Consensus is emerging that the medical community must recognize its complicity in racism. Such work requires atoning for the exclusion of Black individuals from US medical schools, residency programs, and professional societies. For example, Flexner’s 1910 report to the Carnegie Foundation for the Advancement of Teaching recommended closing all but 2 historically Black medical colleges, despite acknowledging that 2 colleges could not train enough physicians to serve 9.8 million Black people in the US.1 Organized medicine can foster inclusion by condemning its histories of discrimination and celebrating underrepresented physicians who transcended societal barriers.2

This article commemorates Dr James McCune Smith, the first Black person from the US to earn a medical degree, who has been called the foremost Black intellectual in the 19th-century US. He was fluent in French, German, Greek, Hebrew, Italian, Latin, and Spanish and the author of more than 100 articles in ethnology, geography, and medicine.3 His abolitionist works have intrigued scholars in African American studies, literature, and history, and his writings inspired a 2018 prize-winning short story collection. However, his medical writings have not received much attention apart from being noted in secondary scholarship.3-5

Smith pioneered early research on the relationship between social disadvantage and health outcomes. This article, after a brief life survey, will focus on 2 of Smith’s areas of interest—opioid use in women and longevity rates of Black individuals—as examples of his clinical science and public health scholarship.

James McCune Smith’s Early Life
Smith was born a slave on April 18, 1813, in New York City to Lavinia Smith, an enslaved Black woman from South Carolina, and Samuel Smith, a White merchant slave-owner.4,5 Young Smith lived free but in fear that slave-hunters would recapture them both.3 He labored as a bonded blacksmith 6 days a week, studying Greek and Latin on nights and weekends to prepare for college.3 He was legally freed at 14 years old after New York passed the Emancipation Act on July 14, 1827.3 He graduated with honors from the African Free School No. 2, founded by a White abolitionist to prove that Black people could equal White people intellectually.5 Despite his academic aptitude, Smith was denied admission to medical school at Geneva Medical College and Columbia University because he was Black, but he was accepted to the University of Glasgow.3,5 He graduated with a BA in 1835, MA in 1836, and MD in 1837—either at or near the top of his class—mastering astronomy, math, anatomy, botany, chemistry, medicine, midwifery, and surgery.3,5

On returning to New York City in 1839, Smith opened a medical practice, pharmacy, and evening school to teach geography, literacy skills, and math to people of all races.3 His lectures in New York City and Philadelphia debunked phrenology, the racist pseudoscience positing that the brain was a collection of organs, each having a separate function; that the brain acquired contours in proportion to talents developed through exercising or “working” that organ; and that an individual’s intellectual capacity could be determined by measuring the skull’s dimensions rather than testing specific mental abilities.3 His efforts were notable given that some other Black academics accepted the “utility” of phrenology, arguing that organs of the brain were adaptable regardless of “race” in their efforts to debunk the claims of racist ethnologists.

In 1846, the Colored Orphan Asylum hired Smith to care for nearly 200 children in residence because 1 in 20 children were dying from measles, smallpox, and tuberculosis.5 Early in his time there he debunked claims that homeopathic treatments reduced children’s death rates in New York City orphanages, writing that “allopathy saves seven times more patients than homeopathy” and arguing that homeopathy is “the most deadly quackery that curses the nineteenth century.”4

A transportation company refused him passage on its streetcars because he was Black, so Smith walked nearly 7 miles daily until the Asylum provided him with conveyance.5 He remained on staff there until his death.

Smith’s Medical Writing
In 1840 Smith wrote the first case report by a Black US physician, titled Case of Ptyalism With Fatal Termination, which described a woman who developed excessive salivation, glossitis, and gingivitis after ingesting a prescription for medical mercury, and who died as a result.3,5 Because of discrimination he could not present his work. A White physician read Smith’s case before the New York Medical and Surgical Society, which found Smith qualified but rejected his membership because he was Black.4,5

James McCune Smith, MD
Image from New-York Historical Society.
His case report preceded the first published account of sialorrhea from mercurial exposure in 1842, indexed in PubMed.

In 1844 Smith became the first Black physician in the US to publish a scientific paper in the formal medical literature, a case series of 5 women whose menses stopped with opioid use.3-5 An early contribution to addiction medicine and women’s health, the article is notable because it provided early evidence of narcotics diversion, describing an 18-year-old woman who took Smith’s prescription of opium to treat menstrual cramps, who, “without my knowledge, continued using the pills,”6 and because it hinted at social determinants of health. Four of the 5 women in the case series did sex work, but all 5 had debilitating conditions: 3 had physical pain and 2 had psychological ailments.6 Recent studies with large data sets have confirmed that people in physical or psychological distress are more likely to use opioids than those without.7

But it was Smith’s response to Secretary of State John C. Calhoun that fused activism with scientific rigor in the first publication from a Black physician known to debunk medical racism. The proslavery Calhoun, a former US vice president and South Carolina senator who favored secession, used the 1840 Census to criticize abolition, alleging, “In all instances which the States have changed the former relation between the two races, the condition of the African, instead of being improved, has become worse....In all other States which have retained the slave system, the slaves…under all [their] disadvantages, would, if freed from slavery, attain a longevity not very much below that attained by the Europ-American population.”8a Finally, he proved that there was a greater difference in mortality between 2 counties in Georgia that had enslaved Black people than the difference in mortality between New England and the South. Smith disputed that racial differences in longevity were inherently biological and suggested that socioeconomic factors were responsible: “there are sufficient grounds for the belief that the slaves...under all [their] disadvantages, would, if freed from slavery, attain a longevity not very much below that attained by the Europ-American population.”8a Nearly 175 years later, public health researchers echoed him in proposing that higher mortality rates among racial and ethnic minority populations due to COVID-19 should be analyzed by modeling the interactions of race, place, and socioeconomic status without assuming that higher mortality rates result from inherent biological differences.9

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Published Online: November 29, 2021. doi:10.1001/jama.20213851

Conflict of Interest Disclosures: None reported.

Note: Some references are available through embedded links in the article online.


Smith’s Life as a Metaphor for Medical History

Alongside medicine, Smith practiced social justice. He wrote against the Supreme Court’s decision in the Dred Scott case denying Black individuals citizenship, aided refugees traveling the Underground Railroad, established the National Council for Colored People with Frederick Douglass in 1853, and edited The Colored American and The Anglo-African Magazine, which were the first venues for free Black people to express opinions for a broad readership.3,5 In 1864, the historically Black Wilberforce College in Ohio offered him a professorship in anthropology for his scholarship on race, but he died in 1865 from heart failure before filling the position.4,5

Smith’s life illustrates racism’s deleterious effects on career advancement. Denied access to medical organizations, networks, and journals, Smith published research in periodicals for Black readers. Scholars in the humanities and social sciences have increasingly used these periodicals as primary sources to trace the contributions of Black individuals to their disciplines,7 which physicians and historians of medicine can also undertake.

Despite his trailblazing work in social justice for Black people, Smith’s descendants viewed themselves as White. His White great-great-great-granddaughter discovered that Smith’s 5 children passed as White in the 1870 Census, lived in White neighborhoods, and found societal acceptance as educators and real estate agents.3 She appreciated the irony, writing, “My family’s willful amnesia mirrored, on a very small scale, a nation that forgot parts of its past in order to define itself as White.”3 As medical institutions commit themselves to dismantling systemic racism, it is time to overcome racial amnesia and rewrite the history of medicine to include underrepresented physicians like Dr James McCune Smith, whose work benefited all without distinction.