater Club as well as a cartoon depiction of the heartbreak that prompts one student to become a member. In a section that purports to contain

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[347] Ibid.
[348] Ibid.
[349] Ibid.
[350] Ibid.
[351] Ibid.

excerpts from scientific lectures, a piece of wisdom emerges. The student author records, "Never take a wife until though hast a home, and a fire to put her in."[352]

The use of *skirts* to define women has no antecedent in the 1913 yearbook. Where women were diminuitized by the use of the word *girl*, here they are divided between the good and the other. *Girl* and *woman* find their way into every section of the yearbook and one out of four senior biographies makes reference to a *girl*, *skirt*, or *woman*. The new yearbook staff proliferates these terms associated with women at the same time that the characterizations of the women are more openly hostile. Students blame women for their inattention to their studies and invoke violence towards women for comedic effect. It is in this chapter that the homosocial nature of the medical school experience is made more apparent. Students are able to make crude jokes at the expense of women because there are no women present. In her book *Men and Women in Medical School: How They Change and Compare*, author Jane Leserman discuss the cultural aspects of the "boys' club" of medicine that make difficult for women pursuing a degree.[353] The gender segregated nature of the medical education of Emory School of Medicine allowed them to be completely uninhibited about their characterization of women.

Patient is only used in one biographical sketch in the 1914 yearbook but it finds its way into many jokes and narratives about doctors treating patients. Narratives about "The old physician," and even sections like the "ten commandments for the graduating class," provide laughter through the interaction between the doctor and patient.[354] The word is used twenty-two times in this yearbook and in ways that mostly compliment the

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[352] Ibid.
[353] Leserman, *Men and Women in Medical School*, 13.
[354] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1914.

1913 usage. The 1914 yearbook offers another insight into how future doctors are constructing themselves. This yearbook has many instances of medical students being referred to as future doctors. What becomes clear is that students feel hesitation around the use of M.D. as it signals the pinnacle of their professional ascension. They do understand themselves on the path to becoming doctors and use the term in reference to each other quite liberally in the 1914 yearbook.

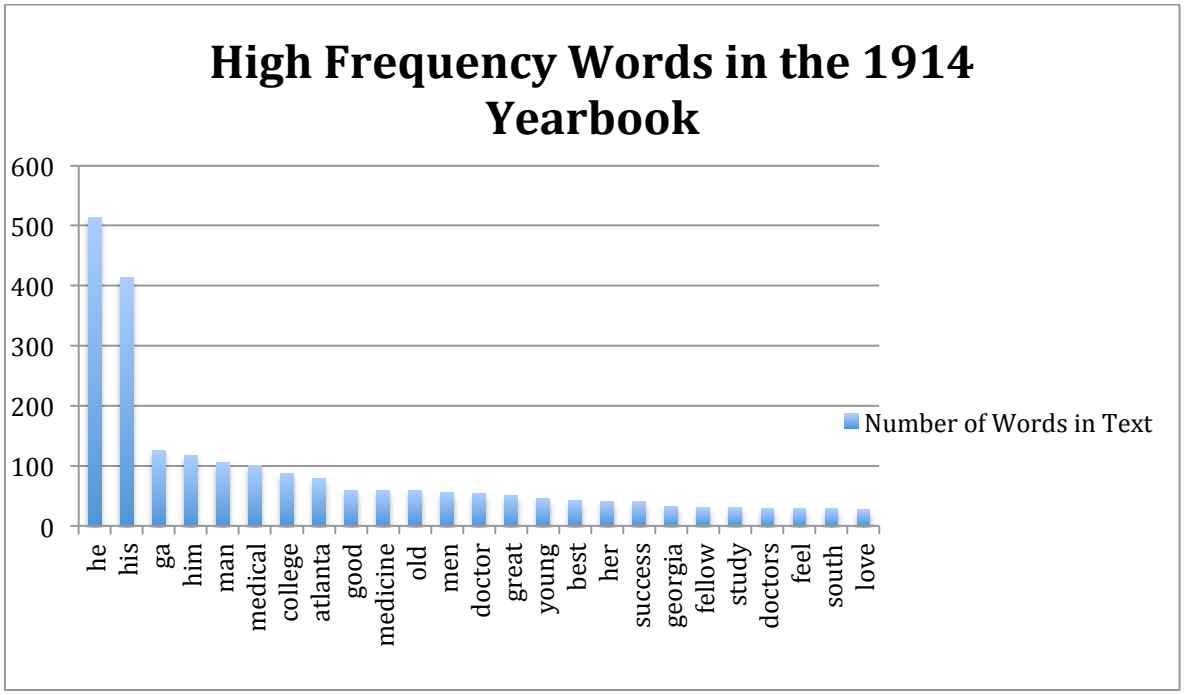

Figure 17: High Frequency Words in the 1914 Yearbook

Old which was not a word frequently used in the 1913 yearbook is used in 1914 to mark tradition, prestige, and class. For example, in the senior class section of the yearbook, Cole Blease Gibson was described as "a native of the aristocratic old 'Palmetto State,' and naturally gallant" and his colleague Thomas Henry Chestnutt is a "dear old

south Georgian."[355] *Old,* like *good,* is primarily used to qualify desirable traits among Emory School of Medicine students. *Old* is not used to describe chronologic age. The students at Emory are the young men that Flexner envisioned as the prototypical student. *Old* is a term of endearment and familiarity; it accounts for one of the rare bits of visible emotionality of students towards each other. I offer this use of *old* to counter my sustained attention on the aspects of medical education that are more competitive, lest my analysis of students only be read as perpetual clamoring on the ladder of the medical hierarchy. Again, the personality facets students' repeat, may suggest aspects of the hidden curriculum students have deciphered.

Negro is only used once in this edition in the short first commandment of the graduating class. *Nigger* appears twice, once in the context of a list of jokes and in the lengthy narrative, *What is a Medical Student?* These were the only explicit references to race in the 1914 yearbook, where whiteness continues to remain an unarticulated default. It is used far fewer times in the 1913 yearbook. *Negro* and *nigger* are not interchangeable in the text. *Ethiopian* is not used. The use of these three words as well as passages that attempt to approximate Black dialect, continue to represent the most frequent invocations of race within the yearbooks.

Farm is used just three times and in very straight forward ways. One student was a farmer and now trains to be a physician. The usage that is most important to this study is in the poem, *Their destiny?* The poem compares and contrasts the different ways that seniors and freshman understand their world at these critical but vastly different moments within their educational careers. As freshmen come, seniors go and as freshman begin their studies, seniors worry about finding employment. Freshmen still miss the farm

[355] Ibid.

while seniors are concerned with "how to set an arm."[356] This poem exemplifies exactly what has been discussed about the reformation process of education for medical students. The farm is no longer a concern as students are professionalized. Their future occupations dominate their thoughts as seniors, not nostalgic looks back to where they came from. By creating the back and forth between senior and freshman concerns, the author encapsulates the acculturation process for medical students. Freshman are portrayed as homesick, sad, broke, and scholarly, while seniors are worried workers "trying to build a life."[357] Both groups are stressed. This narrative provides a glimpse on the other side of graduation and it is not all that pretty. Students turned doctors are still negotiating stress and anxiety while they attend to real patients. The stress management strategies of denigrating someone in a more vulnerable position than him has not had time to shift.

It appears that for the year 1914, women bear the brunt of derisive language and representation in the yearbook. Almost to the exclusion of other marginal identities. Students negotiate their feelings towards women by placing them in categories of good and bad, calling them names and blaming them for their inattention to their studies. The use of *farm* in the poem *Their Destiny?* sheds light on the acculturation process of medicine and documents the shifting concerns for students from the first to the final year.

1916

The yearbook grew in size. The 1916 *Aesculapian* had a total of 41,196 words. The same words rose in prominence, with *he* and *his* having even more representation in the text. The word *university* is in the top ten most frequently used words in the 1916

[356] Ibid.
[357] Ibid.

yearbook. *She* is also in the top twenty-five for the first time, but again, appears most frequently in the humorous section towards the end of the yearbook.

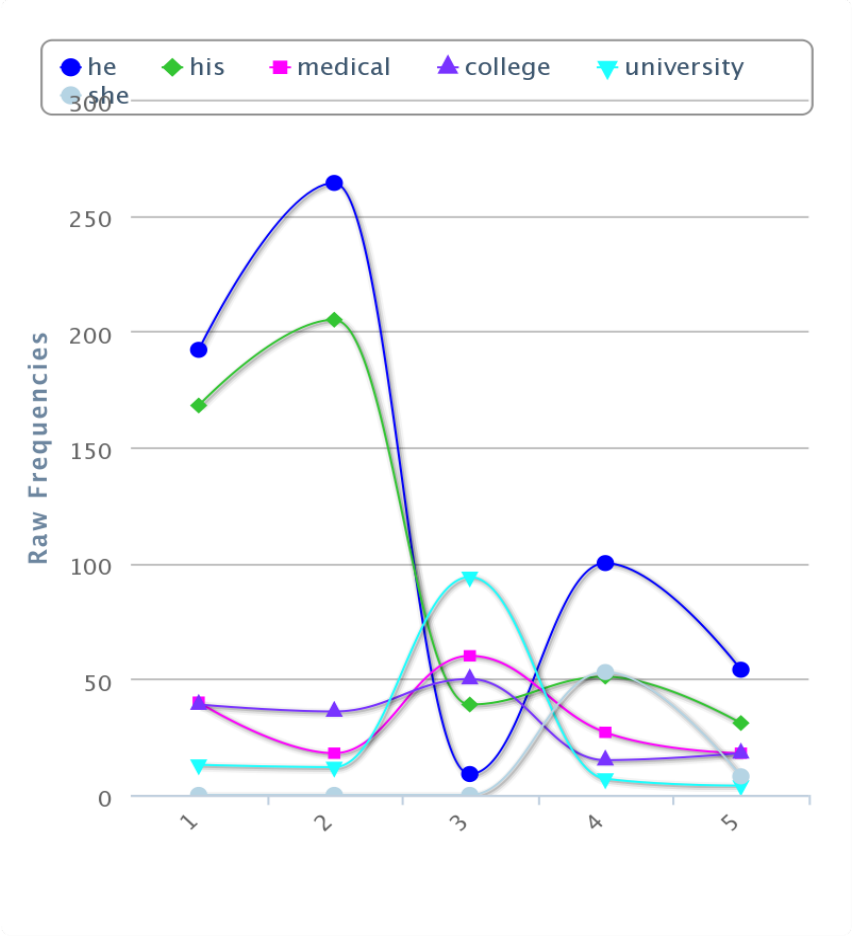

Figure 18: Frequency of *He*, *His*, *Medical*, *College*, *University*, and *She* within the 5 sections of the 1916 Yearbook

The salute to nurses continues from the 1914 yearbook to 1916. A "doctor poet" penned a Eulogy to nurses that extols their virtues and celebrates their service in their passing.[358] The short poem once again acknowledges women's important, if inferior, role in medicine. Whereas Flexner considered the potentiality of white women doctors, he only explicitly addressed the necessity of Black nurses and the importance of hygiene.

[358] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.," 1916.

White women nurses did not figure into the Flexner Report. However, nurses round out the ways in which women are represented within the yearbooks. Nurses are represented as sympathetic supporting characters in the drama of medicine:

> Eulogy on a Nurse
> She needs no slab of Parian marble With white and ghastly head
> To tell wanderers in the valley The virtues of the dead.
> Let the lily be her tombstone And the dewdrops pure and white
> The epitaphs the angels write In the stillness of the night.
> — By a Doctor Poet.[359]

The Eulogy portrays the nurse as a humble servant of humanity. She does not even need a tombstone. The self-sacrificing nurse is also evident in the poem "A Cry for Justice." Emory School of Medicine students simultaneously laud and lament the nurses' humility. She is not celebrated enough at the same time she is too timid to want praise. In both instances students put forth the image of the long-suffering nurse as something to be celebrated.

She appears sixty-one times in the 1916 yearbook. A major section where *she* appears is in a lengthy tale of delivering a baby that is written with a Pickwick accent, one that represents the English lower classes. In particular, this Pickwick accented narrative includes a reference to race in which the narrator remarks the "baby looks so black you got great suspicions about its father!" *Her* follows *she* with forty-nine instances in the 1916 yearbook, most frequently in the humorous section as well.

Women occupy three major archetypes within the yearbooks: love interests, patients, and nurses. All three of these types derive from the student-doctor. Women are good or bad women, compliant or tragic patients, or dutiful nurses. This truncated range

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[359] Ibid.

of possibilities for women in medicine still shapes the place of medicine. Women report sexism in medicine that comes from both faculty and fellow students.[360]

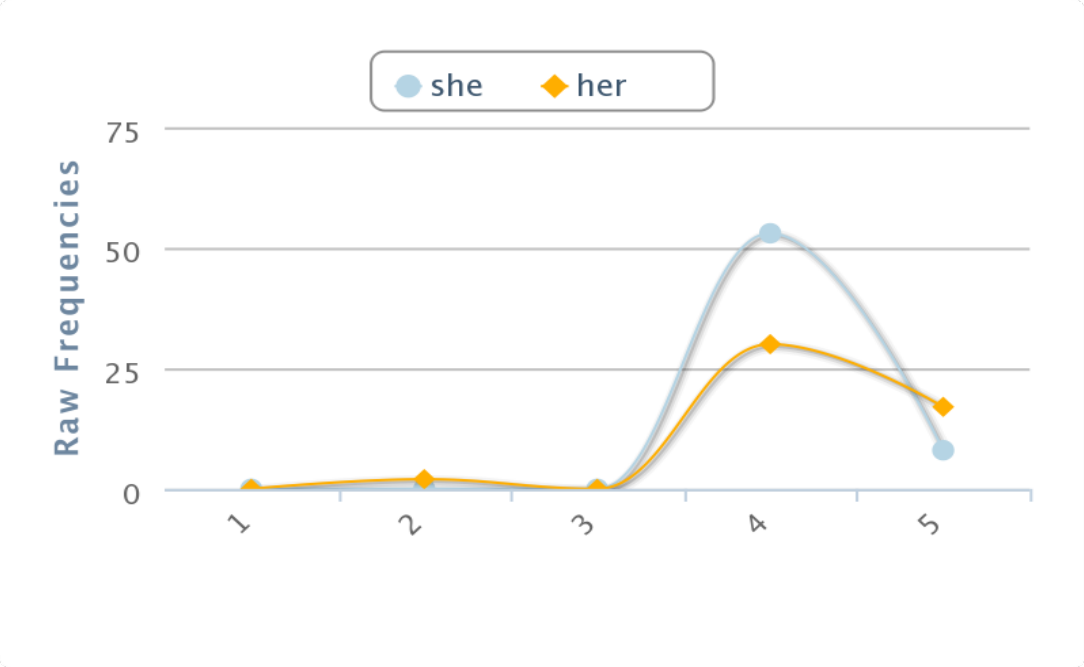

Figure 19: Frequency of *She* and *Her* within the 5 sections of the 1916 Yearbook

Women remain a serious subject only in the context of their devotion to their patients as nurses. They are more likely rendered as obstacles to the successful attainment of a degree by Emory School of Medicine students or as comic relief in the form of misinformed patients. In a two-page length dialog, a woman patient is presented who can not provide the doctor with useful answers to his questions.

The 1914-1917 yearbooks provide a window into the classroom of the Emory School of Medicine students through the reconstruction of exchanges between students and professors. It is in these vignettes, that student anxieties about what they are learning are most thoroughly exercised. Flexner and other reformers were so preoccupied with

[360] Leserman, *Men and Women in Medical School*, 1777.

what students are taught they missed what students were actually learning.[361] The language of these yearbook sections exposes the pathway of learning through the sample text. What students put in the yearbook reflects the classroom conversations students want to remember.

In the section titled, *Discussions in Modern Medicine*, students post short conversations that have apparently taken place in the classroom. One example narrative involves two students during one of the first lectures for juniors on the ventral suspension of the uterus:

> Class Mate (1) – What do you suppose we suspend it with?
> Class Mate (2) (Fresh from the Farm) – "Hay wire, I 'spose."

This joke marks the first time a fellow student is made fun of for their rural background outside the context of the senior biographies. This joke pokes fun at the student because of his background. He is "fresh from the farm," and is evidently completely unacculturated or knowledgeable about what the students are learning. This joke fully demonstrates the moment where a student uses a more marginal subject than himself for the sake of quelling his own anxieties.

Class Mate 1's initial inquiry suggests his own lack of knowledge about what exactly was about to transpire in the classroom. His question, however, is depicted as less ignorant than Class Mate 2's answer. Students are set up to laugh at the suggestion that hay wire would be an appropriate suspension for a uterus. These jokes offer evidence of the self-regulating practices of the medical students. They created their own yearbooks and made choices to represent their rural colleagues as less than ideal and in so doing

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[361] Hafferty, "Beyond Curriculum Reform."

affirm a more urbanized student. Interestingly, neither student is named, despite the fact that many other dialogs in the section do have names attached to them.

The faculty says things that the students find funny, but most of the jokes draw on the silly answers students give their professors. By making fun of these moments where students mess up in the classroom, students can deflect their own feelings of inadequacy onto each other as well as reframe situations where incorrect answers into a humorous story. Humor as a stigma management strategy for medical students becomes an important way to negotiate the emotional moments of uncertain within the classroom.[362]

Race continues to follow the Black/white dynamic visible in earlier editions of the yearbook. Two jokes in the humorous section use black dialog as the source of comic relief. Other racial groups remain on the sidelines of racially explicit text within the yearbook. Though racist imagery and popular cultural products targeting Asian Americans were also in circulation during the 1910's, these images do not emerge in the yearbooks.

[362] Goffman, *Stigma*.

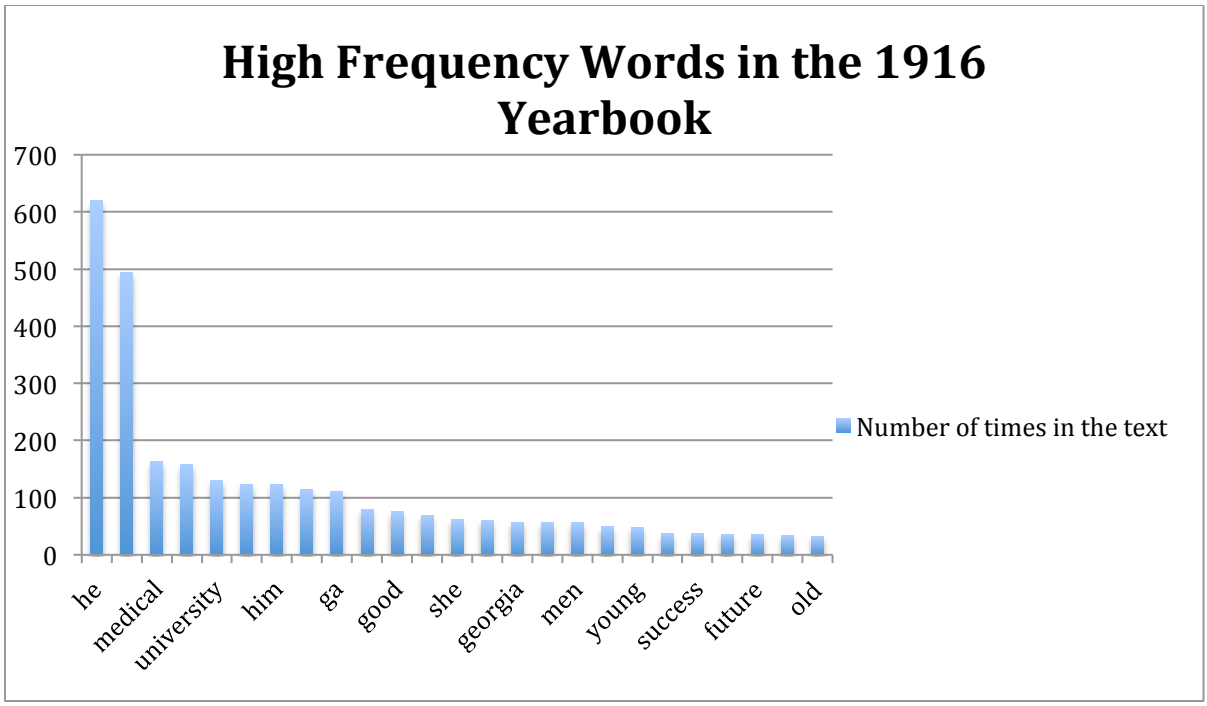

Figure 20: High Frequency Words in the 1916 Yearbook

1917

In the 33,828-word corpus of the 1917 yearbook some trends remain the same. *He* far exceeds other words in frequency. *She* remains most frequent in the humorous section of the yearbook with just six uses. Black women remain the subject of jokes in the same section, in the continued context of a Black/white racial binary. A joke pokes fun at a colored girl who differentiates between flesh and skin colored stockings:

> A REAL DISTINCTION
> A colored girl asked the drug clerk for "ten cents' wuth o' cou't-plaster." "What color?" he asked. "Flesh cullah, suh." Whereupon the clerk proffered her a box of black court plaster. The girl opened the box with a deliberation that was ominous, but her face was unruffled as she noted the color of the contents and said : "I ast for flesh cullah, an' you done give me skin cullah." —A.M. A. Journal.[363]

[363] Atlanta College of Physicians and Surgeons, "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons," 1917.

The joke is attributed to the American Medical Association Journal, which further exposes the interconnections between science and the social in the midst of reform aimed at objectivity and less bias. The other use of *colored* in the yearbook is logged in the student history where two students are named as attending a colored gentleman's club where they were "watchful waiting."[364]

Farm is used twice in the same narrative in the 1917 yearbook. In the long humorous poem called *A Surgeon Misunderstood*, the voice of the author is a southern woman who speaks in dialect. She tells the story of her and her husband Zeke who are content on the farm until he has something growing on his knee. They make arrangements to go to New York and see a surgeon. The surgeon says that he will put Zeke to sleep with anesthesia, which the wife narrator misinterprets as the name of a woman. She pulls him away and they return home before the surgeon even had the chance to explain. In this narrative Southern farm folk are the joke. Her hasty retreat and misinterpretation allow the medical students reading the yearbook to laugh at an uninformed wife of a patient.

Students are not represented biographically as coming from the farm nor did they identify as farmers themselves. This is a significant shift in the senior student population. In the course of five years, farming backgrounds went from a few to none in the graduating senior class. Student editors of the yearbook editors may have elected to suppress that information from the biographies or students from farming backgrounds may have not to include it themselves. The salient point is that there are no visible rural or agrarian identified students at a Southern school of medicine. The Flexner Report

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[364] Ibid.

changed the way medical schools handled admissions, impacting the type of students who made it through the doors.

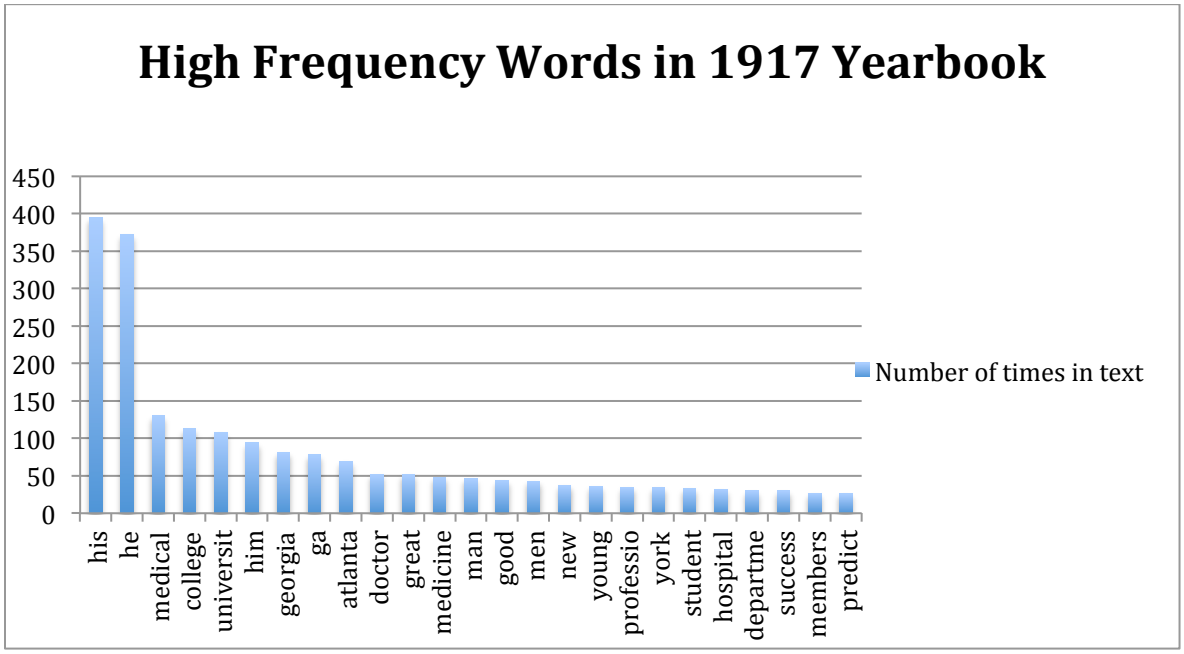

Figure 21: High Frequency Words in the 1917 Yearbook

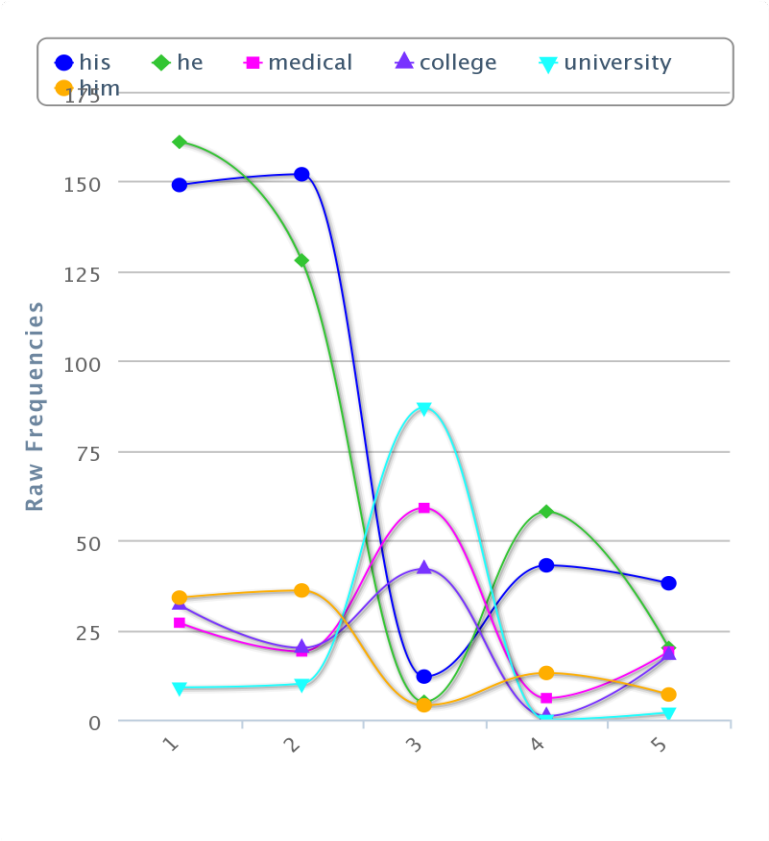

Figure 22: Frequency of *He*, *His*, *Medical*, *College*, *University*, and *Him* within the 5 sections of the 1917 Yearbook

Word frequency variation between the yearbooks exposed interesting patterns. As Emory School of Medicine vied for recognition as a leading Southern medical school, students were keen on emphasizing their fraternal connection to other institutions around the country. However, this concern seemed to ebb and the practice of listing the other institutions faded away in favor of more images of students within Emory School of Medicine Clubs. By 1916, the number of clubs had nearly doubled. Some of the officers were even identified with additional photographs.

The ways in which students with agrarian backgrounds were treated shifted. Rural students were now teased in ways that were very different from their initial characterizations in earlier yearbooks. A Cosmopolitan Club was also instituted, pushing

students further down the road of urbanization. These changes in student organizational structure, as well as humorous practices, fully highlight the importance of the social in conveying a hidden curriculum to medical students. As contemporary research attests, student attitudes change while in medical school. The yearbooks provide proof of this transformation over this five-year time span. However, as the yearbooks progress, farmers become an even greater source of comic relief for the class ascending cohorts of Emory School of Medicine. By the 1917 yearbook, however, farming disappears from the student biographies all together.

My quantitative data analysis generated results that would have been difficult to produce without the digital text mining tool Voyant. Using Voyant helped me identify words that were germane to my analysis that I might have otherwise overlooked. For example, *skirt* is an appellation for women that would have escaped my attention with the use of Voyant. I can easily assess its significance within the four different corpa of this study. Digital text mining not only answered my initial questions, it prompted new ones, including questions about how certain types of content are more or less conducive for text mining projects.

This quantitative analysis supports the qualitative by providing numerical evidence of the changes in the student population over time. The issues that concern students and how they interact with populations who are more marginal than themselves all paint a picture of a changing internal climate at Emory School of Medicine. Students vent frustrations with their education by displacing it onto more marginal subjects like women and Black people, allowing them feelings of superiority in a process that other wise renders them ignorant and low on the hierarchy.

Yearbook Images

While I discussed images in the qualitative section of the dissertation, I return to their significance across the four yearbooks. I logged each image in each yearbook. I recorded eleven different types of information about each image. They were:

1. Name – An identifying label for the image
2. Type – Was the image a photograph or a drawing?
3. Human – Is the image of a human being?
4. Quantity – How many people are in the image?
5. Race – What is the race of the figure in the image?
6. Gender – What is the gender of the figure in the image?
7. Setting – What is the location for the image?
8. Identity – Who is the person pictured?
9. Age – How old is the person pictured?
10. Distance – are the figures photographed with the camera close or far away?
11. Portrait – is the image a portrait?

This data set allowed me to determine patterns related to race, gender, and region that were not visible by simply looking at the images. By creating a schema of all the images for each other books I was able to find evidence that corroborated the other components of the dissertation.

The four yearbooks contained nearly one thousand images. White men were overwhelmingly the subjects of these images, as photographed students at Emory School of Medicine. Each yearbook contained over three hundred images. Of these, there was an average of two images of non-white people per yearbook. The limited number of non-

white people within the yearbook is part of what made these images so compelling. Each one had a particular utility within the context of the yearbooks.

Drawings primarily serve the dual purpose of sign posts for the different sections of the yearbook and another layer of comedic relief. The few photographs that attempt to draw on comic relief are club photos that often used the racialized imagery of blackness as the punch line. Women are represented visually as heartbreakers, distractions, or dutiful nurses. Hierarchies within the student classes are expressed through the racialization and infantalization present in the introductory freshman pages of the yearbook. Two of the four freshman animated images were of a stork with a baby. I discuss the racialization of the freshman introductory page for the 1914 yearbook in the qualitative section.

The 1913 yearbook had two images of women. One was the photograph of Mandy, used to animate a comedic, racialized narrative and the other was an ad for the Electric City Publishing company that used a white woman's head as the dominate image. The two images could not be more different. Mandy's photo is supposed to spur laughter, while the Electric City ad is supposed to entice. Mandy's simple clothes are in stark contrast with the white woman's elaborate hair jewelry. The divide between white and black women at this moment in the early 20th century could be illustrated with these images. Solidarity in political struggle would continue to be an uphill battle across racial lines within women's organizing. Mandy and Nyun are the only non-white people depicted in the images of the 1913 yearbook. Their equally contrasting attire further explicates the power of the Black/white binaristic racial thinking common of the early 1910's.

Students are managing their youth and inexperience by creating images of themselves as powerful and knowledgeable providers. As the physician William C. Menninger notes about his own colleagues,

> Throughout History people have used a series of objects on which to project their insecurity; werewolves, incubi, witches (women), mental patients, Christians, Jews, Catholics, Negroes and many other innocent victims. This insecurity is fear of being conquered by a horde that is difficult in some way. Through any means of persecution we maintain our security.[365]

Many of the early narratives in the 1913 yearbook attempt to bolster student confidence by making patients less intimidating through infantalization. Students portray patients as unintelligent. Mandy's vernacular assuaged the young doctors' fears. Black patients are an easy diffuser as they are doubly comforting in the role of unknowledgeable and passive patients. Patients are more frequently depicted as silent, waiting for the doctor's assistance, rather than voicing inquiries of their own.

Malmsheimer stresses the importance of the doctor-patient relationship, particularly the need for medical students to assuage their own fears in the often life or death stakes of the interaction. Students present themselves as authoritative within the encounter. He writes, "In order to satisfy the need for self confidence, the student must come to internalize and act upon repeated positive reflections of demonstrated competence."[366] Future doctors are being molded to fit certain expectations of comportment and knowledge acquisition and the hidden curriculum of vernacular media in the yearbooks assists in helping to shape that message. Malmsheimer continues, "It is

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[365] Link, *The Social Ideas of American Physicians (1776-1976)*, 161.
[366] Malmsheimer, *Doctors Only*, 15.

via the role socialization that occurs during these years [of medical training] that the medical profession molds the student into the professional practitioner."[367]

Though we are one hundred years removed from these yearbooks, the stories they tell remain important for understanding how the medical sociocultural practices after the standardization of the practice still inform the ways in which doctors are being trained today. The four-year system remains; doctors are still understood as a class of human unto themselves; and treatment decisions are colored by medical standardization. The impact of this legacy is being theorized. The hidden curriculum I uncover in the yearbooks has very little to do with health and healing and more with how doctors see themselves and their patients. We need more scholarship that highlights the ways in which medical student identities and the management of these identities is communicated within medical education impact patient outcomes.

[367] Ibid., 12.

Conclusion

As I've demonstrated, vernacular medical media carries the hidden curriculum of medical education. At Emory School of Medicine the hidden curriculum conveyed the key features of doctor identity that shifted over time through the internalization of Flexner's recommendations. Southern schools and Southern students worked to divorce themselves from agrarian and rural concerns and the yearbook provides evidence for the ways in which students policed themselves around this particular facet of identity.

Students in the margins of the centralized identity found themselves both the subject of prurient interest from their colleagues while simultaneously being reminded they are the exception to the rule of a static identity of cosmopolitan white Christian men. Students used caricaturistic representations of Black, women, and patient bodies to mitigate their fears of incompetence. By poking fun at people further down the ladder of respect in the medical hierarchy, students were able to make themselves feel better about their own marginal position within it.

This historical research is important because it calls for a redirection of the current practices designed to ameliorate care disparities in medicine. My research shows that the identities of medical students future physicians, cohere through the denigration of marginal subjects. Rather than expending limited resources on changing the curriculum that medical students are expected to engage, an attention to the identity formation practices of new doctors would better address the factors that shape their decision making. Can medical authority be validated within the doctor-patient relationship without the reinforcement of the marginal status of the patient? This question represents future directions of this project and my interest in exploring what a social justice science and

what I call feminist health science studies might offer in moving the conversation in that direction.

In what follows, I use two contemporary popular culture examples to explore the real life consequences of medical authority that is conferred through the utilization of didactic medical media in the vernacular. This chapter collapses these terms by showing the ways in which the two are always already enmeshed. I move in scale from the micro level dynamics of individual doctor-patient interactions to the macro level of media representations that draw on medicalized knowledge and have a global impact. In the previous chapters I examined the ways that medical education constructs doctors' perceptions of themselves and their patients. I now widen the frame to explore the ways in which the biomedical knowledge produced by physicians who have experienced this particular pedagogy impacts global culture and works to shape contemporary beliefs about the health of marginalized people. The case of Caster Semenya as well as the trial of R&B star R. Kelly, allow me to introduce social justice science and feminist health science studies as critical interventions into current medical curriculum reform conversations. Through my research, I expose the limits of cultural competence as the primary strategy for ameliorating health care disparities by recognizing the need to address doctor identity in future solutions.

Caster's Case

The 2009 controversy surrounding world-class runner Caster Semenya illustrates the unique synergy between socially constructed biases and medically derived standards, which collude to pathologize some bodies more than others. By focusing on the representation of Semenya in global media, I highlight the importance of aesthetics in

both medicine and social logics, a correlation that is rooted in the origins of medical education.

On August 19, 2009, South African runner Caster Semenya competed in the Track & Field World Championships and vaulted into headlines with a world record-breaking time in the Women's 800 meter race. Shortly after her win, Semenya went into hiding and was placed on suicide watch. Her genitalia, sexual organs, and hormone levels became the subject of global discussion seemingly before she had been able to make sense of the speculations herself. The then eighteen year old said a few days after the firestorm erupted that South African athletic officials "should have left me in my village at home."[368] How did a world record-breaking athlete at the height of her career become suicidal in the course of a few days?

Semenya is one of many women who find themselves and their bodies caught in the crux of what science says exists and what society says should be, with little regard for what actually is. Caster Semenya was exposed as intersex, a person with a so-called "disorder of sexual differentiation," meaning her body does not fit neatly into sociomedical categories of male and female.[369] It is unclear whether Semenya was aware of her non-normative female anatomy before it was brought to global attention through leaked results of a gender test by the International Association of Athletics Federations. [370] Semenya had completed the required gender test for female athletes in her home country, but protests from fellow competitors prompted the IAAF to investigate. She consented to the additional testing, although she was not initially informed of its purpose.

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[368] Kara, "Sowetan - News."
[369] Fausto-Sterling, *Sexing the Body : Gender Politics and the Construction of Sexuality*, 45.
[370] This was the second of such tests as Semenya had already been tested in South Africa in order to compete.

Her genitals were photographed and examined, her internal organs x-rayed. Genetic and chromosomal analysis were conducted all to determine if she was in fact a *sh*e, according to a multi-pronged medical rubric designed to identify *true* sex through a process misleadingly called "gender testing."[371] In addition to the invasion of Semenya's privacy, the test itself inspired headlines around the world, which proclaimed "She's a he!" or the more dubious "Is she really a he?", sparking a global media frenzy with expert and lay opinions on Semenya's case.[372]

Figure 23: Australian Paper Headline

The amount of publicity Semenya's story received and is still generating overwhelms any commensurate reporting on other women's stories in the past.[373] A database search reveals over a hundred times as many listings for Semenya as for any

[371] Hart, "Caster Semenya's Gender Test Results Force IAAF to Call in Outside Help."
[372] "Caster Semenya Is a Hermaphrodite"; "Caster Semenya Gender Test."
[373] "Caster Semenya Is a Hermaphrodite."

other female athlete whose sex has been called into question. After Semenya won a silver medal at the 2012 London Olympic games, journalists speculated that she purposely avoided the gold because she did not want to deal with the glare of the spotlight, effectively bringing her into the center of a media storm they said she was trying to escape.[374] What makes her different? There is something about Caster Semenya that makes for a good news story. The intersections of race, sex, and nationality all come to bear in the marketability of Semenya's triumph-turned-tragedy in the global media. The specter of the Black woman's body at the intersections of socially constructed and medically reinforced hierarchies of biological difference remains a trope in contemporary media and dates back to our earliest uses of mass communications. I explore the feedback loop between popular media representation and didactic medical media to tease out the undergirding structures that support their interconnection and the impact on Semenya. It is through biomedical discourse that societal norms are solidified and rendered objective science. By examining the formulation of this rhetoric and the accompanying media that is used to disburse it, I hope to offer sites for intervention and transformation that challenge hegemonic perceptions of Black women.

Gender testing developed in relation to professional sports to ensure that no men pretended to be women to win competitions, the assumption being that men would easily defeat women in any sport.[375] Since the first international testing began in 1966, no male (assigned at birth) person has been discovered pretending to be a woman. However, women with non-normative female anatomy have had their identities challenged and their lives altered. Many have lost their careers and endorsements, been barred from

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[374] "Did Caster Semenya Lose the Women's 800 Meters on Purpose?".
[375] Fausto-Sterling, *Sexing the Body : Gender Politics and the Construction of Sexuality*, 3.

competition and had their personal lives ripped apart when biomedical science reveals that they are *really* male.

Western science proposes a dichotomous and streamlined relationship between sex, gender, and, ultimately, sexuality. Gender testing relies on the prevailing biomedical logic, which acknowledges two discrete sexes in the human species: male and female.[376] The bifurcation of human sex into male and female is a constant feature of medical texts. The sexes are differentiated by the chromosomes that inform their development, with an XX chromosomal pairing for females and XY for males. Chromosomes dictate certain patterns of maturation that impact the body and manifest as secondary sex characteristics, such as breast tissue, muscle mass, and facial hair. These physiological features of sex difference impact behavioral patterns that are then socially codified as gender roles. The logic then follows that these two gender identities are what drive sexual attraction so that heterosexuals are people who desire the *opposite* gender.

Feminist science studies theorists expose dominant sociocultural scripts in objective science. Biologists like Anne Fausto-Sterling have challenged the linear explanation of sex, gender, and sexuality by identifying the societal factors that inform the narratives that their colleagues create. In *Sexing the Body: Gender Politics and the Construction of Sexuality*, Fausto-Sterling states that approximately one in two thousand children are born with genitalia that place them outside the normative boxes of male and female.[377] In the United States, babies with ambiguous genitalia are routinely given corrective surgery that makes them physically appear more male or female, a practice that serves to obscure the prevalence of intersex individuals and has self-reported devastating

[376] Fausto-Sterling, *Sexing the Body : Gender Politics and the Construction of Sexuality*.
[377] Ibid., 48.

effects on their lives. In some intersex cases, internal testes (testes that have not descended) are more prone to developing cancer. This is a fact that the Intersex Society of North America reports is overstated in medical literature; however, it is used to coerce fearful parents into surgery for their infants.[378] Additionally, infants with genitalia that do not meet or exceed average sizes for their respective sexes are subject to surgery. The operations maintain the socially accepted idea of two sexes at the expense of the biodiversity that exists within humanity.

Deborah Findlay expounds on the social production of biological sex and explores the relatively recent assertion that there are two opposite sexes.[379] These findings have been extremely useful in supporting the intersex, transgender, and transsexual movements, which are based on the lived experiences of people around the world who find themselves butting up against the medical establishment's dichotomy and subsequently not receiving the kind of care they need or desire.

Ruth Bleier, one of the first self-named feminist scientists, offered harsh criticism of sociobiology, a field that asserts that many human behaviors have evolved and are tied to our genetic make-up.[380] Many of these behaviors that are supposed to be universal, simply mirror behavior patterns in the white Western world. Bleier also critiques the science involved in sociobiology as it omits animal data that does not support its theories. Some of the earliest feminist science commentaries were on human development.

These interventions have remained largely ensconced within the field of feminist science studies. The degree to which they have impacted biomedical science literature is

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[378] America, "What's ISNA's Position on Surgery?".
[379] Findlay, "Discovering Sex - Medical Science, Feminism and Intersexuality," 36.
[380] Bleier, *Feminist Approaches to Science*.

unclear.[381] Not all scientists believe that these biases exist; some see these findings as individual cases of "bad science" evidence or shoddy work rather than culturally embedded beliefs emerging in research. The prevalence and pattern of these findings belie this belief, with marginalized categories of social identity corresponding with biomedical determinations of subordinate qualities.

Biomedicine's use of terms like *normal* and *average* has the effect of marginalizing minority forms of embodiment so that bodily diversity is pathologized. As discussed in chapter one, Lennard Davis posits that "normal" is a relatively new concept, borne of nineteenth century state and industrial demands for universal citizens and workers. *Normal* transitioned from being understood in strictly statistical terms to becoming a way to think about the body itself.[382] These discourses of the normal body travel from science to society, reinforcing medicalized knowledge that is already culturally produced. Because of societal investments in medical authority, the public does not interpret the didactic medical media that carries these messages critically. I do not suggest that this trust is misplaced, but that is largely unquestioned. Those who attempt inquiries can be dismissed because they do not have the credentialing that would lend their arguments support in this context of medical authority. Tipping the scales of the patient/provider power balance could create more room within health encounters for collaboration across the divide.

Representations of Gender & Health: Who's fit to be consumed

After performing gender tests, lying about what they were doing, and then leaking the results, the governing body of the International Association of Athletic Federations

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[381] Fausto-Sterling, *Sexing the Body : Gender Politics and the Construction of Sexuality*, 17.
[382] Davis, *The Disability Studies Reader, Second Edition*, 1.

revealed that they had not informed Semenya of their findings. The delay was particularly alarming after the leaked report employed the rhetoric of medical urgency due to the apparent "risks" associated with her "rare medical condition," Semenya's health as a world-class athlete notwithstanding.[383] IAAF officials had already accepted the South African certification of her sex required for competition. Her physical appearance, particularly in relation to her white competitors, and the significant amount of time she shaved off her personal best were the impetus for the re-test, explained to her as a drug test. This led to charges of racist and imperialist ideology by Athletics South Africa. Leonard Cheue, then president of ASA, remarked, "Who are white people to question the makeup of an African girl? […] I say this is racism, pure and simple. […] It is outrageous for people from other countries to tell us 'We want to take her to a laboratory because we don't like her nose, or her figure.'"[384] Cheue's words speak to the ways in which our notions of health are enmeshed with beauty ideals.

[383] "Caster Semenya Can Run With the Women; It's Official."
[384] "Caster Semenya Row."

Figure 24: Teazer's Billboard

A strip club in South Africa called Teazers created a billboard shortly following Semenya's gender testing controversy.[385] Owner Lolly Jackson claimed that they were not referencing Semenya when they created the advertisement, although Jackson gave Semenya R20,000 as a "gift" from the establishment saying, "…she gave me a lot of mileage."[386] The billboard reads "No need for Gender Testing!" as the owner wanted to assure the patrons of his establishment that the dancers are "100% women."[387] It seems unlikely that this billboard is not referencing Semenya as the phrase "gender testing" is only used within the context of professional sports and in the time frame with her name attached.[388] Additionally, the establishment's monetary overture to Semenya belies any innocence on the part of Jackson.

The woman in the billboard fits mainstream Western conceptions of feminine beauty. She is white with long, straight, blond hair and very noticeable curves. The

[385] "Storm over Teazers Billboard."
[386] Ibid.
[387] Ibid.
[388] "Caster Semenya Gender Test."

photograph draws attention to her large breasts. She has no visible hair on her body and her skin is tanned and oiled. Her nails are manicured and she has on high heels that are visible in her prone position. Her eyebrows are arched and she has makeup on her face. The viewer is instructed to regard her body as the epitome of femininity—no gender testing needed. Onlookers are invited to use their sense of sight to validate her femininity.

The implicit comparison delegitimizes the Black female body through a visual omission but a literal referent. Though we do not see Semenya's body, the text of the ad calls forth her image, inviting viewers to visually assess the gender of the woman in the advertisement and Semenya's at the same time. Semenya's womanhood is up for debate and, comparatively, is deemed insufficient. There is no question about the woman in the advertisement. What is advertised is visually affirmed as real, 100% woman, and authentic, while Semenya's image, so far from the one projected, remains in question. The blond model's manicured and augmented body is feminine because it is desirable and attractive as articulated through white Western standards of beauty. Her body is *fit* for consumption.

Representations derived from Western aesthetic preferences of the female body are used to promote the spending of capital.[389] The ad instructs viewers that the model's body sells and implies that Semenya's does not. Not only is Semenya's body unfit for athletics, it is unfit for public consumption. In sharp contrast to the model, Semenya has features that have been publicly labeled masculine and unattractive. Her short, non-dyed, tightly curled hair, dark skin, and natural breasts are in stark opposition to the model's long blond hair, tanned skin, and what are likely breast implants. It is precisely

[389] Gilman, *Making the Body Beautiful : a Cultural History of Aesthetic Surgery*, 326.

Semenya's fitness and natural body that make her unfit for consumption. Her muscled physique is not the desired way women should look. Likewise, the model that completes the juxtaposition is labeled *100% woman* because of body modifications that make her desirable. Gender testing is invoked because Semenya is not performing femininity well. The biological basis of sex takes a backseat to gender standards that regulate our understanding of what is *real*.

Semenya's appearance prompted the gender testing she endured and public notoriety in popular media. Her physically fit body and athletic prowess were the source of medical speculation about her *health* and furthered media representations of athletic Black women as less than appropriately feminine. She was the victim of "surveillance medicine" that marked her as a potentially ill because of social investment in discrete sexes.[390] Rather than seeing Semenya's body as her own, she was implicitly and then explicitly measured by an unarticulated though agreed upon, sociomedical standard.

Black women have long been portrayed as masculine and inappropriately feminine in popular media; athletes are popular targets for this negative attention because of their muscles and physical prowess.[391] Venus and Serena Williams, US Black tennis champions, are frequent targets of such sentiments as it has often been speculated that they are too aggressive and too masculine to compete with other (read: white) competitors. Like Semenya, they are implicitly masculinized because of their skin color and physiological difference. In 2009, other coaches and players harassed Sarah Gronert, a white professional tennis player, because she was believed to be intersex. Calls were made for her to be removed from competition, but no such action occurred. "There is no

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[390] Adele Clarke and Virginia L Olesen, *Revisioning Women, Health and Healing*, 22.
[391] hooks, *Black Looks*, 21.

girl who can hit serves like that, not even Venus Williams," said the coach of one of her rivals, alluding to the super or more than feminine attributes of Williams.[392] Gronert, though described as "beautiful" in more than one article, surpassed the limit of what was considered feminine. Despite being ranked lower than many other women, charges that her physical prowess surpasses that of a *normal* woman, thereby giving her an unfair advantage, were levied. Gonert's difficulties, however, remained ensconced in the world of women's tennis, never becoming an international news story like Semenya's.

Figure 25: You Magazine Cover

In an attempt to properly feminize the athlete, the South African *You! Magazine* provided Caster Semenya with a make-over that included doing her nails, curling her hair, applying makeup and more feminine attire. The result was heralded with its own

[392] Johnston, "German Tennis Player Sarah Gronert Embroiled in Gender Controversy."

incredulous headline, "Wow, Look at Caster Now!" [393] Semenya's outward make over was a cultural way to put her back into the appropriate box of femininity, something the International Association of Athletics Federations offered to do medically.

The benevolently paternalistic concern of the IAAF regarding Semenya's health contrastingly painted the ASA as antagonistic and insensitive. Some newspapers suggested that they were responsible for the fiasco by not alerting the IAAF to Semenya's condition in the first place. The IAAF's own rules at the time allowed intersex and transsexual athletes who have been using hormones for two years to compete, troubling their own justification for gender testing Semenya.

The IAAF announced in late November 2009 that they would not release the test results publicly, a decision that came after the South African Parliament expressed outrage regarding the invasion of Semenya's privacy.[394] The generally held rule of doctor-patient confidentiality had to be rearticulated as it was already violated by an international media firestorm.[395] A panel of doctors, including gynecologists, internists, endocrinologists, and sex specialists reviewed Semenya's case, and in December more information was leaked to the press. The IAAF had apparently agreed to pay for Semenya's corrective surgery, should she fail the gender test.[396]

While Black South Africans called out the racism, imperialism, and some of the sexism that swirled in the press, the use of ableist language that is indicative of a certain distancing from female masculinity and a subtle heteronormativity was simultaneously present. The ASA defended Semenya against the racist gender standards that created the

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[393] Magazine, "Look at Caster Now!".
[394] Hart, "Caster Semenya's Gender Test Results Force IAAF to Call in Outside Help."
[395] For more on issues of privacy and patient rights see Holloway, *Private Bodies, Public Texts*.
[396] Hart, "IAAF Offers to Pay for Caster Semenya's Gender Surgery If She Fails Verification Test."

controversy through highlighting the ways in which Blackness played a role in her coming to the world's attention, but their arguments often relied on the same biological determinism that they were questioning. For example, the South African Minister of sport remarked, "There's no scientific evidence. You can't say somebody's child is not a girl. You denounce my child as a boy when she's a girl? If you did that to my child, I'd shoot you."[397] Another official suggested that Semenya was being depicted as a monster, which was the kind of thing that drives someone to suicide. In the minds of those trying to protect her, affirmation of Semenya's femininity and womanhood is essential to her humanity, suggesting their own fear of the non-normative body.

The IAAF failed to acknowledge the social norms that drove their urgent and bold offer to pay for Semenya's surgery. The warnings about the potential *risks* associated with her *condition* repositioned a socially constructed panic as a medical one. Despite their concern, the IAAF was unable to properly protect Semenya from a global media inquest that remains interested in uncovering her *true* sex. In 2012, Caster Semenya competed in the London Summer Olympic Games and winning a silver medal after she was cleared to compete.[398]

Caster Semenya's experience demonstrates on an international level the trouble with fixed scientific categories that are not representative of the lived reality of people's bodies. How do we understand bodies as they exist without pathologizing those that are different from a standard rendering of what we imagine a body should be? And how does a *standard* body come to exist in the first place? In an attempt to answer these questions, my project began where medical knowledge is produced and distributed to doctors—

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[397] Dixon, "Runner Caster Semenya Has Heard the Gender Comments All Her Life."
[398] "Silver Medal in 800 Meters Offers Little Clarity in Semenya Speculation | David Epstein | SI.com."

medical training. By investigating the ways in which doctors learn to see the body and different patient groups, and even how they come to understand themselves, I uncovered new ways to conceptualize difference in medicine. I make connections through the marginalized identity matrices of sex, gender, race, and sexuality to show the intersections between and across multiple oppressed forms of embodiment. By paying close attention to the co-constitutive nature of medical science and popular perception, I underscore the need to engage them simultaneously. Within the realm of didactic medical media seeing becomes believing. Representation is a tool of diagnostic inquiry that is essential in the practice of Western medicine. To imagine that doctors are not coding for race and sex as they do their work is to miss the ways in which the visual plays a huge role in their training, as well as the hidden curriculum in which they come to understand themselves. By examining the representations, both visual and textual, of Black women as patients in the vernacular medical media of the sociocultural spaces of medical education, this dissertation challenges foundational practices within the field that still inform the institution today.

R. Kelly Case

On June 13, 2008, R&B artist R. Kelly was acquitted on fourteen charges of felony child pornography possession and soliciting a minor.[399] A video of Kelly and a thirteen year old Black girl engaged in a myriad of sexual activities surfaced on the internet at the same time that social workers were following leads regarding the illicit nature of their relationship. This prompted an official police investigation beginning in 2002. The jury's reported reasoning for acquitting Kelly is what makes the salacious

[399] Streitfeld, "R. Kelly Is Acquitted in Child Pornography Case."

celebrity scandal of interest to feminist health studies science. When interviewed, several jurors voiced doubt that the girl was a minor. The jurors claimed to have been in agreement that it was R. Kelly in the video, but could not agree that the girl in question was underage.[400] The girl would not testify, although friends and family identified her as the person in the video. Jurors thought the unidentified girl looked *too developed* to be thirteen.

The case against Kelly hinged on the jury's ability to visibly ascertain the age of the girl on tape. If she was of age, then a crime was not committed. But how does one visually assess someone's age? What, in fact, does a thirteen-year-old Black girl look like? Rather, as was the question in this case, what should a thirteen-year-old Black girl look like? With stakes as high as thirty years jail time, age becomes more than a number; it is the marker that determines guilt or innocence.[401] The intersection of racial and gender stereotypes, as enacted through the perception of the body of a thirteen year old Black girl, raises important questions about how the medicojuridical system in this country utilizes didactic medical media. The prosecution team in the R. Kelly trial tried to adapt the didactic medical media of the Tanner Scale to prove the age of the girl in the video, raising important questions about how observation becomes science and science becomes medicine that can be evaluated in a court of law.[402] I argue towards a theory of *feminist health science studies,* that builds on social justice science that has as its focus the health and well being of marginalized groups at the center.

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400 "R. Kelly Not Guilty in Child Porn Case."

401 R. Kelly had a relationship with his protégé, Aaliyah. She was fifteen when they began their relationship and were married. The union was dissolved but he wrote and produced all the tracks on her debut album ominously titled, *Age Ain't Nothin' But a Number*. See Neal, *Soul Babies*, 16.

402 "Hearing To Determine Age Of Girl In Alleged R. Kelly Sex Tape - Music, Celebrity, Artist News | MTV.com."

I shift now to the theoretical traditions that inform my thinking on Black women's relationships to medical media, especially within the context of representation. Black feminist theory clearly articulates the power of the image to serve the hegemony of "white supremacist capitalist patriarchy" by controlling the way society views marginalized groups and how we view ourselves.[403] Bell hooks discusses the importance of producing images that counter the normalizing force of stereotypes, but also exposes the danger of reactionary positive images that can also constrain and confine. We need complex images that break the good/bad, white/Black dichotomy. Similarly, Patricia Hill Collins argues against "controlling images" that attempt to delimit the potential ways of being for black women in the world.[404] Both scholars offer endless insight into this dilemma by also exposing the link between these images and real-world consequences for black women and others. However, uncovering this link is not the same as demystifying its production. A crucial next step is grappling with the link's formation in an effort to change outcomes.

This theorizing of representational imagery lives in tension with the purpose of medical media. As I have demonstrated, didactic medical media provides doctors with representations of bodily function, and anatomy that assist them in assessing health as well as offer constructions of their own role and place in the medical interaction. The standardization of these figures is valued as it supports consistency across the practice of medicine. However, this modeling can elide abnormal with pathological, making structures in real people that do not fit textbook examples not only different but aberrant. My research shows that normal is aggregated through some bodies and not others,

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[403] Hooks, *Talking Back*, 14.
[404] Collins, *Black Feminist Thought*, 85.

creating a standard that does not include all who will be measured against the rubric. This elision contributes to the creation of disparate care for marginalized patient populations in a medical system that assumes a white standard of *health* and *normal*.

I look at the controversy surround R&B Star R. Kelly to demonstrate how these precepts from the moment of standardization of medical education play out in our contemporary world. Like Mandy and the unnamed Jamaican woman of the Emory *Medical Diagnosis* textbook, the girl at the center of the R. Kelly's trial is less important than the work her body does as medicalized media. In this context, her body is a tool for the prosecution to prove that she is underage.

Despite fourteen witnesses' testimony that the girl in the video was thirteen, the prosecution faced an uphill battle trying Kelly, a man with at least six other legal skirmishes connected to his relationships with underage girls.[405] The prosecution procured a forensic physician to demonstrate to the jury that the girl in the videos with R. Kelly was thirteen. Dr. Sharon Cooper of the University of North Carolina used the Tanner Scale to show that the girl on the tape was in her early teens.[406] Developed by James Mourilyan Tanner, the five stage Tanner scale marks different phases in human physical sexual maturation. Each phase or stage of development corresponds to an age.[407] By examining the primary and secondary sex characteristics of the girl in the video, prosecutors hoped this *scientific evidence* would *prove* the girl was under legal age of consent.

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[405] admin, "Witnesses ID Alleged Victim In R. Kelly Trial."
[406] "R. Kelly Walks."
[407] Tanner, *Growth at Adolescence.*

Tanner created the scale in the early 1960's through his examination of boys and girls of European and North American ancestry, i.e. white children.[408] In the 1970's he completed a project that estimated global averages on development, noting the significant variation in developmental physiology across regions, ethnicity, and even within group populations.[409] Despite this subsequent work, all current representations of the Tanner scale in medical textbooks depict thin white bodies or colorless sketches that reflect European facial features and hair characteristics.

Tanner gathered previously produced growth studies and traveled across the world, measuring children on multiple continents. They grouped them into only three racial categories, Europeans, Africans, and Asians. Tanner's research showed that growth varied significantly across regional, racial, and ethnic groups. In his 1990 book *World-Wide Variation in Human Growth*, he writes:

> There is no guarantee however that all populations have the same growth potential. There are certainly large differences between populations, in height, weight, the age of puberty for example, and at present it is not clear how much of them is due to heredity and how much is due to environment.[410]

The scale has not been modified to reflect Tanner's own findings across racial categories, nor does it have the elasticity to work independently of knowing the child's age. Key to the scale's development and use within medicine is the knowledge of the child's age, which is how *normal* development can be assessed.[411] Children's bodies are compared to the average lengths, size, and width of sex characteristics of the white children Tanner studied years ago. In this context, age may or may not be correlated with the *appropriate* level of maturation. By attempting to estimate chronologic age through observable sex

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[408] Ibid.
[409] Eveleth and Tanner, *Worldwide Variation in Human Growth*.
[410] Ibid., 1.
[411] Rosenbloom and Tanner, "Misuse of Tanner Puberty Stages to Estimate Chronologic Age."

characteristics, biomedical visualization is privileged over testimony by people in the girl's life. The body of the girl in question is measured against a scale she may or may not exceed, an interesting choice for the prosecution given this possibility.

The Tanner Scale is an incorrect match for the facts of the R. Kelly case, as it fails to account for the potentially different timeline of development of Black children. A 1997 study, in the journal *Pediatrics*, found that fifty percent of black girls in the United States were beginning puberty by age eight compared to less than fifteen percent of white girls.[412] Studies in 2002, 2011, and 2012 support these findings as well.[413] Black children are discussed as developing primary and secondary sex characteristics *earlier* than their white counterparts. Because Tanner created the scale using the measurements of white European and North American children, Black children are understood to have developed sooner. If Black children were the implicit standard, then the reporting would reflect that white children mature later. The studies, could however, discuss the differences without attributing a value to the maturation. These semantic choices reflect subtle power differentials that invoke the social hierarchies of our lived realities.

Ultimately, Dr. Sharon Cooper's expert testimony was deemed inadmissible. The presiding Judge felt the scale had no legal precedent and the high profile nature of the case made him reluctant to allow it as evidence.[414] Tanner himself was opposed to his scale being utilized within the legal system. In a 1998 editorial in the Journal of *Pediatrics*, Tanner and his colleague wrote:

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412 Herman-Giddens and Slora, "Secondary Sexual Characteristics and Menses in Young Girls Seen in Office Practice."
413 Wu, Mendola, and Buck, "Ethnic Differences in the Presence of Secondary Sex Characteristics and Menarche Among US Girls"; Reagan et al., "African-American/white Differences in the Age of Menarche"; Dorn and Biro, "Puberty and Its Measurement."
414 "News | Update."

> We wish to caution pediatricians and other physicians to refrain from providing "expert" testimony as to chronologic age based on Tanner staging, which was designed for estimating development or physiologic age for medical, educational, and sports purposes—in other words, identifying early and late maturers. The method is appropriate for this, provided chronologic age is known. It is not designed for estimating chronologic age and, therefore, not properly used for this purpose.[415]

Tanner's own words make it clear that the stages should not be used to surmise age, but rather to decide if a child of known age is maturing properly. Its appropriation for the R. Kelly trial and subsequent legal cases raise additional questions about medical media's import in the lives of those accused and those victimized. When bodies are centered over the people that have them, questions of *health* and *harm* become unclear. The purpose of the Tanner scale is reimagined without consideration of its limitations.

Dr. Cooper's attempt to use the scale had the unintended effect of overshadowing the identifications made by fourteen witnesses, including the girl's friends, teachers, and family, who had already testified that she was the person in the video.[416] An eyewitness is no longer enough in the current legal system where the burden of proof is escalated by the desire for seemingly objective scientific evidence. Crime-show dramas have increased jury expectations of forensic evidence, resulting in eyewitness testimony no longer being as convincing (read: entertaining) as medically corroborated evidence. The "CSI Effect" as it is is known in the field, forces lawyers to push for forensic tests at the expense of other less costly and more obviously subjective testimony.[417]

Tanner's understanding of his work differs from how it is being reappropriated in other contexts. I want to make clear that recognizing bodily diversity does not invalidate all uses of the scale in its original context, nor does it imply that there should be separate

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[415] Rosenbloom and Tanner, "Misuse of Tanner Puberty Stages to Estimate Chronologic Age."
[416] admin, "Witnesses ID Alleged Victim In R. Kelly Trial."
[417] Schweitzer and Saks, "CSI Effect."

scales for different races. In a moment where medical and corporate interests are attuned to the need to address issues of disparate treatment of people in color, the pharmaceutical industry has responded with race-specific medicine. Drugs like BiDil, approved to treat heart failure in African Americans, attempt to medicalize physical disparities that are actually aggravated by social inequities. Dorothy Roberts and Evelyn Hammonds work on the way that health care has turned to the market to attempt to ameliorate inequality, and identifies a significant moment in reevaluating how we mobilize social justice in the sciences.[418] I signal a need to rethink medical media that relies on standards and norms for bodies that disproportionately impact marginalized groups, and instead approach an ethic of care that focuses on people's full selves and well being.

Feminist health science studies is a way to engage the complexity of a situation like the R. Kelly trial, and move conversations beyond guilt and innocence. Rather than addressing the performance of justice through our legal system's appropriations of some scientific tools, I would like to move towards a social justice science that understands the health and well being of people to be its central purpose which requires more arenas of rectification to be addressed. This formulation of feminist health science studies, when focused on this trial, provides evidence of the co-constitutive nature of medical science and popular perception, underscoring the need to engage them simultaneously.

Social justice science attempts to interrupt the linear progression of observations turned scientific facts that are then used in medicine to guide rubrics of health and normal body representation. It is important for students to encounter a critique of positivist science, particularly as it relates to the perceived objectivity of the Western medical

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[418] Roberts, "Is Race-Based Medicine Good for Us?"; Shields et al., "The Use of Race Variables in Genetic Studies of Complex Traits and the Goal of Reducing Health Disparities."

establishment. This practice goes beyond the surface level correctives usually deployed in invocations of "culturally competent medicine" or calls to "diversify" the health care professions. Students must understand that simply adding race, sex, ability, and sexuality as categories of analysis does not necessarily penetrate the deeply-seeded ideological structures of Western medicine or its culture. A radical, meaning from the roots, approach is needed.

Embedded within the R. Kelly trial is another tale, one of age-old constructs of the hypersexual nature of Black women. When questioned about the case, local news interviewees felt that the girl's active participation precluded all talk of a crime having been committed. Some engaged in victim blaming, asking where her mother was and insinuating that her actions made her age irrelevant. She did not look thirteen doing what she was doing in the video. In these comments, we see the simultaneous engendering of the girl in question as both a child with an unfit Black mother and as a hypersexual Black woman grown enough to engage in *disgusting* behavior. The maturity of her body, coupled with the taboo nature of her sexual activities with Kelly, was channeled through stereotypes about Black women and obscured readings of her participation as coerced. Like Sarah Baartman experienced centuries before her, the girl's physiology was used to suggest something freakish about her sexuality.[419] Her body was too developed to be that of someone thirteen and her actions too explicit to be that of a minor. As cultural critic Mark Anthony Neal notes, by the time of the trial, what was a thirteen year old girl was now a mature nineteen year old, a feat accomplished by the defense's brilliant six-year delay of the trial.

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[419] For more on Sarah Baartman see Gilman, *Sexuality*; Tuvel, "'Veil of Shame'"; Willis, *Black Venus, 2010*; Crais and Scully, *Sara Baartman and the Hottentot Venus.*

And what of R. Kelly himself? What does it mean that his reported, inappropriate and consistent relationships with girls, the subject of repeated legal actions, remain unchallenged? His brushes with the legal system have not curtailed his behavior. In an infamous interview with music journalist Touré following the acquittal, when asked if he had liked teenage girls, Kelly paused and asks for clarification "When you say teenage, how old are we talking?"[420] Kelly seemed oblivious to the problems with his actions.

What kind of social justice does the use of the Tanner Scale provide for the girls who have been solicited by Kelly? What would a conviction have accomplished for them or for girls that R. Kelly may solicit in the future? The answers to these questions suggest a need for social justice science; a social justice science that actually poses different questions and has different objects of study.

I am arguing for a social justice science that informs medicine and does not assume that healing exists solely or even primarily within the reconfiguration of the doctor patient interaction. For Black mothers who negotiate violent environments, the doctor patient interaction is several times removed from the type of interventions that would produce useful outcomes for them and their families.[421] Issues of access, time, as well as the erosion of faith in doctors to treat Black women patients fairly make the clinical encounter a low priority or something to be avoided all together.[422] Black women are also more than twice as likely to be murdered than their white counterparts, a health

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[420] "R. Kelly Speaks Out About Child-Pornography Trial For First — And Possibly Last — Time - Music, Celebrity, Artist News | MTV.com."
[421] See Beth Richie's discussion of the stereotype of the "immoral" Black mother in Adele Clarke and Virginia L Olesen, *Revisioning Women, Health and Healing*, 283–299. Also see Mouton et al., "Barriers to Black Women's Participation in Cancer Clinical Trials."
[422] Holmes, "A Call to Heal Medicine," 1.

reality that demands more intersectional remedies than can be theorized or even executed by health care professionals alone.[423]

A more collaborative effort between the biomedical sciences and humanities might lead to different sites of inquiry that are much more beneficial to the project of creating a socially just world. In R. Kelly's case, we see that the threat of a punitive judiciary system is not an adequate deterrent to his behavior and has yet to produce any accountability for his actions other than financial compensation to a few survivors. A conversation amongst social justice activists working to end the prison industrial complex, social scientists studying the impact of imprisonment on communities, and psychologists who study the impact of child sexual abuse on survivors might result in a new accountability structure that supports the healing of both Kelly and the girl in question.

My vision for feminist health science studies involves this more collaborative approach to addressing the questions of our day, as it draws from multiple bodies of knowledge and attempts to focus both the macro and micro sociocultural factors that inform our notions of justice. R. Kelly is rumored to be a survivor of childhood sexual abuse himself, raising additional questions about punitive state practices that do not address the reality that many abusers are survivors themselves.[424] I hope that this newly formulated lens of feminist health science studies, when focused on this trial, provides evidence of the co-constitutive nature of medical science and popular perception, underscoring the need to engage them simultaneously.

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[423] Sheryl Burt Ruzek, Virginia L Olesen, and Adele Clarke, *Women's Health*, 32.
[424] *Mark Anthony Neal on Soul Men and R.Kelly Part 3*.

My investigations of Emory School of Medicine yearbooks involved categorizing each instance of non-white racialized and/or non-male gendered language or imagery. As much as a third of the yearbooks were devoted to jokes and information related to student experiences. These representations took the form or racist and sexist caricatures but in so doing, helped medical students negotiate their anxieties within the institution by allowing them to displace their feelings of inadequacy onto the bodies of those even more marginal than themselves. It is the intangible sociocultural residue of these identitarian practices that cover doctors treatment of marginalized patients.

Like Black feminist theorists whose written work often makes me feel like I'm dropping in on a continued conversation among friends, I imagine feminist health science studies talking *with* and *across* (as opposed to *to* or *down*) disciplinary divisions. My understanding of Feminist health science studies is that it creates the space for cooperative theorizing. Feminist health science studies incorporates epistemic frames outside the West. Particularly, African Diasporic understandings of health, the body, and healing explode the already faltering binaries endemic in Western thought. By centering health, my alteration of feminist science studies attempts to reframe the discussion by focusing on the interplay between medical media and the well-being of people, not primarily the theoretical investment in challenging Western scientific practices.

Medical imagery asserts a healthy body that is visually conveyed in medical training and subsequently impacts doctor-patient interactions. The power of these images affects multiple marginalized populations and shows the need for an intersectional analysis of the medical system. Medicine holds a venerable position in the American cultural imagination that a doctor's treatment of certain bodies informs societal treatment

of those bodies as well. This is not a unidirectional exchange as societal ideas hold sway over doctors.

A more nuanced and impassioned theoretical position is possible with the fusion of the multiple theoretical perspectives that inflect feminist health science studies. I imagine a field of study acknowledging the need for a cooperative and symbiotic relationship between multiple scholastic locations united with an expanded understanding of how the biomedical model informs notions of "health" in society. What if multiple epistemic frames were drawn on in discourse of the body? What if Western dualisms were not privileged? We might create a community of scholars attuned to issues on the global and local level, with the collaborative strength to push for the changes they wish to see. An efficacious coming to the table around biomedical hegemony would serve as a model of the productivity an interdisciplinary approach can bring to scholarship.

My research shows that in the 1910's, those in the business of training medical students and students themselves understood Black women to be a patient population they would encounter. However, the figure of the Black woman patient that emerges from these triangulated sources is one of disease and derision. Black women patients were treated and seen by physicians, but they were not respected. As yearbook jokes, the only permitted practice subjects for students, and the exaggerated exemplars in medical imagery, Black women patients' bodies were utilitarian at the expense of their humanity. At once hypervisible in lengthy yearbook vignettes and imagery and invisible in the monolithic categories of "women" and "negroes," Black women existed in the interstitial space between patient and practice.

What emerged was a clear agenda of representation and understanding of doctors and patients as diametrically opposed, with clear power hierarchies evident in their interactions. Administrators provided students with an understanding of themselves as knowledge recepticals and purveyors of an elite process that separated them from their patients and the rest of the world. This separation was reinforced by the frequent representation of doctors fully clothed in white lab coats and patients disrobed and in prone positions. The spatial representation of doctor and patient in image and text help to reinforce ideas about their relative power and role in the interaction.

The impact of the Flexner report on medical education cannot be understated but since its completion, additional medical reforms have shaped medicine. The organ-system-based model attemped to integrate the dijointed displinary approach to medicine by teaching students all the different topics of medicine through one organ system at a time.[425] The problem-based-model attempted to rectify issues with the organ-system-based-model by helping students provide the appropriate context for what they were learning. Problem based learning encouraged collaboration but did not allow students to develop the kind of broad schema systems that come from a more structured educational process. Students had generic skills that did not neccesarily translate into the case specific knowedlege needed for clinical practice. Cinical-presentation models attempt to build on the strengths of all the past learning programs but add the component of a detailed specific clinical context that builds on a well organized schemata of contemporary biomedical knowledge.[426]

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[425] "Medical Curriculum Reform in North America, 1765 to the Pres...," 157.
[426] Ibid., 159–162.

For medical education to shift, more attention to the hidden curriculum embedded in the sociocultural aspects is needed. A few classes in culturally competent medicine are not enough to counter a deeply embedded ethos that is tied up in the very identity and anxiety management practices of future physicians. Doctors need to not only *see* their patients differently but also *hear* them.[427] Listening to patients requires doctors to see their patients' humanity as somehow connected to their own.[428] *Cultural humility*, as opposed to cultural competence, is self-reflexive by definition. The power imbalance between doctors and patients is identified as a problem to be redressed.[429] While some hierarchy is attendant to the education required to become a doctor, the way in which doctors negotiate it needs to change. Medical school faculty members must be leaders in the cultural shift as they are the ones who subtly shape the way that medical students understand their role over time. By allowing time and space for the culture of medicne to shift we make room for more compassionate providers who are better able to serve patient populations across a wide spectrum of diversity.

In making a distinction between didactic and vernacular media, I identified two different areas of represensation within medical education. These boundaries are not concrete. As Kristen Ostherr explains,

> Seemingly fundamental oppositions between education and entertainment, information and advertisement, objectivity and subjectivity, fact and fiction, documentary and animation, expert and laity, clinician and consumer, science and popular culture, and even digital and analog reveal their blurry edges upon closer inspection.[430]

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[427] In Sander Gilman's *Seeing the Insane*, he begins with the statement, "We do not see the world, rather we are taught by representations of the world about us to conceive of it in a culturally acceptable manner." This idea of *mediating seeing*, coupled with the medical connotation of *seeing* work together to create the possibilities for useful metaphors.
[428] Charon, *Narrative Medicine*, 99–103.
[429] Tervalon and Murray-García, "Cultural Humility Versus Cultural Competence."
[430] Kirsten Ostherr, *Medical Visions [electronic Resource]*.

As I have shown, vernacular media does indeed instruct students in ways of being. The images I examine blur the lines of fact and fiction, stereotype and reality. What I hope this study does provide is a redirection of attention to the ways in which medical school instructs students on how to be doctors. This identitarian component of medical education is not part of contemporary conversations about medical education reform that almost always attend to formal curriculum in the classroom. I would like to refocus our collective attention to the identitarian medical media that represents the identity of members within the medical encounter.

Reframing Feminist Science Studies with a Medical Media Lens

Feminist health science studies is the way I understand the investigatory method and epistemic grounding that drive my research inquiry. Drawing from my interest in feminist science studies, I articulate the area feminist *health* science studies to bring specific attention to the ways in which Western conceptions of health are currently inextricably imbued with racialized, gendered, sexualized, and ability-laden assumptions about the body.[431] Feminist health science studies centers the biomedical industrial complex as its focus of analysis, probing both the production of truth claims about the body as well as their ascendency in society.[432] Feminist health science studies understands the interactions between society and medicine to be a dialogic process in which biomedical discourse is shaped by sociocultural norms, while simultaneously engendering them. Didactic and vernacular media are interacting vehicles that transmit these tropes between scientific and lay audiences. Feminist health science studies

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[431] Adele Clarke and Virginia L Olesen, *Revisioning Women, Health and Healing*, 3.
[432] Relman, "The Changing Climate of Medical Practice."

examines these routes of travel. This dissertation explores the significance of vernacular media in medicine and its impact on our understanding of health through the lens of feminist health science studies, thereby building on existing areas of attention within feminist science studies.

During the late 1970's an attention to natural science as a site of investigation emerged in Women's Studies. As more women entered the male dominated spheres of biology, physics, and chemistry, the embedded prejudices in these fields were brought to the fore. Initially work in feminist science studies questioned how priorities were established for scientific investigation, what kinds of questions scientists asked, and what methods of data collection and analysis were used. These early feminist scientists were also concerned with representation, or the limited number of women in the field. It was particularly difficult to take a critical look at scientific methods since they were believed to be objective. This inaugural group of feminist scientists interrogated the scientific questions being posed and effectively exposed the subjectivity in a supposedly neutral process. Of these early critiques, the most noted was feminist scientists' rejection of male and female patterns of behavior linked to a genetic origin.[433]

Feminist science studies emerged as a reaction to the totalizing effects of positivist science. Theorists exposed dominant sociocultural scripts in the supposed objectivity of science. The anthropomorphizing of cells in accordance with our socially constructed gender biases is one of the sites of investigation in feminist science studies. Emily Martin's now classic work on the gendering of the egg and sperm in human fertilization is evocative of this intervention. The mainstream scientific community constructed the egg's role in fertilization as passive and insignificant. The egg is a virtual

[433] Harding, *Whose Science?*.

"damsel in distress" waiting on the "heroic" sperm to come and save her.[434] Martin also investigated the negative language associated with menstruation, generally represented as the "failed" fertilization of the egg, rather than a natural cycle of regeneration, devoid of failure or success. This contrasts sharply with representations of sperm as "valiant" and "tenacious." Nancy Tuana similarly addresses scientific knowledge, or rather lack thereof, regarding the clitoris in relation to the penis. These imbalances in knowledge around the science of sexuality exacerbate power relations between doctors and patients.[435] It is this attention to language, power, and representation that I bring to feminist health science studies.

Like feminist scientist Banu Subramaniam, I appreciate the formulation feminist science studies "because it allows the possibility of construction and collaboration in addition to critique."[436]Feminist bioethicists grapple with difficult questions like "can clinical research be both ethical and scientific?"[437] What I find most intriguing about feminist science studies analysis is the revelation of scientists' selectivity in what parts of the body become objects of interest, which do not, and what they then interpret these parts to mean. In "Body Matters: Cultural Inscriptions," Lynne Segal points to the clitoris, whose primary purpose, or perhaps only function, is to incite pleasure. Segal cites the clitoris as indicative of how women's bodies trouble the scientific mythology that sexuality is only in service of reproduction. She also challenges the notion that men are always ready to have sex with the reality that the penis is rarely erect.[438] Segal's work invites new questions about the ways social beliefs inform scientific conclusions about how the body

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[434] Martin, *The Egg and the Sperm*.
[435] Tuana, "Coming to Understand."
[436] Hammonds and Subramaniam, "A Conversation on Feminist Science Studies."
[437] Holmes, "Can Clinical Research Be Both Ethical and Scientific?".
[438] Price and Shildrick, *Feminist Theory and the Body*.

works and why, despite clear evidence that challenges biological understandings supportive of Western sociocultural practices. How do scientists invested in empirical data arrive at conclusions that are not supported by their own findings?

Feminist science studies draws on the rich history and contemporary activism of feminist health activists by making connections between the material conditions of people's lives that impact their health. I also build on the important work of women's health movement scholars and activists who are interested in the ways these scientific concepts play out in the health care system. There is an active investment in the transformation of the social structure that perpetuates these oppressive practices in medicine.[439] My research connects the messages within the seemingly objective realm of biomedicine to the social contexts in which they emerge and are disseminated. In looking at the ways representation is used to explicitly teach medicine and implicitly impart values to soon-to-be doctors, I explore media as an important technology in the institutionalizing of medical practice.

Media representations influence how different marginalized groups are perceived in society; this coupled with the medical establishment's deeply embedded beliefs about the marginalized body has meant a history of slow progress in ameliorating health care disparities. I see feminist health science studies bridging gaps and making important connections between media and medicine. The ways in which popular media shapes ideas about the healthy body are not unlike the ways that media produced in medical settings shapes ideas about what healthy bodies look like as well. My dissertation is an opportunity to explore these entanglements.

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[439] Abby L Wilkerson (Abby Lynn), *Diagnosis*, 15.

Feminist health science studies centers the biomedical infrastructure in this country and analyzes both its ideological impact and the sociocultural mores that shape it. In analyzing Emory School of Medicine yearbooks, I uncover the social context in which students are learning. The ethnocentrism of their environment informs the ways they understand themselves as future doctors and how they see their patients. Medical school instruction assumes a white patient and practitioner, prompting marginalized groups to seek to understand how these assumptions impact care outcomes. With feminist concerns about reproductive technology growing and African Diasporic inquiries into health care disparities mounting, it is an opportune moment for collaborative theorizing under the banner of feminist health science studies.

Feminist health science studies incorporates epistemic frames outside the West. African Diasporic understandings of health, the body, and healing help to explode the already faltering binaries endemic in Western thought. An important feature of my research is exposing the implicit biases within medical definitions of health that idealize white bodies as exemplars, leaving other bodies working to meet these standards.

For example, in the 1911 textbook *Medical Diagnosis* used by Emory School of Medicine students, markers of health assume a white patient. The textbook contained over four hundred images with a little over half representing the human body. The vast majority of these depicted white men and white women to a lesser extent. Ten of these images were of people or children of color. Two of these people were Black and both of these were women. In more than two hundred images of the body, half represented

pathological images. However, all images of people of color were used to highlight disease and illness as not one of these represented a healthy individual.[440]

The significance of these findings is multifold. Firstly, people of color are marginal subjects when it comes to who the patient is represented to be. Images of their bodies and diseases serve the purpose of teaching doctors about the diseases and not the people who have them. The language of the text assumes a white patient but does not take non-white patients into account, who may have high representations of certain conditions. Additionally the descriptive elements of diagnosis rely on whiteness. *Pallor* and *rosiness of cheeks* are used as descriptors of relative health and illness. These indicators presume a patient with certain pigmentation, which all patients do not possess. How will doctors diagnose these conditions in patients with skin complexions that do not allow for these indicators to be self-evident? The textbook provided a lens into the doctors thinking at the time and constructs the patient as well as the photographed individuals who serve as proxies for patients.

The Introduction of the book includes a schema for history taking and physical examinations. Doctors are asked to determine the age and weight of the patient and examine the skin and mucous membranes. In describing the gathering of this information related to the body of the patient the assumption of a white male subject become evident. The necessity of each information point is delineated, and then if it differs for women this additional information is listed. For example, when describing the need for the social history, the authors write,

> …if female, the conditions of the menstrual function from the time of puberty to the present giving details; if married, the number of pregnancies childbed—normal or complicated, and if so, the character of the complication and whether

[440] Anders and Boston, *A Text-book of Medical Diagnosis.*

> forceps were used: any sequelae; version or operation (specifying), miscarriages, noting peculiarities and results; pelvic operations, if any: time and nature of the same.[441]

The authors start with a male patient as the default saying that *if female,* there are additional protocols to follow. If they assumed the patient was female, the paragraph would have listing these practices as the necessary protocols and then acknowledging that they would not apply to male patients. Similarly, if the assumption was that there was equal probability that a patient could be male or female, they might have begun with a statement acknowledging the need for different procedures based on the sex of the patient. The quoted text also speaks to social mores of the time, noting that if the female is *married* there are additional questions regarding pregnancy and childbirth that should be asked.[442] A single woman may not be asked theses questions because the assumption is that sex occurs only within the context of marriage. Sex then is also understood to be heterosexual, with male penetration and ejaculation par for the course and pregnancy, miscarriages, and childbirth necessary products.

Another of these generic questions asks doctors to inquire about skin and mucous membranes. The initial recommendations regarding what to look for include questions related to temperature like, "Is the skin cold, dry, is it clammy?"[443] Anders and Boston instruct readers to note the color of the skin, asking physicians to record "whether pale, sallow, yellowish (as jaundice); gray, caused by silver nitrate; abnormal red without cyanosis."[444] These descriptions of skin color assume a light skin complexion where

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[441] Ibid., 26.
[442] Leserman, *Men and Women in Medical School*, 13. Women could be subject of invasive procedures if their husband's felt they were being too independent or sexual. Women patients were infantilized and were often at the mercy of men in the form physicians and husbands.
[443] Anders and Boston, *A Text-book of Medical Diagnosis*, 26.
[444] Ibid., 27.

these conditions and gradations can be observed. This is not to say that similar affectations of skin cannot be made in reference to those with more pigmentation, but the description would differ. The doctors do not offer, as they did with female patients, alternate questions that would help to determine the resulting manifestations for someone with a darker skin complexion.

A general examination assumes a white male patient within a United States context. There is no indication of sex or race in the context of these conditions in the table of contents. There are some references to regional ailments, one of which conjures up a racial referent but Asiatic Fever is an anomaly among the nearly 600 types of conditions and diseases listed. *Rocky Mountain Fever* and *Jailhouse Fever*, represent some of the names used to describe conditions that are associated with a particular location or region. Gender is also absent from the table of contents. Nevertheless, the ways in which class, race, region, and gender mark disease become clear. Using the lens of feminist health science studies and its attention to issues of place, I bring into focus those with the least social standing and how they are treated within the healthcare system.

Feminist health science studies allows me to bring multiple disciplines together, particularly scholarship that is framed as marginal to the field but is essential to pursue interdisciplinary questions. African Diaspora and Women's Studies have identified areas of concern within the current health reform debate; however, Anthropology, which often addresses overlapping concerns, has not successfully made space for marginalized voices that expand the discussion. Black feminist anthropologists have long been overlooked and emerging transnational feminist voices remain unheard by a community of scholars

that could benefit from their insights. While anthropologists repeatedly express the need for neglected viewpoints to come to the table they do little to make room.

In *Black Feminist Anthropology*, edited by Irma McClauarin, several authors voice their frustration with anthropologists, feminists, and feminist anthropologists.[445] Black anthropologists have critiqued anthropology's problematic development as the study of non-Western societies as a tool of colonial control. They see their work as a corrective for the patriarchal and colonial past of the discipline. A. Lynn Bolles suggests Black feminist anthropological scholarship is not taken seriously, despite numerous publications, awards, and appointments. Its more nuanced explication of the intersections between race, class, and gender is still undervalued.

Black feminist anthropologists have also been major proponents of autoethnography, the practice of studying your own community. Zora Neale Hurston is often credited as a primary practitioner.[446] By researching a community to which she was intimately familiar, Hurston had access to details and knowledge that another scholar could not have gained. Feminist anthropologists took up this practice because it challenged the colonialist past of the discipline and was more likely to produce the kind of data that would be most useful to the community. Like Jose Muñoz's *disidentification*, autoenthnography allows for a situatedness informed by a critical perspective that can offer useful insights.[447]

Including Black feminist anthropological tradition into the current feminist health science discourse allows for a more sensitive and nuanced understanding of race, class, and gender as well as a more reflexive take on international scholarship. An attention to

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[445] McClaurin, *Black Feminist Anthropology*.
[446] Ibid., 102.
[447] Munoz, *Disidentifications*.

autoethnography recenters the foreign *other* in the articulation of their own health narrative, one in which the researcher is more a collaborator than an authority. To this end, future directions for this project include more explicit autoethnographic methods as well as patient interviews that allow participants voices to come through.

While I do not engage in autoethnography in this dissertation, I find the insights from Black feminist anthropologists particularly relevant when attempting to understand the reflexivity of the Emory School of Medicine students who helped to create the yearbooks I analyze. Autoethnography is a critical analytical process that delves deeper into the psyche than traditional yearbook production; however, both involve in-group participants synthesizing experiences and making meaning. Medical student yearbook producers culled through the events of the year, making sense of things that happened and framed them for their peers. The context created by the yearbook editors mirrors the processes within other text-based projects. The producers of the yearbook are not just producing the yearbook for the student body; they are also making the yearbook for themselves. Autoethnography fundamentally involves the interrogation of one identity, a much needed investigatory lens within the contemporary cultural competency conversation.

In "Because Words Are Not Enough: Latina Re-Visionings of Transnational Collaborations Using Health Promotion for Gender Justice and Social Change," Ester Shapiro documents the process of transforming *Our Bodies, Ourselves* into *Nuestros Cuerpos, Nuestras Vidas*, a text specifically for Latina and Spanish speaking women.[448] She explores the metaphor of border crossing, often invoked by Latina/Chicana feminists as it relates to intersectionality, interdisciplinarity, and transnationalism. Through the

[448] Shapiro, "Because Words Are Not Enough."

process of rewriting the book for Latina women, issues of accessibility, language, and transnationalism were central and such discussions facilitated the creation of communities, alliances, and coalitions that were previously unconnected. Even the way the text was structured spoke to a foundational belief in the need for accessible scholarship. Drawing from the naturally transnational experience of many Afro-Latinas allowed for a much deeper, more nuanced explanation of the feminist goals in reconceptualizing health care. Spirituality was also addressed, which was a component unmentioned in other feminist critiques of the current health care system.

M. Jacqui Alexander's work also addresses the connection between spirituality and healing in an African Diasporic context. Alexander's critical discussion of the Bahamian state's investment in the "heterosexual citizen" as a tool of social, political, and economic control speaks to a similar institutional hegemony that exists in medicine about the ideal healthy body.[449] Gloria Wekker's work on minoritarian sexualities in the African Diaspora is ground breaking and even troubles some queer theory investments in a sexual identity. Her research in Surinam on *mati-work*, a practice of sexual and emotional intimacy among working class women, exposes a different cultural frame. The relationships are valued and recognized in the community but are not marked by *identity* the prevailing Western construction when thinking about sexuality. Though they have commitment ceremonies and often have multiple mati relationships at a time, women who participate in mati-work do not consider themselves queer. In some ways LGBT identity politics imported from the United States present problems by creating a deviant category where one did not previously exist.[450] These site-specific practices call forth the

[449] Alexander, *Pedagogies of Crossing*.
[450] Alexander and Mohanty, *Feminist Genealogies, Colonial Legacies, Democratic Futures*.

need for attention to region and not its suppression. What kinds of site-specific medicine could have been possible if Flexner and colleagues paid attention to the unique contributions a Southern grown medicine could have provided?

There is a very visible activist component to the work of transnational feminists. Theory and activism work in tandem by calling on structural changes that are informed by both women's lived experience and theory. There is not a visible tension between theory and activism. This scholar activism has been a part of the African Diasporic feminist practice within the United States but should be explicit in the formulation of feminist health science studies.

A more nuanced and impassioned theoretical position is possible with the fusion of Women's, African Diaspora, and Feminist health science studies. An innovative field of study can be developed that acknowledges the need for a cooperative and symbiotic relationship between multiple scholastic locations united with an expanded understanding of how the biomedical model informs notions of *health* in society. What if multiple epistemic frames were used in the discourse of the body? What if Western dualisms were not privileged? We might create a community of scholars attuned to issues on the global and local levels, with the collaborative strength to push for the changes they wish to see. An efficacious *coming to the table* around biomedical hegemony would serve as a model of the productivity that an interdisciplinary approach can bring to scholarship. It is these questions and interventions that I brought to bear in my analysis of the Emory School of Medicine yearbooks.

For Black women's health care disparities to be ameliorated, society as we know it has to change. In the mean time, we can work to better understand the leakages

between science and the social. We can also help doctors-in-training develop new stress management strategies that do not depend on the denigration of subjects more marginal than themselves within the hierarchy of medicine.[451] This work requires the participation of people at all levels of the medical hierarchy, particularly those from the top. As medical students see their faculty embrace different modes of negotiating stress and the social hierarchies of medicine, they will be encouraged to do the same. Research that examines the ways in which identity shifts over time and in long established arenas like health care are important new directions for collaborative research.

[451] Shapiro, Shapiro, and Schwartz, "Stress Management in Medical Education"; Shiralkar et al., "A Systematic Review of Stress-Management Programs for Medical Students."

Appendix

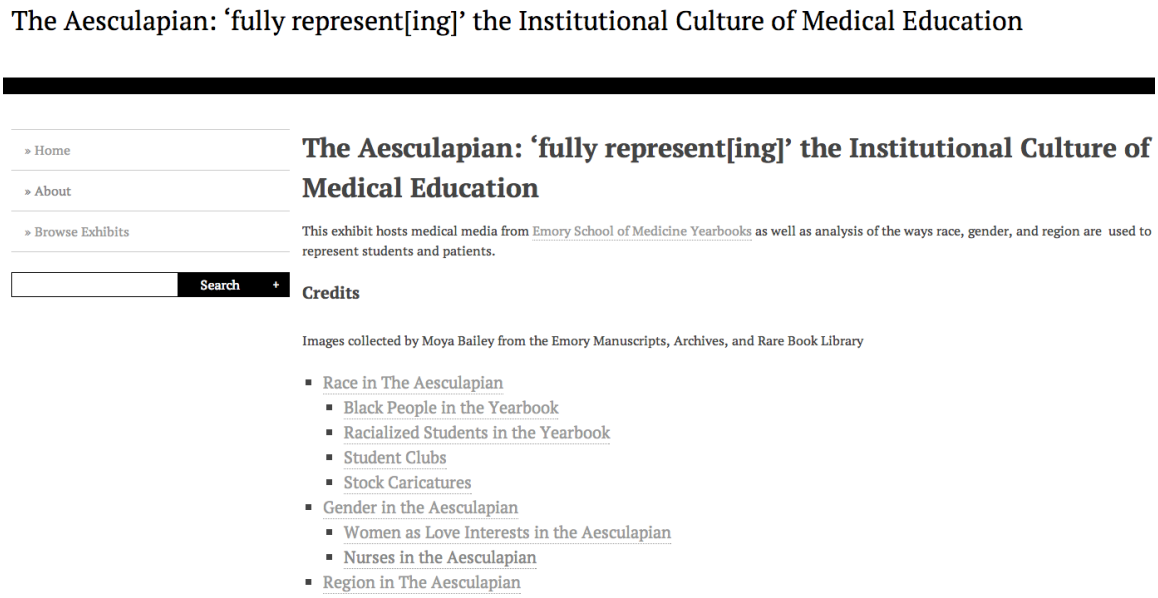

Figure 26: Screenshot of Digital Archive of Medical Images

The digital archive I created to accompany my dissertation share the same title as Chapter three, *The Aesculapian: 'fully represent[ing]' the Institutional Cultue of Medical Education*. It is located at the web address http://moyabailey.com/exhibits/exhibits/show/aesculapian.

Bibliography

Abby L Wilkerson (Abby Lynn). *Diagnosis : Difference : the Moral Authority of Medicine / Abby L. Wilkerson.* Ithaca, NY: Cornell University Press, 1998.

"ACOG Committee Opinion. Number 317, October 2005. Racial and Ethnic Disparities in Women's Health." *Obstet Gynecol* 106 (October 2005): 889–92.

Adams, Samuel Hopkins. *The Health Master*. Boston and New York: Riverside Press Cambrisge, 1913.

Adele Clarke, and Virginia L Olesen. *Revisioning Women, Health and Healing : Feminist, Cultural, and Technoscience Perspectives / Edited by Adele E. Clarke and Virginia L. Olesen.* New York: Routledge, 1999.

admin. "Witnesses ID Alleged Victim In R. Kelly Trial." Text. *Billboard*, May 22, 2008. http://www.billboard.com/articles/news/1045312/witnesses-id-alleged-victim-in-r-kelly-trial.

Alexander, M. Jacqui. *Pedagogies of Crossing: Meditations on Feminism, Sexual Politics, Memory, and the Sacred*. Duke University Press, 2005.

Alexander, M. Jacqui, and Chandra Talpede Mohanty. *Feminist Genealogies, Colonial Legacies, Democratic Futures*. Psychology Press, 1997.

Alexandra Stern. *Eugenic Nation : Faults and Frontiers of Better Breeding in Modern America / Alexandra Minna Stern.* Berkeley: University of California Press, 2005.

Amelia Jones. *The Feminism and Visual Culture Reader / Edited by Amelia Jones.* London ; New York: Routledge, 2003.

America, Intersex Society of North. "What's ISNA's Position on Surgery?" *FAQ*, 2011.

Anachebe, N. F., and M. Y. Sutton. "Racial Disparities in Reproductive Health Outcomes." *Am J Obstet Gynecol* 188 (April 2003): S37–42.

Anders, James Meschter, and Leonard Napoleon Boston. *A Text-book of Medical Diagnosis*. W.B. Saunders Company, 1911.

Ann B. Shteir, and Bernard V. Lightman. *Figuring It Out : Science, Gender, and Visual Culture / Edited by Ann B. Shteir and Bernard Lightman.* 1st ed. Hanover, NH: Dartmouth College Press, 2006.

Anonymous. "Yearbooks Are the Original Social Networking Venue. Long before... [Derived Headline]." *The News - Item*. May 28, 2009. http://search.proquest.com.proxy.library.emory.edu/docview/365846990/13DD0570E713AA9382/21?accountid=10747.

Applebome, Peter. "Waning Student Interest Threatens Tradition of College Yearbooks: [METRO Edition]." *Star Tribune*. January 20, 1997, sec. VARIETY.

Atlanta College of Physicians and Surgeons. "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons." Atlanta College of Physicians and Surgeons, 1914.

———. "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons." Atlanta College of Physicians and Surgeons, 1915.

———. "The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons." Atlanta College of Physicians and Surgeons, 1917.

———. “The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.” Atlanta College of Physicians and Surgeons, 1913.
———. “The Aesculapian Yearbook of Atlanta College of Physicians and Surgeons.” Atlanta College of Physicians and Surgeons, 1916.
Atlanta Medical College. “Grady Clinics,” 1915 1913. RG HS 05 Box 1 Folder 11. Manuscript, Archives, and Rare Book Library, Emory University.
Axelsen, Diana E. “Women as Victims of Medical Experimentation: J. Marion Sims’ Surgery on Slave Women, 1845-1850.” *Sage (Atlanta, Ga.)* 2, no. 2 (1985): 10–13.
Bailey, Moya Z. “All the Digital Humanists Are White, All the Nerds Are Men, but Some of Us Are Brave.” *Journal of Digital Humanities*, March 9, 2012. http://journalofdigitalhumanities.org/1-1/all-the-digital-humanists-are-white-all-the-nerds-are-men-but-some-of-us-are-brave-by-moya-z-bailey/.
Bauerlein, Mark. *Negrophobia: A Race Riot in Atlanta, 1906*. Encounter Books, 2002.
Becker, Howard Saul. *Boys in White: Student Culture in Medical School*. Transaction Publishers, 1961.
Bell, Christopher M. *Blackness and Disability: Critical Examinations and Cultural Interventions*. LIT Verlag Münster, 2011.
Benson R. Snyder. *The Hidden Curriculum / [by] Benson R. Snyder.* Cambridge, Mass: MIT Press, 1973.
Betancourt, Joseph R., Alexander R. Green, J. Emilio Carrillo, and Owusu Ananeh-Firempong. “Defining Cultural Competence: a Practical Framework for Addressing Racial/ethnic Disparities in Health and Health Care.” *Public Health Reports* 118, no. 4 (2003): 293–302.
Beyond Flexner : Medical Education in the Twentieth Century. New York: New York : Greenwood Press, 1992.
Blei, David M. “Topic Modeling and Digital Humanities.” *Journal of Digital Humanities*, April 8, 2013. http://journalofdigitalhumanities.org/2-1/topic-modeling-and-digital-humanities-by-david-m-blei/.
Bleier, Ruth. *Feminist Approaches to Science*. New York: Pergamon Press, 1986.
Borrero, S., E. B. Schwarz, M. F. Reeves, J. E. Bost, M. D. Creinin, and S. A. Ibrahim. “Race, Insurance Status, and Tubal Sterilization.” *Obstet Gynecol* 109 (January 2007): 94–100.
Bow, Leslie. *Partly Colored: Asian Americans and Racial Anomaly in the Segregated South*. NYU Press, 2010.
Brilliant, Richard. *Portraiture*. Reaktion Books, 1991.
Broadhead, Robert S. *The Private Lives and Professional Identity of Medical Students*. Transaction Publishers, 1983.
Burchum, Jacqueline L. Rosenjack. “Cultural Competence: An Evolutionary Perspective.” *Nursing Forum* 37, no. 4 (2002): 5–15. doi:10.1111/j.1744-6198.2002.tb01287.x.
Burgess, D. J., S. S. Fu, and M. van Ryn. “Why Do Providers Contribute to Disparities and What Can Be Done About It?” *J Gen Intern Med* 19 (November 2004): 1154–9.

Burgess, Renate. “Illustrative Material in the Wellcome Institute for the Social History of Medicine ∗.” *Social History* 2, no. 6 (1977): 801–802. doi:10.1080/03071027708567411.

Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. 1st ed. Routledge, 2006.

———. *Undoing Gender*. Routledge, 2004.

Butterfield WC. “THe Medical Caricatures of Thomas Rowlandson.” *JAMA* 224, no. 1 (April 2, 1973): 113–117. doi:10.1001/jama.1973.03220140081016.

Campbell, Fiona Kumari. *Contours of Ableism: The Production of Disability and Abledness*. New York: Palgrave Macmillan, 2009.

Cartwright, Lisa. *Screening the Body: Tracing Medicine’s Visual Culture*. U of Minnesota Press, 1995.

“Caster Semenya Can Run With the Women; It’s Official.” *CBS News*. Accessed June 30, 2013. http://www.cbsnews.com/8301-504763_162-20009781-10391704.html.

“Caster Semenya Gender Test: Outrage, Worry In South Africa Over Report.” *Huffington Post*, September 11, 2009. http://www.huffingtonpost.com/2009/09/11/caster-semenya-outrage-wo_n_283441.html.

“Caster Semenya Is a Hermaphrodite.” *NewsComAu*. Accessed June 9, 2013. http://www.news.com.au/newstest2/archive-old-assets/caster-semenya-is-a-hermaphrodite/story-e6frfkyi-1225771726260.

“Caster Semenya Row: ‘Who Are White People to Question the Makeup of an African Girl? It Is Racism’.” *The Guardian*, August 23, 2009. http://www.guardian.co.uk/sport/2009/aug/23/caster-semenya-athletics-gender.

Caudill, Melissa Ann. “Yearbooks as a Genre: A Case Study.” M.A., Clemson University, 2007. http://search.proquest.com.proxy.library.emory.edu/docview/304885868/abstract/13AF18C97BF58CF4722/1?accountid=10747.

Cecire, Natalia. “Introduction: Theory and the Virtues of the Digital Humanities.” *Journal Ofthe Digital Humanities* 1 (2012). http://journalofdigitalhumanities.org/1-1/introduction-theory-and-the-virtues-of-digital-humanities-by-natalia-cecire/.

“Century-Old Race Riot Still Resonates in Atlanta : NPR.” *NPR.org*. Accessed May 15, 2013. http://www.npr.org/templates/story/story.php?storyId=6106285.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford; New York: Oxford University Press, 2006.

Cheryl Chase, Phyllis Ward, Kathryn M Clark, William Reiner, Sallie Foley, Kelli Rode-Hartman, Kenneth Kipnis, Access Video, and Intersex Society of North America. *Total Patient Care [video Recording] : the Child with an Intersex Condition / a Production of Access Video ; Executive Producer, Cheryl Chase ; Producer/director, Phyllis Ward.* Petaluma, Calif: Intersex Society of North America, 2002.

Chesler, Ellen. *Woman of Valor: Margaret Sanger and the Birth Control Movement in America*. Simon and Schuster, 2007.

Chris Jenks. *Visual Culture / Edited by Chris Jenks.* London ; New York: Routledge, 1995.

Christopher, Maurice Richardson. *White Man's Country : the Rise and Fall of Lynching in Georgia.* 2003, 2003.

Christopher Waldrep. *African Americans Confront Lynching : Strategies of Resistance from the Civil War to the Civil Rights Era / Christopher Waldrep.* Lanham, Md: Rowman & Littlefield Publishers, 2009.

Claire Badaracco. *Prescribing Faith : Medicine, Media, and Religion in American Culture / Claire Hoertz Badaracco.* Waco, Tex: Baylor University Press, 2007.

Cohen, Michael H. *Healing at the Borderland of Medicine and Religion*. Univ of North Carolina Press, 2007.

Collins, Patricia Hill. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Psychology Press, 2000.

Cooke, Molly, David M. Irby, William Sullivan, and Kenneth M. Ludmerer. "American Medical Education 100 Years after the Flexner Report." *New England Journal of Medicine* 355, no. 13 (2006): 1339–1344. doi:10.1056/NEJMra055445.

Cooper-Patrick, L., J. J. Gallo, J. J. Gonzales, H. T. Vu, N. R. Powe, C. Nelson, and D. E. Ford. "Race, Gender, and Partnership in the Patient-physician Relationship." *Jama* 282 (August 11, 1999): 583–9.

Crais, Clifton C, and Pamela Scully. *Sara Baartman and the Hottentot Venus: a Ghost Story and a Biography*. Princeton, N.J.; Woodstock: Princeton University Press, 2011.

Crowe, Charles. "Racial Violence and Social Reform-Origins of the Atlanta Riot of 1906." *The Journal of Negro History* 53, no. 3 (July 1, 1968): 234–256. doi:10.2307/2716218.

Croxall, Brian. "Comparing Corpora in Voyant Tools." *Brian Croxall*, July 18, 2012. http://www.briancroxall.net/2012/07/18/comparing-corpora-in-voyant-tools/.

Daniels, P., G. F. Noe, and R. Mayberry. "Barriers to Prenatal Care Among Black Women of Low Socioeconomic Status." *Am J Health Behav* 30 (March 2006): 188–98.

Darlene Clark Hine. *Black Women in White : Racial Conflict and Cooperation in the Nursing Profession, 1890-1950 / Darlene Clark Hine.* Bloomington, Ind: Indiana University Press, 1989.

Davis, Kate. *Southern Comfort*. Documentary, 2002.

Davis, Lennard. *The Disability Studies Reader, Second Edition*. Routledge, 2006.

Davis, Lennard J. *The Disability Studies Reader*. Routledge, 2013.

Dawn Archer. *What's in a Word-list? : Investigating Word Frequency and Keyword Extraction / Edited by Dawn Archer.* Farnham, England ; Burlington, VT: Ashgate PubLtd, 2009.

Dean, Carolyn. "Boys and Girls and 'Boys': Popular Depictions of African-American Children and Childlike Adults in the United States, 1850-1930." *Journal of American and Comparative Cultures* 23, no. 3 (Fall 2000): 17–35.

Devon A Mihesuah (Devon Abbott). *American Indians : Stereotypes & Realities / Devon A. Mihesuah.* Atlanta, GA: Clarity, 1996.

Dewey, John. *Experience And Education*. Simon and Schuster, 2007.

———. *John Dewey on Education: Selected Writings*. University of Chicago Press, 1974.

"Did Caster Semenya Lose the Women's 800 Meters on Purpose?" *Five-Ring Circus*. Accessed June 30, 2013. http://www.slate.com/blogs/five_ring_circus/2012/08/11/caster_semenya_2012_olympics_did_the_south_african_runner_lose_the_women_s_800_meters_on_purpose_.html.

Dittmer, John. *Black Georgia in the Progressive Era, 1900-1920*. University of Illinois Press, 1980.

Dixon, Robyn. "Runner Caster Semenya Has Heard the Gender Comments All Her Life." *Los Angeles Times*, August 21, 2009. http://articles.latimes.com/2009/aug/21/world/fg-south-africa-runner21.

Dorn, Lorah D., and Frank M. Biro. "Puberty and Its Measurement: A Decade in Review." *Journal of Research on Adolescence (Wiley-Blackwell)* 21, no. 1 (March 2011): 180–195. doi:10.1111/j.1532-7795.2010.00722.x.

Dubin, Steven C. "Symbolic Slavery: Black Representations in Popular Culture." *Social Problems* 34, no. 2 (April 1, 1987): 122–140. doi:10.2307/800711.

Dudley, Rachel. "Rethinking the Origin Narrative of Modern Gynecology: Alternative Memorializing Practices, Performance Art, and Feminist Health Activism." Puerto Rico, 2012. http://prezi.com/i1jjridder73/untitled-prezi/.

Duffy, John. *From Humors to Medical Science : a History of American Medicine*. 2nd ed. Urbana: University of Illinois Press, 1993.

Edward J Larson (Edward John). *Sex, Race, and Science : Eugenics in the Deep South / Edward J. Larson.* Baltimore: Johns Hopkins University Press, 1995.

Elizabeth Ann Ellsworth, and Mariamne H Whatley. *The Ideology of Images in Educational Media : Hidden Curriculums in the Classroom / Edited by Elizabeth Ellsworth and Mariamne H. Whatley.* New York: Teachers College Press, Teachers College, Columbia University, 1990.

Elizabeth Hoffman. *American Indians and Popular Culture / Elizabeth DeLaney Hoffman, Editor.* Santa Barbara, Calif: Praeger, 2012.

Emory School of Medicine. "Emory School of Medicine Faculty Minutes," 1911. RGHS13 BV1. Manuscript, Archives, and Rare Book Library, Emory University.

Epps, C. H., D. G. Johnson, and A. L. Vaughan. "Black Medical Pioneers: African-American 'Firsts' in Academic and Organized Medicine. Part One." *Journal of the National Medical Association* 85, no. 8 (August 1993): 629–644.

Epps, Charles Harry, Davis Gilman Johnson, and Audrey L. Vaughan. *African-American Medical Pioneers*. Betz Pub. Co., 1994.

Ester, R. Shapiro. "Because Words Are Not Enough: Latina Re-Visionings of Transnational Collaborations Using Health Promotion for Gender Justice and Social Change." *NWSA Journal* 17 (2005): 141.

Eveleth, Phyllis B., and James M. Tanner. *Worldwide Variation in Human Growth*. Cambridge University Press, 1990.

Fausto-Sterling, Anne. *Sexing the Body : Gender Politics and the Construction of Sexuality*. 1st ed. New York, NY: Basic Books, 2000.

Findlay, D. “Discovering Sex - Medical Science, Feminism and Intersexuality.” *Canadian Review of Sociology and Anthropology-Revue Canadienne De Sociologie Et D Anthropologie* 32 (February 1995): 25–52.

Flexner, Abraham. *Medical Education: a Comparative Study*. The Macmillan Company, 1925.

Flexner, Abraham, and Carnegie Foundation for the Advancement of Teaching. *Medical Education in Europe: a Report to the Carnegie Foundation for the Advancement of Teaching*. Carnegie Foundation for the Advancement of Teaching, 1912.

———. *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*. Carnegie Foundation for the Advancement of Teaching, 1910.

Fontaine, Nargis. “From Mammy to Madea, and Examination of the Behaviors of Tyler Perry’s Madea Character in Relation to the Mammy, Jezebel, and Sapphire Stereotypes.” *African-American Studies Theses* (May 5, 2011). http://digitalarchive.gsu.edu/aas_theses/5.

Foucault, Michel. *Discipline & Punish*. Random House Digital, Inc., 1977.

———. *The Birth of the Clinic*. Psychology Press, 2003.

Freedman, Debra M., Jennifer L. Snow-Gerono, Anne L. Slonaker, Rene Antrop-Gonzalez, Pey-chewn Duo, and Hsiu-Ping Huang. “Yearbook Discourse In/Ex-Clusion: Excavating Identity and Memory.” *JCT* 22, no. 4 (Winter 2006): 123–134.

Freire, Paulo. *Pedagogy of the Oppressed: 30th Anniversary Edition*. Continuum, 2000.

Fricke, Erika. “Resident Wins National Award.” *The Berkeley Daily Planet*. December 14, 2000, sec. Front Page.

García, Ana María. *La Operación*, 1982.

Garrod, L. P. “MEDICAL CARICATURES.” *British Medical Journal* 1, no. 5241 (June 17, 1961): 1741.

“Gender and Ethnic Differences in Smiling: A Yearbook Photographs Analysis from Kindergarten Through 12th Grade - Springer.” Accessed December 8, 2012. http://link.springer.com/article/10.1007/s11199-012-0158-y/fulltext.html.

Gilman, Sander L. *Health and Illness: Images of Difference*. London: Reaktion Books, 1995.

———. *Sexuality: An Ill. History ; Representing the Sexual in Medicine and Culture from the Middle Ages to the Age of AIDS.* New York u.a.: Wiley, 1989.

Gilman, Sander L. “Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine, and Literature.” *Critical Inquiry* 12, no. 1 (October 1, 1985): 204–242. doi:10.2307/1343468.

———. *Making the Body Beautiful : a Cultural History of Aesthetic Surgery*. Princeton, N.J.: Princeton University Press, 1999.

———. *Seeing the Insane*. U of Nebraska Press, 1982.

Giroux, H. A. *Between Borders: Pedagogy and the Politics of Cultural Studies*. Routledge, 1993. http://books.google.com/books?hl=en&lr=&id=PLeJWN7mwOwC&oi=fnd&pg=PR9&dq=CULTURAL+STUDIES+foucault+race&ots=ZHSc6h-gUm&sig=ZU1_s5rpZy5py6zHCJgPP8jAnKI.

Giroux, Henry A., and David E. Purpel. *The Hidden Curriculum and Moral Education: Deception or Discovery?* McCutchan Pub. Corp., 1983.

Giselinde Kuipers. *Good Humor, Bad Taste : a Sociology of the Joke / by Giselinde Kuipers ; [translated from the Dutch by Kate Simms].* Berlin ; New York: Mouton de Gruyter, 2006.

Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. Simon and Schuster, 2009.

Gohou, V., C. Ronsmans, L. Kacou, K. Yao, K. M. Bohoussou, B. Houphouet, P. Bosso, A. J. Diarra-Nama, A. Bacci, and V. Filippi. "Responsiveness to Life-threatening Obstetric Emergencies in Two Hospitals in Abidjan, Côte d'Ivoire." *Tropical Medicine & International Health* 9, no. 3 (2004): 406–415. doi:10.1111/j.1365-3156.2004.01204.x.

Gould, Stephen Jay. *The Mismeasure of Man*. W. W. Norton & Company, 1996.

Grady, Allison. "Legal Protection for Conscientious Objection by Health Professionals." *Virtual Mentor* 8, no. 5 (May 1, 2006): 327–331. doi:10.1001/virtualmentor.2006.8.5.hlaw1-0605.

Grauer, Neil A, Johns Hopkins Medicine, and Johns Hopkins University. *Leading the Way: a History of Johns Hopkins Medicine*. Baltimore, Md.: Johns Hopkins Medicine in association with The Johns Hopkins University Press, 2012.

Gray, Henry, and Robert Howden. *Gray's Anatomy: Descriptive and Applied*. Longman, 1913.

Guiton, G., M. J. Chang, and L. Wilkerson. "Student Body Diversity: Relationship to Medical Students' Experiences and Attitudes." *Acad Med* 82 (October 2007): S85–8.

Hafferty, F W. "Beyond Curriculum Reform: Confronting Medicine's Hidden Curr... : Academic Medicine." Accessed June 12, 2013. http://journals.lww.com/academicmedicine/Fulltext/1998/04000/Beyond_curriculum_reform__confronting_medicine_s.13.aspx.

Hale, Grace Elizabeth. *Making Whiteness: The Culture of Segregation in the South, 1890-1940*. New York: Vintage Books, 1999.

Haller, John S. *American Medicine in Transition: 1840 - 1910*. University of Illinois Press, 1981.

Hammonds, Evelynn, and Banu Subramaniam. "A Conversation on Feminist Science Studies." *Signs: Journal of Women in Culture and Society* 28, no. 3 (March 2003): 923–944. doi:10.1086/345455.

Hansen, David T., Mary Erina Driscoll, René Vincente Arcilla, and Philip Wesley Jackson. *A Life in Classrooms: Philip W. Jackson and the Practice of Education*. Teachers College Press, 2007.

Haraway, Donna. "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective." *Feminist Studies* 14, no. 3 (1988): 575. doi:10.2307/3178066.

Harding, Sandra. *Whose Science? Whose Knowledge?: Thinking from Women's Lives*. Cornell University Press, 1991.

Harry Bruinius. *Better for All the World : the Secret History of Forced Sterilization and America's Quest for Racial Purity / Harry Bruinius.* 1st ed. New York: Knopf, 2006.

Hart, By Simon. “Caster Semenya’s Gender Test Results Force IAAF to Call in Outside Help.” *Telegraph.co.uk*, September 8, 2009, sec. othersports. http://www.telegraph.co.uk/sport/othersports/athletics/6158424/Caster-Semenyas-gender-test-results-force-IAAF-to-call-in-outside-help.html.

———. “IAAF Offers to Pay for Caster Semenya’s Gender Surgery If She Fails Verification Test.” *Telegraph.co.uk*, December 11, 2009, sec. othersports. http://www.telegraph.co.uk/sport/othersports/athletics/6791558/IAAF-offers-to-pay-for-Caster-Semenyas-gender-surgery-if-she-fails-verification-test.html.

Hartman, Saidiya V. “The Time of Slavery.” *The South Atlantic Quarterly* 101, no. 4 (n.d.): 757–777. Accessed December 8, 2012.

Haslam, Fiona. *From Hogarth to Rowlandson: Medicine in Art in Eighteenth-Century Britain*. Liverpool University Press, 1996.

“Hearing To Determine Age Of Girl In Alleged R. Kelly Sex Tape - Music, Celebrity, Artist News | MTV.com.” Accessed June 29, 2013. http://www.mtv.com/news/articles/1493457/age-alleged-r-kelly-victim-questioned.jhtml.

Herman-Giddens, Marcia E., and Eric J. Slora. “Secondary Sexual Characteristics and Menses in Young Girls Seen in Office Practice: A Study From...” *Pediatrics* 99, no. 4 (April 1997): 505.

Heyert, Elizabeth. *The Glasshouse Years: Victorian Portrait Photography, 1839-1870*. Allanheld & Schram, 1979. http://www.getcited.org/pub/101778644.

Hine, Darlene Clark. “The Corporeal and Ocular Veil: Dr. Matilda A. Evans (1872-1935) and the Complexity of Southern History.” *The Journal of Southern History* 70, no. 1 (February 1, 2004): 3–34. doi:10.2307/27648310.

Hirschenbaum, Dana. “When CRACK Is the Only Choice: The Effect of a Negative Right of Privacy on Drug-Addicted Women.” *Berkeley Women’s Law Journal* 15 (2000): 327.

Hoffman, Lynn M. “We’re so Diverse: How Students Use Their High School Yearbooks to Bridge the Gaps.” *American Secondary Education* 33, no. 1 (Fall 2004): 4–25.

———. “Why High Schools Don’t Change: What Students and Their Yearbooks Tell Us.” *The High School Journal* 86, no. 2 (December 2002): 22–37.

Holloway, Karla F. C. *Private Bodies, Public Texts: Race, Gender, and a Cultural Bioethics*. Durham, NC: Duke University Press, 2011.

Holmes, Helen Bequaert. “A Call to Heal Medicine.” *Hypatia* 4, no. 2 (Summer 1989): 1.

———. “Can Clinical Research Be Both Ethical and Scientific? A Commentary Inspired by Rosser and Marquis.” *Hypatia* 4, no. 2 (Summer 1989): 156.

hooks, bell. *Black Looks: Race and Representation*. South End Press, 1999.

Hooks, Bell. *Talking Back: Thinking Feminist, Thinking Black*. South End Press, 1989.

Hull, Gloria T., Patricia Bell Scott, and Barbara Smith, eds. *But Some Of Us Are Brave: All the Women Are White, All the Blacks Are Men: Black Women’s Studies*. The Feminist Press at CUNY, 1993.

Hung R, McClendon J. “Student Perspectives on Diversity and the Cultural Climate at a U.S. Medical School.” *Academic Medicine* 82 (February 2007): 184–192.

Ida B. Wells-Barnett. *On Lynchings / Ida B. Wells-Barnett ; with an Introduction by Patricia Hill Collins.* Amherst, NY: Humanity Books, 2002.

Jackson, Philip W. *What Is Education?* University of Chicago Press, 2011.

Janine Marchessault, and Kim Sawchuk. *Wild Science : Reading Feminism, Medicine, and the Media / Edited by Janine Marchessault and Kim Sawchuk.* New York: Routledge, 2000.

Javanshir, A., and A. Mohammadi Shuti. "Evaluation of Competition in Corn (Zea Mays L.) and Pumpkinseed (Cucurbita Pepo Var. Styriaca) Intercropping by Reciprocal Yield Model and Some Competitive Indices." *Journal of Agronomy* 5, no. 3 (2006): 456–460.

Jill A. Fisher. *Gender and the Science of Difference [electronic Resource] : Cultural Politics of Contemporary Science and Medicine / Edited by Jill A. Fisher.* New Brunswick, NJ: Rutgers University Press, 2011.

John Dewey. *The School and Society / Being Three Lectures by John Dewey ... Supplemented by a Statement of the University Elementary School.* [3rd. ed.]. Chicago: The University of Chicago press; New York McClure, Phillips & Company, 1900.

Johnston, Lauren. "German Tennis Player Sarah Gronert Embroiled in Gender Controversy," 2009. http://www.nydailynews.com/sports/2009/03/20/2009-03-20_german_tennis_player_sarah_gronert_embro.html.

Jones, Harold Wellington. "Caricatures; Especially Medical Caricatures *." *Bulletin of the Medical Library Association* 31, no. 2 (April 1943): 108–118.

Julie Buckner Armstrong. *Mary Turner and the Memory of Lynching / Julie Buckner Armstrong.* Athens: University of Georgia Press, 2011.

Kaiser Family Foundation. "RACE, ETHNICITY & HEALTH CARE Fact Sheet: Young African American Men in the United States," July 2006.

Kaiser, Jocelyn. "Eugenics Archive: Lessons from the Past." *Science* 287, no. 5456 (February 18, 2000): 1163.

Kara, Nawhal. "Sowetan - News," 2009. http://www.sowetan.co.za/News/Article.aspx?id=1089889.

Katrina Alicia Karkazis. *Fixing Sex : Intersex, Medical Authority, and Lived Experience / Katrina Karkazis.* Durham: Duke University Press, 2008.

Kaufman, Martin. *American Medical Education: The Formative Years, 1765-1910*. Greenwood Press, 1976.

Kenneth M Ludmerer. *Time to Heal : American Medical Education from the Turn of the Century to the Era of Managed Care / Kenneth M. Ludmerer.* Oxford ; New York: Oxford University Press, 1999.

Kerr-Heraly, Lauran A. "Race, Gender, and African American Women Doctors in the Twentieth Century." Ph.D., University of Houston, 2010. http://search.proquest.com.proxy.library.emory.edu/docview/608012495/abstract/13AF18C97BF58CF4722/7?accountid=10747.

Kevles, Daniel J. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*. University of California Press, 1985.

Kirsten Ostherr. *Medical Visions [electronic Resource] : Producing the Patient through Film, Television, and Imaging Technologies / Kirsten Ostherr.* Oxford ; New York: Oxford University Press, 2013.

Kline, Wendy. *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley, Calif.; London: University of California Press, 2005.

Koehn, Peter H., and Herbert M. Swick. "Medical Education for a Changing World: Moving Beyond Cultural Competence into Transnational Competence." *Academic Medicine* 81, no. 6 (June 2006): 548–556. doi:10.1097/01.ACM.0000225217.15207.d4.

Koerner, Joseph Leo. *The Moment of Self-portraiture in German Renaissance Art*. University of Chicago Press, 1997. http://books.google.com/books?hl=en&lr=&id=CVWEqfKxcwsC&oi=fnd&pg=PR9&dq=portraiture+art&ots=V6ql2wAPO2&sig=sRa5V5KC__1GJbET9L8Zmbbiqbg.

Kosoko-Lasaki, Sade, Cynthia Theresa Cook, and Richard L. O'Brien. *Cultural Proficiency in Addressing Health Disparities*. Jones & Bartlett Publishers, 2009.

Kozloff, Max. *The Theatre of the Face: Portrait Photography Since 1900*. Phaidon, 2007.

L Pauwels (Luc). *Visual Cultures of Science : Rethinking Representational Practices in Knowledge Building and Science Communication / Edited by Luc Pauwels.* Hanover, NH: Dartmouth College Press, 2006.

LaVeist, T. A., and T. Carroll. "Race of Physician and Satisfaction with Care Among African-American Patients." *J Natl Med Assoc* 94 (November 2002): 937–43.

Lawrence-Lightfoot, Sara, and Jessica Hoffmann Davis. *The Art and Science of Portraiture*. Jossey-Bass San Francisco, 1997. https://tcrecord.org/library/abstract.asp?contentid=11067.

Lawson, Ellen N., and Marlene Merrill. "The Antebellum 'Talented Thousandth': Black College Students at Oberlin Before the Civil War." *The Journal of Negro Education* 52, no. 2 (1983): 142. doi:10.2307/2295031.

Lee, Chana Kai. *For Freedom's Sake: The Life of Fannie Lou Hamer*. University of Illinois Press, 2000.

Lee, Stacey J. *Unraveling the "Model Minority" Stereotype: Listening to Asian American Youth.* Teachers College Press, 1234 Amsterdam Avenue, New York, NY 10027 (paperback: ISBN-0-8077-3509-4, $17.95; clothbound: ISBN-0-8077-3510-8, $39)., 1996. http://www.eric.ed.gov/ERICWebPortal/detail?accno=ED397156.

Lemons, J. Stanley. "Black Stereotypes as Reflected in Popular Culture, 1880-1920." *American Quarterly* 29, no. 1 (January 1977): 102–116.

Leserman, Jane. *Men and Women in Medical School*. Praeger Publishers, n.d.

Link, Eugene P. *The Social Ideas of American Physicians (1776-1976): Studies of the Humanitarian Tradition in Medicine*. Susquehanna University Press, 1992.

Linton, Simi. *Claiming Disability: Knowledge and Identity*. NYU Press, 1998.

Lippard, Vernon W. *A Half-century of American Medical Education, 1920-1970*. Josiah Macy, Jr., Foundation : [distributed by Independent Publishers Group], 1974.

Liu, Alan. “The Meaning of Digital Humanities.” *PMLA* 128, no. 2 (March 2013): 409–423.

Lodge, R. Anthony. *A Sociolinguistic History of Parisian French*. Cambridge University Press, 2004.

Lombardi, Emilia. “Public Health and Trans-people: Barriers to Care and Strategies to Improve Treatment.” In *The Health of Sexual Minorities*, 638–652. Springer, 2007. http://link.springer.com/chapter/10.1007/978-0-387-31334-4_26.

Lombardo, Paul A. “Eugenics Bibliography.” *College of Law Faculty Publications* (2009): 96.

Lorber, Judith. “Beyond the Binaries: Depolarizing the Categories of Sex, Sexuality, and Gender*.” *Sociological Inquiry* 66, no. 2 (1996): 143–160. doi:10.1111/j.1475-682X.1996.tb00214.x.

Lott, Eric. *Love and Theft : Blackface Minstrelsy and the American Working Class: Blackface Minstrelsy and the American Working Class*. Oxford University Press, 1993.

Lu, Michael C., and Neal Halfon. “Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective.” *Maternal & Child Health Journal* 7 (2003): 13.

Ludmerer, Kenneth M. *Learning to Heal: The Development of American Medical Education*. Basic Books, 1988.

Magazine, You. “Look at Caster Now! (Cover).” *You Magazine*, September 10, 2009.

Mahar, William J. “Black English in Early Blackface Minstrelsy: A New Interpretation of the Sources of Minstrel Show Dialect.” *American Quarterly* 37, no. 2 (July 1, 1985): 260–285. doi:10.2307/2712901.

Mahar, William John. *Behind the Burnt Cork Mask: Early Blackface Minstrelsy and Antebellum American Popular Culture*. University of Illinois Press, 1999.

Malmsheimer, Richard. *Doctors Only: The Evolving Image of the American Physician*. Greenwood Press, 1988.

Mandell, Laura. “What Is/Are/Isn’t the Digital Humanities?” *Armstrong Institute for Interactive Media Studies*, March 2, 2009. http://aims.muohio.edu/?p=1931.

Marcella S, Delnevo CD. “A National Survey of Medical Students’ Beliefs and Knowledge in Screening for Prostate Cancer.” *J Gen Intern Med* 22 (January 2007): 80–5.

Mark A Largent. *Breeding Contempt : the History of Coerced Sterilization in the United States / Mark A. Largent.* New Brunswick, NJ: Rutgers University Press, 2008.

Mark Anthony Neal on Soul Men and R.Kelly Part 3, 2008. http://www.youtube.com/watch?v=aUi63gb8LjQ&feature=youtube_gdata_player.

Marsh, E.E., and M.D. White. “A Taxonomy of Relationships Between Images and Text.” *Journal of Documentation* 59, no. 6 (2003): 647–672.

Martin, Emily. *The Egg and the Sperm*, 1998.

Martin, John Daniel, and Garland D. Perdue. *The History of Surgery at Emory University School of Medicine*. Emory University, 1979.

Martin S Pernick. *The Black Stork : Eugenics and the Death of “Defective” Babies in American Medicine and Motion Pictures Since 1915 / Martin S. Pernick.* New York: Oxford University Press, 1996.

Mason, Herman Skip. *Politics, Civil Rights, & Law in Black Atlanta: 1870-1970*. Arcadia Publishing, 2000.

Matthew K Gold. *Debates in the Digital Humanities / [edited by] Matthew K. Gold.* Minneapolis: Univ Of Minnesota Press, 2012.

McClaurin, Irma. *Black Feminist Anthropology: Theory, Politics, Praxis, and Poetics*. Rutgers University Press, 2001.

McRuer, Robert. *Crip Theory: Cultural Signs of Queerness and Disability [...] [...]*. New York [u.a.: New York Univ.Press, 2006.

"Medical Curriculum Reform in North America, 1765 to the Pres... : Academic Medicine." Accessed July 23, 2013. http://journals.lww.com/academicmedicine/Fulltext/1999/02000/Medical_curriculum_reform_in_North_America,_1765.15.aspx.

Medicine, Emory School of. "Emory School of Medicine Web Page," 2006.

Medicine, Institute of. "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" (2002).

Merton, Robert King, and Columbia University Bureau of Applied Social Research. *The Student-physician: Introductory Studies in the Sociology of Medical Education*. Published for the Commonwealth Fund by Harvard University Press, 1957.

Metzl, Jonathan. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston: Beacon Press, 2009.

Michael C. Brannigan. *Cultural Fault Lines in Healthcare : Reflections on Cultural Competency / Michael C. Brannigan.* Lanham, Md: Lexington Books, 2012.

Mittell, Jason. "Caption Mining at the Crossroads of Digital Humanities & Media Studies." *Just TV*. Accessed June 13, 2013. http://justtv.wordpress.com/2012/11/30/caption-mining-at-the-crossroads-of-digital-humanities-media-studies/.

Mixon, Gregory, and Clifford Kuhn. "Atlanta Race Riot of 1906." *The New Georgia Encyclopedia*, 2005. http://www.georgiaencyclopedia.org/nge/Article.jsp?id=h-3033.

Mouton, C. P., S. Harris, S. Rovi, P. Solorzano, and M. S. Johnson. "Barriers to Black Women's Participation in Cancer Clinical Trials." *Journal of the National Medical Association* 89, no. 11 (November 1997): 721–727.

Munoz, Jose Esteban. *Disidentifications: Queers Of Color And The Performance Of Politics*. Univ Of Minnesota Press, 1999.

Museum, Royal Pharmaceutical Society of Great Britain, Kate Arnold-Forster, and Nigel Tallis. *The Bruising Apothecary: Images of Pharmacy and Medicine in Caricature*. Pharmaceutical Pr, 1989.

N. S. Patterson. *Yearbook Planning, Editing, and Production / N. S. Patterson.* 1st ed. Ames: Iowa State University Press, 1976.

Neal, Mark Anthony. *Soul Babies: Black Popular Culture and the Post-Soul Aesthetic*. Psychology Press, 2001.

Nelson, Alondra. *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*. Univ Of Minnesota Press, 2011.

"News | Update: Judge Tosses Pediatrician Witness in R. Kelly Case | Singersroom.com." Accessed June 30, 2013.

http://singersroom.com/content/2007-11-04/Update-Judge-Tosses-Pediatrician-Witness-in-R-Kelly-Case.

Numbers, Ronald L. *The Education of American Physicians: Historical Essays*. University of California Press, 1980.

O'Malley, Charles Donald. *The History of Medical Education: An International Symposium Held February 5-9, 1968*. University of California Press, 1970.

Ordover, Nancy. *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism*. U of Minnesota Press, 2003.

Oregon, Henry B. Wonham Associate Professor in the Department of English University of. *Playing the Races : Ethnic Caricature and American Literary Realism: Ethnic Caricature and American Literary Realism*. Oxford University Press, 2004.

Pannapacker, William. "'Big Tent Digital Humanities,' a View From the Edge, Part 1." *The Chronicle of Higher Education*, July 31, 2011. http://chronicle.com/article/Big-Tent-Digital-Humanities/128434/.

Parham, G. P., and M. L. Hicks. "Racial Disparities Affecting the Reproductive Health of African-American Women." *Med Clin North Am* 89 (September 2005): 935–43, 941.

Paul A Lombardo. *A Century of Eugenics in America [electronic Resource] : from the Indiana Experiment to the Human Genome Era / Edited by Paul A. Lombardo.* Bloomington, Ind: Indiana University Press, 2011.

———. *Eugenic Sterilization in Virginia : Aubrey Strode and the Case of Buck V. Bell / Paul A. Lombardo.* Thesis PhD--University of Virginia, 1982.

Peter Stallybrass. *The Politics and Poetics of Transgression / Peter Stallybrass and Allon White.* London: Methuen, 1986.

Philip Reilly. *The Surgical Solution : a History of Involuntary Sterilization in the United States / Philip R. Reilly.* Baltimore: Johns Hopkins University Press, 1991.

Phillips, Jaime, and Kathryn Hausbeck. "Just Beneath the Surface: Rereading Geology, Rescripting the Knowledge-Power Nexus." *Women's Studies Quarterly* 28, no. 1/2 (April 1, 2000): 181–202. doi:10.2307/40004453.

Philosophy, Women's Studies and Political Science Syracuse University Linda Martin Alcoff Professor of. *Visible Identities : Race, Gender, and the Self: Race, Gender, and the Self*. Oxford University Press, 2005.

Pollock, Anne. *Medicating Race Heart Disease and Durable Preoccupations with Difference*. Durham, N.C.: Duke University Press, 2012. http://site.ebrary.com/lib/librarytitles/Doc?id=10606165.

Pratt, Robert A. *We Shall Not Be Moved: The Desegregation of the University of Georgia*. University of Georgia Press, 2002.

Prentice, Rachel. "Bodies of Information: Reinventing Bodies and Practice in Medical Education." Massachusetts Institute of Technology, 2004. http://dspace.mit.edu/handle/1721.1/17820.

Price, Janet, and Margrit Shildrick. *Feminist Theory and the Body: A Reader*. Taylor & Francis, 1999.

"R. Kelly Not Guilty in Child Porn Case." *ABC News*, June 13, 2008. http://abcnews.go.com/TheLaw/story?id=5065392&page=1.

"R. Kelly Speaks Out About Child-Pornography Trial For First — And Possibly Last — Time - Music, Celebrity, Artist News | MTV.com." Accessed June 30, 2013. http://www.mtv.com/news/articles/1594938/r-kelly-talks-about-child-pornography-trial.jhtml.

"R. Kelly Walks: Jury Finds Him Not Guilty Of Child Pornography - Music, Celebrity, Artist News | MTV.com." Accessed June 24, 2013. http://www.mtv.com/news/articles/1589304/r-kelly-found-not-guilty-child-pornography.jhtml.

Ramsay, Stephen. "Algorithmic Criticism." In *Companion to Digital Literary Studies*. Hardcover. Blackwell Companions to Literature and Culture. Oxford: Blackwell Publishing Professional, 2008. http://www.digitalhumanities.org/companionDLS/.

Reagan, Patricia B., Pamela J. Salsberry, Muriel Z. Fang, William P. Gardner, and Kathleen Pajer. "African-American/white Differences in the Age of Menarche: Accounting for the Difference." *Social Science & Medicine* 75, no. 7 (October 2012): 1263–1270. doi:10.1016/j.socscimed.2012.05.018.

Reiss, Benjamin. "P.T. Barnum, Joice Heth and Antebellum Spectacles of Race." *American Quarterly* 51, no. 1 (1999): 78–107. doi:10.1353/aq.1999.0013.

Relman, Arnold S. "The Changing Climate of Medical Practice." *New England Journal of Medicine* 316, no. 6 (1987): 333–334. doi:10.1056/NEJM198702053160609.

Remy, Jana. "Twitterpated: Using Social Media at Academic Conferences." *History Compass Exchanges*, November 16, 2009. http://exchanges.history-compass.com/2009/11/16/twitterpated-using-social-media-at-academic-conferences/.

Richard Sandell, Jocelyn Dodd, and Rosemarie Garland-Thomson. *Re-presenting Disability : Activism and Agency in the Museum / Edited by Richard Sandell, Jocelyn Dodd, Rosemarie Garland-Thomson.* 1st ed. New York: Routledge, 2010.

Robert W Thurston. *Lynching : American Mob Murder in Global Perspective / Robert W. Thurston.* Farnham, Surrey, England ; Burlington, VT: Ashgate, 2011.

Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Knopf Doubleday Publishing Group, 1999.

Roberts, Dorothy E. "Is Race-Based Medicine Good for Us?: African American Approaches to Race, Biomedicine, and Equality." *The Journal of Law, Medicine & Ethics* 36, no. 3 (2008): 537–545. doi:10.1111/j.1748-720X.2008.302.x.

Rocchietta, S. "[Daumier's caricatures relating to medicine at a commemorative exhibit]." *Minerva medica* 72, no. 18 (May 7, 1981): 1157–1158.

Ronald G Walters. *Scientific Authority & Twentieth-century America / Edited by Ronald G. Walters.* Baltimore, Md: Johns Hopkins University Press, 1997.

Rosemarie Garland-Thomson. *Freakery : Cultural Spectacles of the Extraordinary Body / Edited by Rosemarie Garland Thomson.* New York: New York University Press, 1996.

Rosen, George. *The Structure of American Medical Practice, 1875-1941*. Philadelphia: University of Pennsylvania Press, 1983.

Rosenbloom, Arlan L., and James M. Tanner. "Misuse of Tanner Puberty Stages to Estimate Chronologic Age." *Pediatrics* 102, no. 6 (December 1, 1998): 1494–1494. doi:10.1542/peds.102.6.1494.

Ross, C., M. Terras, C. Warwick, and A. Welsh. "Enabled Backchannel: Conference Twitter Use by Digital Humanists." *Journal of Documentation* 67, no. 2 (March 8, 2011): 214–237. doi:10.1108/00220411111109449.

Rothstein, William G. *American Medical Schools and the Practice of Medicine : a History*. New York: Oxford University Press, 1987.

Rubin, Daṿid. *Intersex before and after Gender.* Thesis PhD--Emory University, 2010.

Ruth Macklin, and Willard Gaylin. *Mental Retardation and Sterilization : a Problem of Competency and Paternalism / Edited by Ruth Macklin and Willard Gaylin.* New York: Plenum Press, 1981.

S. E Wilmer. *Native American Performance and Representation / S.E. Wilmer, Editor.* Tucson: University of Arizona Press, 2009.

Sabrina Norlander. *Portraiture and Social Identity in Eighteenth-century Rome / Sabrina Norlander Eliasson.* Manchester England: Manchester University Press ; Vancouver, 2009.

Sammons, Vivian O. *Blacks in Science and Medicine*. New York: Hemisphere Pub. Corp., 1990.

Savitt, Todd L. "Black Doctors: A Strong Medicine to Take in the New South." *The New Crisis*, February 2001.

Savitt, Todd Lee. *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia*. Urbana: University of Illinois Press, 2002.

Schweitzer, N. J., and Michael J. Saks. "CSI Effect: Popular Fiction About Forensic Science Affects the Public's Expectations About Real Forensic Science, The." *Jurimetrics* 47 (2007 2006): 357.

Shannon Thomas Perich. *The Changing Face of Portrait Photography : from Daguerreotype to Digital / Shannon Thomas Perich.* 1st ed. Washington, DC: National Museum of American History, 2011.

Shapiro, Ester R. "Because Words Are Not Enough: Latina Re-Visionings of Transnational Collaborations Using Health Promotion for Gender Justice and Social Change." *NWSA Journal* 17, no. 1 (2005): 141–172. doi:10.1353/nwsa.2005.0017.

Shapiro, Shauna L., Daniel E. Shapiro, and Gary ER Schwartz. "Stress Management in Medical Education: a Review of the Literature." *Academic Medicine* 75, no. 7 (2000): 748–759.

Sheryl Burt Ruzek, Virginia L Olesen, and Adele Clarke. *Women's Health : Complexities and Differences / Edited by Sheryl Burt Ruzek, Virginia L. Olesen, Adele E. Clarke.* Columbus: Ohio State University Press, 1997.

Shields, Alexandra E., Michael Fortun, Evelynn M. Hammonds, Patricia A. King, Caryn Lerman, Rayna Rapp, and Patrick F. Sullivan. "The Use of Race Variables in Genetic Studies of Complex Traits and the Goal of Reducing Health Disparities: A Transdisciplinary Perspective." *American Psychologist* 60, no. 1 (2005): 77–103. doi:10.1037/0003-066X.60.1.77.

Shiralkar, Malan T., Toi B. Harris, Florence F. Eddins-Folensbee, and John H. Coverdale. "A Systematic Review of Stress-Management Programs for

Medical Students." *Academic Psychiatry* 37, no. 3 (May 1, 2013): 158–164. doi:10.1176/appi.ap.12010003.
Siebers, Tobin. *Disability Theory*. Ann Arbor: University of Michigan Press, 2008.
"Silver Medal in 800 Meters Offers Little Clarity in Semenya Speculation | David Epstein | SI.com." *SI.com*. Accessed June 29, 2013. http://sportsillustrated.cnn.com/2012/olympics/2012/writers/david_epstein/08/11/caster-semenya-800-meters/index.html.
Simmons, George H. *Western Medical Review*. Lincoln: Western Medical Review Publishing Company, 1897.
Simon Weaver. *The Rhetoric of Racist Humour : US, UK and Global Race Joking / Simon Weaver.* Farnham, Surrey, England ; Burlington, VT: Ashgate, 2011.
Smith, Andrea. *Conquest : Sexual Violence and American Indian Genocide*. Cambridge, MA: South End Press, 2005. http://www.loc.gov/catdir/toc/ecip055/2004030398.html.
Snyder, Sharon L, and Brueggemann. *Disability Studies: Enabling the Humanities*. New York: Modern Language Association of America, 2002.
Sokoloff, Leon. "The Question of Antisemitism in American Medical Faculties, 1900–1945 1." *Patterns of Prejudice* 31, no. 1 (1997): 43–54. doi:10.1080/0031322X.1997.9970213.
Spiro, Lisa. "Getting Started in Digital Humanities," March 10, 2012. http://journalofdigitalhumanities.org/1-1/introduction/getting-started-in-digital-humanities-by-lisa-spiro/.
Squier, Susan Merrill. *Liminal Lives: Imagining the Human at the Frontiers of Biomedicine*. Duke University Press, 2004.
———. *Poultry Science, Chicken Culture: A Partial Alphabet*. Rutgers University Press, 2011.
Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1982.
Steven Selden. *Inheriting Shame : the Story of Eugenics and Racism in America / Steven Selden ; Foreword by Ashley Montagu.* New York: Teachers College Press, 1999.
Stoeckle, John D., and George Abbott White. *Plain Pictures of Plain Doctoring*. MIT Press, 1985.
Stokely Carmichael. *Black Power; the Politics of Liberation in America / [by] Stokely Carmichael & Charles V. Hamilton.* New York: Random House, 1967.
"Storm over Teazers Billboard." *News24*. Accessed June 29, 2013. http://www.news24.com/SouthAfrica/News/Storm-over-Teazers-billboard-20090930.
Streitfeld, David. "R. Kelly Is Acquitted in Child Pornography Case." *The New York Times*, June 14, 2008, sec. Arts / Music. http://www.nytimes.com/2008/06/14/arts/music/14kell.html.
Students, Emory School of Medicine. *The Aesculapian*. Vol. 3. Atlanta, 1913.
Stycos, J. Mayone. "Sterilization in Latin America: Its Past and Its Future." *International Family Planning Perspectives* 10, no. 2 (June 1984): 58. doi:10.2307/2947936.

Summerville, James. *Educating Black Doctors: a History of Meharry Medical College*. University of Alabama Press, 1983.

Svensson, Patrik. "The Landscape of Digital Humanities." *Digital Humanities Quarterly* 4, no. 1 (Summer 2010). http://digitalhumanities.org/dhq/vol/4/1/000080/000080.html.

Tanner, James Mourilyn. *Growth at Adolescence: With a General Consideration of the Effects of Hereditary and Environmental Factors Upon Growth and Maturation from Birth to Maturity*. Blackwell Scientific Publications, 1962.

Tauber, A I. "The Two Faces of Medical Education: Flexner and Osler Revisited." *Journal of the Royal Society of Medicine* 85, no. 10 (October 1992): 598–602.

Taylor, Lloyd C. *The Medical Profession and Social Reform, 1885-1945*. St. Martin's Press, 1974.

Tervalon, Melanie, and Jann Murray-García. "Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education." *Journal of Health Care for the Poor and Underserved* 9, no. 2 (1998): 117–125. doi:10.1353/hpu.2010.0233.

Tervo, Raymond C., Scott Azuma, Glen Palmer, and Pat Redinius. "Medical Students' Attitudes Toward Persons with Disability: A Comparative Study." *Archives of Physical Medicine and Rehabilitation* 83, no. 11 (November 2002): 1537–1542. doi:10.1053/apmr.2002.34620.

"The Coming Shortage of Black Medical School Graduates." *The Journal of Blacks in Higher Education* (Summer 2000): 44–46.

Thorburn, S., and L. M. Bogart. "African American Women and Family Planning Services: Perceptions of Discrimination." *Women Health* 42 (2005): 23–39.

Timothy C. Jacobson. *Making Medical Doctors : Science and Medicine at Vanderbilt Since Flexner / Timothy C. Jacobson.* Tuscaloosa, Ala: University of Alabama Press, 1987.

Tobin Siebers. *Disability Aesthetics / Tobin Siebers.* Ann Arbor: University of Michigan Press, 2010.

Todd Lee Savitt. *Race and Medicine in Nineteenth- and Early-twentieth-century America / Todd L. Savitt.* Kent, Ohio: Kent State University Press, 2007.

Tolnay, Stewart Emory. *A Festival of Violence: An Analysis of Southern Lynchings, 1882-1930*. University of Illinois Press, 1995.

Tompkins, Kyla Wazana. "'Everything "Cept Eat Us"': The Antebellum Black Body Portrayed as Edible Body." *Callaloo* 30, no. 1 (2007): 201–224. doi:10.1353/cal.2007.0175.

Tuana, Nancy. "Coming to Understand: Orgasm and the Epistemology of Ignorance." *Hypatia* 19, no. 1 (Winter 2004): 194–232.

Tuvel, Rebecca. "'Veil of Shame': Derrida, Sarah Bartmann and Animality." *Journal for Critical Animal Studies* 19, no. 1/2 (2011): 209–29.

Twine, Richard. *Animals As Biotechnology: Ethics, Sustainability and Critical Animal Studies*. Earthscan, 2010.

Villarosa, Linda. "Matters of the Heart; Heart Disease Is the Top Killer of Black Women. Here's How to Protect Your Heart." *Essence*, December 1993.

Wachtler, Caroline, and Margareta Troein. "A Hidden Curriculum: Mapping Cultural Competency in a Medical Programme." *Medical Education* 37, no. 10 (2003): 861–868. doi:10.1046/j.1365-2923.2003.01624.x.

Wallace-Sanders, Kimberly. *Mammy: A Century of Race, Gender, and Southern Memory*. University of Michigan Press, 2009.

Walsh, Mary Roth. *Doctors Wanted, No Women Need Apply: Sexual Barriers in the Medical Profession, 1835-1975*. New Haven; London: Yale University Press, 1977.

Warner, John Harley. *Dissection: Photographs of a Rite of Passage in American Medicine, 1880-1930*. New York: Blast Books, 2009.

Warwick, Claire, Melissa M. Terras, and Julianne Nyhan. *Digital Humanities in Practice*. Facet Publishing, 2012.

Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Random House Digital, Inc., 2008.

Wear, Delese. *Women in Medical Education: An Anthology of Experience*. SUNY Press, 1996.

Wermedal, Douglas R. "It Was Once so: Gender and Generation in College Yearbook Photos." Ph.D., South Dakota State University, 2008. http://search.proquest.com.proxy.library.emory.edu/docview/304492292/abstract/13D657858C12D70116F/26?accountid=10747.

West, Carolyn M. "Mammy, Sapphire, and Jezebel: Historical Images of Black Women and Their Implications for Psychotherapy." *Psychotherapy: Theory, Research, Practice, Training* 32, no. 3 (1995): 458–466. doi:10.1037/0033-3204.32.3.458.

Williams, D. R. "Racial/ethnic Variations in Women's Health: The Social Embeddedness of Health." *Am J Public Health* 92 (April 2002): 588–97.

Williams, Jennifer L. "Darkies, Coons, Pickaninnies, and Jim Crow: The Visual Rhetoric of Early-blackface Minstrelsy." Eastern Washington University, 2004.

Willis, Deborah. *Black Venus, 2010: They Called Her "Hottentot."* Philadelphia, Pa.: Temple University Press, 2010.

Wilson, E., K. Grumbach, J. Huebner, J. Agrawal, and A. B. Bindman. "Medical Student, Physician, and Public Perceptions of Health Care Disparities." *Fam Med* 36 (November 2004): 715–21.

Wu, Tiejian, Pauline Mendola, and Germaine M Buck. "Ethnic Differences in the Presence of Secondary Sex Characteristics and Menarche Among US Girls: The Third National Health and Nutrition Examination Survey, 1988-1994." *Pediatrics* 110, no. 4 (October 2002): 752–757.

Wyatt, G E, B A Bass, and G J Powell. "A Survey of Ethnic and Sociocultural Issues in Medical Schoo... : Academic Medicine." Accessed June 26, 2013. http://journals.lww.com/academicmedicine/Fulltext/1978/08000/A_survey_of_ethnic_and_sociocultural_issues_in.1.aspx.

Zeitlin, Steven J. "As Sweet as You Are: The Structural Element in the Signed High School Yearbook." *New York Folklore Quarterly* 30, no. 2 (June 1, 1974).

http://search.proquest.com.proxy.library.emory.edu/docview/1290852703/13DA169BB59775D2CE8/8?accountid=10747.