

WAKE COUNTY, NC 109
LAURA M RIDDICK
REGISTER OF DEEDS
PRESENTED & RECORDED ON
07/13/2015 09:45:25

BOOK:016083 PAGE:00057 - 00061

ORDINANCE NO. (2015) 429

AN ORDINANCE DESIGNATING THE **LEONARD MEDICAL SCHOOL** IN THE PLANNING JURISDICTION OF THE CITY OF RALEIGH, NORTH CAROLINA, A HISTORIC LANDMARK

WHEREAS, the property located at 816 S. Wilmington Street, Raleigh, NC, is owned by Shaw University; and

WHEREAS, the General Assembly of the State of North Carolina authorized the creation of the Raleigh Historic Development Commission for the City of Raleigh and otherwise provided for the preservation of certain historic sites and buildings by the passage of Part 3C, Chapter 160A, Article 19 of the North Carolina General Statutes; and

WHEREAS, the Raleigh Historic Development Commission has made an investigation and recommended the following property be designated a historic landmark; and

WHEREAS, the North Carolina Department of Cultural Resources has made an analysis and recommendation that the following property be designated a historic landmark; and

WHEREAS, on the 3rd day of March, 2015, a joint public hearing was held in the Council Chamber of the Avery C. Upchurch Municipal Complex, Raleigh, before the City Council of the City of Raleigh and the Raleigh Historic Development Commission to determine whether the hereinafter described property should be designated a historic landmark; and

WHEREAS, all requirements of Part 3C, Chapter 160A, Article 19 of the North Carolina General Statutes, preceding the adoption of this ordinance, have been complied with.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF RALEIGH, NORTH CAROLINA THAT:

Section 1. The property designated as Leonard Medical School, in the planning jurisdiction of the City of Raleigh, North Carolina, be and is declared a Raleigh Historic Landmark. Said property being more particularly described as follows:

A portion of the property located at 816 S. Wilmington Street, Raleigh, NC, owned by Shaw University, that property described in deed book 2901, page 0262 recorded in Wake County Registry, comprising approximately .44 acres beginning at a point on the eastern edge of parcel identified as Wake County PIN 1703750445 166' S of its NE corner; then (approximately) S for 74', W for 49', S for 32', W for 147', N for 105', and E for 199', returning to the starting point.

Section 2. Those elements of the property that are integral to its historical, prehistorical, architectural, archaeological and/or cultural significance or any combination thereof are as follows:

The 1881 three-story Romanesque Revival-style brick building with two distinctive towers framing the narrow three-bay façade and the approximately .44 acre upon which it sits. The conical-roofed three-story towers flank a flat-roofed single-story brick porch with a round-arched entry springing from corbelled brick pilasters. The main roof is hipped. The back third of the building is a ca. 1912 addition detailed to match the original construction exactly; its flat roof is not original. Late twentieth-century additions to the sides of the rectangular-plan building and early addition have original flat roofs and very plain detailing derived from the older structures.

The Leonard Medical School has special historical and cultural significance in the City of Raleigh for its connection to the medical education provided by Shaw University to African Americans in the late nineteenth and early twentieth century. This education had multiple effects. The obvious primary benefit was the increased access to health care experienced by the black community resulting from the training of black doctors. A secondary and equally powerful effect was the school's contribution to creating a black professional class and a group of community leaders who were politically active in the fight the discriminatory Jim Crow laws of the period.

A detailed architectural description and history is found in the 2014 Raleigh Historic Designation application and report and is hereby referenced.

Section 3. No portion of the exterior features of any building, site, structure, or object (including windows, doors, walls, fences, light fixtures, signs, steps, pavement, paths, or any other appurtenant features), trees, nor above ground utility structure located on the hereinbefore described property that is designated in this ordinance may be altered, restored, moved, remodeled, or reconstructed so that a change in design, material or outer appearance occurs unless and until a certificate of appropriateness is obtained from the Raleigh Historic Development Commission or its successors; provided however that the Raleigh Planning Director or designee may approve certificates of appropriateness for minor works as listed in the Bylaws and Rules of Procedure of the Raleigh Historic Development Commission.

Section 4. No building, site, structure, or object (including windows, doors, walls, fences, light fixtures, steps, pavement, paths, signs, or any other appurtenant features), trees, nor above ground utility structure located on the hereinbefore described property that is designated in this ordinance may be demolished unless and until either approval of demolition is obtained from the Raleigh Historic Development Commission or a period of three hundred sixty-five (365) days has elapsed following final review by the Commission of a request for demolition (or any longer period of time required by N.C.G.S. 160A-400.14 as it maybe amended hereafter); provided however, that demolition may be denied by the Raleigh Historic Development Commission in the event that the State Historic Preservation Officer determines that the building, site, or structure has statewide significance as provided by N.C.G.S. 160A-400.14.

Section 5. The Raleigh Historic Development Commission shall have no jurisdiction over the interior features of the property.

Section 6. All owners and occupants of the property hereinabove described, whose identity and addresses can be ascertained by the exercise of due diligence shall be sent by certified mail a copy of this ordinance.

Section 7. This ordinance shall be indexed after the property owner's name in the grantor and grantee indexes in the Office of the Register of Deeds of Wake County.

Section 8. City administration and the Raleigh Historic Development Commission are hereby authorized and directed to have erected an appropriate sign on the site hereinabove described setting forth the fact that said site has been designated a historic landmark by action of the Raleigh Historic Development Commission and the City Council of the City of Raleigh provided, should the owners of the hereinabove described property not consent to the erection of said sign on the described premises, City administration and the Raleigh Historic Development Commission are hereby authorized and directed to have said sign located on the public right-of-way adjacent to said property.

Section 9. In the event any building, site, structure, or object designated by this ordinance is demolished in accordance with the ordinances of the City of Raleigh, this ordinance shall automatically be null and void.

Section 10. Any violation of this ordinance shall be unlawful as by law provided.

Adopted: April 21, 2015

Effective: April 21, 2015

Distribution: Department of City Planning
Inspections Department
Raleigh Historic Development Commission
Wake County Tax Assessor
Property Owner and Occupant (if not the owner)
Wake County Register of Deeds



City Of Raleigh
NORTH CAROLINA

STATE OF NORTH CAROLINA)
COUNTY OF WAKE)

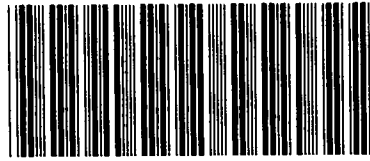
CERTIFICATION

I, Ralph L. Puccini, Assistant Deputy Clerk of the City of Raleigh, North Carolina,
do hereby certify that the attached is a true and exact copy of City of Raleigh
Ordinance No. (2015) 429 adopted April 21, 2015.

IN WITNESS WHEREOF, I have unto set my hand and have caused the Seal of
the City of Raleigh to be affixed this 6th day of July 2015.



Ralph L. Puccini
Assistant Deputy Clerk



BOOK:016083 PAGE:00057 - 00061



**WAKE
COUNTY**
NORTH CAROLINA

Please retain yellow trailer page

It is part of the recorded document and must be submitted with the original for re-recording.

**Laura M. Riddick
Register of Deeds**

Wake County Justice Center
300 South Salisbury Street, Suite 1700
Raleigh, NC 27601

New Time Stamp

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Completion Date:	_____

(Processing Fee: \$266.00 - valid until June 30, 2011 - Checks payable to the City of Raleigh.)

RALEIGH HISTORIC LANDMARK DESIGNATION APPLICATION

This application initiates consideration of a property for designation as a Raleigh Historic Landmark by the Raleigh Historic Districts Commission (RHDC) and the Raleigh City Council. It enables evaluation of the resource to determine if it qualifies for designation. The evaluation is made by the Research Committee of the RHDC, which makes its recommendation to the full commission which in turn makes its recommendation to the City Council. Procedures for administration by the RHDC are outlined in the Raleigh City Code, Section 10-1053.

Please type if possible. Use 8-1/2" x 11" paper for supporting documentation and if additional space is needed. All materials submitted become the property of the RHDC and cannot be returned. Return completed application to the RHDC office at One Exchange Plaza, Suite 300, Raleigh or mail to:

Raleigh Historic Districts Commission
PO Box 829 Century Station
Raleigh, NC 27602

1. Name of Property (if historic name is unknown, give current name or street address):

Historic Name: Leonard Medical School
Current Name: Leonard Hall

2. Location:

Street Address: 816 South Wilmington Street, Raleigh, NC 27601
NC PIN No.: 1703750445 (portion of)
(Can be obtained from <http://imaps.co.wake.nc.us/imaps/>)

3. Legal Owner of Property (If more than one, list primary contact):

Name: Shaw University
Address: 118 E. South Street
City: Raleigh State: NC Zip: 27601-2341
Telephone No: () () - () Fax No. () () - ()
E-Mail: _____

4. Applicant/Contact Person (If other than owner):

Name: Cynthia de Miranda, MdM Historical Consultants for Raleigh Hist. Dev. Comm.
Address: PO Box 1399
City: Durham State: NC Zip: 27702
Telephone No: (919) (906)-(3136) Fax No. () () - ()
E-Mail: cynthia@mdmhc.com

5. General Data/Site Information:

Date of Construction and major additions/alterations:
 Built in 1881 with additions ca. 1910 and ca. 1996
 Other alterations 1897, 1942, 1953, 2000, ca. 2010

Number, type, and date of construction of outbuildings: none

Approximate lot size or acreage: .44

Architect, builder, carpenter, and/or mason: original architect unknown, ca. 1910 addition likely by Gaston Alonzo Edwards, ca. 1996 additions by David Ward Jones Architects

Original Use: educational

Present Use: educational

6. Classification:

A. Category (check all that apply):

Building(s) Structure Object Site

B. Ownership

Private Public Local State Federal

C. Number of contributing and non-contributing resources on the property:

	Contributing	Noncontributing
Buildings	1	0
Structures	0	0
Objects	0	0

D. Previous field documentation (when and by whom): 1989 survey notes by the State Historic Preservation Office.

E. National Register of Historic Places Status:

Check One:

Entered X Date: 1990	Nominated <input type="checkbox"/>
Determined Eligible <input type="checkbox"/> Date:	Determined Not Eligible <input type="checkbox"/> Date:
Nomination Not Requested <input type="checkbox"/>	Removed <input type="checkbox"/> Date:
Significant changes in integrity since listing should be noted in section 10.B. below.	

7. Reason for Request: To ensure preservation of architectural fabric; to recognize significance of building.

8. Is the property income producing? Yes No

9. Are any interior spaces being included for designation? Yes No

10. Supporting Documentation (Attach to application on separate sheets. Please type or print):

A. Photographs/Slides:

At least *two sets of current exterior archival-grade photographic prints* (minimum print size 5"x7") of all facades of the building and at least one photo of all other contributing and non-contributing resources. If interior spaces of the property are being considered for designation, please include two sets of photos for these features. Prints may be created by using archival-grade black and white film photography and processing or digital photography. The minimum standard for a digital print is 5x7 at a resolution of 300 pixels per inch (ppi). This translates into a pixel dimension of 1950 x 1350. Digital images must be printed with an acceptable ink and paper combination as determined by the National Park Service Go to: <http://www.nps.gov/history/nr/publications/bulletins/photopolicy/index.htm>. All photographs must be labeled with the name of the structure, address and date the photograph was taken with pencil or archival-approved photo pen. In addition to prints, all digital images should be submitted on a CD-R in TIF format. Any additional exterior or interior views and views of other structures on the property (color, black and white, or slides) will be helpful.

B. Boundary Map:

Please include a map showing the location of the property. A sketch map is acceptable, but please note street names and number. Any other structures on the property should also be shown. Please include a "North" arrow. Map should be no larger than 11" x 17". A tax map with boundaries marked is preferred, which can be found at: <http://imaps.co.wake.nc.us/imaps/>.

C. Architectural Significance:

Describe the property, including exterior architectural features, additions, remodelings, and alterations. Also describe significant outbuildings and landscape features. If the owner is including interior features in the nomination for the purpose of design review protection; describe them in detail and note their locations. Include a statement regarding the architectural significance of the property.

D. Historic Significance:

Note any significant events, people, and/or families associated with the property. Include all major owners. Note if the property has ever been recorded during a historic building survey by the City of Raleigh or by the NC State Historic Preservation Office. If so, who and when? (See application item 6.D.) Please include a bibliography of sources. Information regarding prior designations can be found by contacting the Survey and Planning Branch of the NC State Historic Preservation Office (NCSHPO) at 919-807-6570, 919-807-6573 or at: <http://www.hpo.dcr.state.nc.us/spbranch.htm>.

E. Special Significance Summary:

Include a one to two paragraph summary of those elements of the property that are integral to its historical, prehistorical, architectural, archaeological, and/or cultural importance.

10A. Photographs: All photos taken by the author in August 2014.



Leonard Medical School, 816 South Wilmington Street, façade, view W



Leonard Medical School, 816 South Wilmington Street, N elevation, view SE



Leonard Medical School, 816 South Wilmington Street, rear elevation, view SE



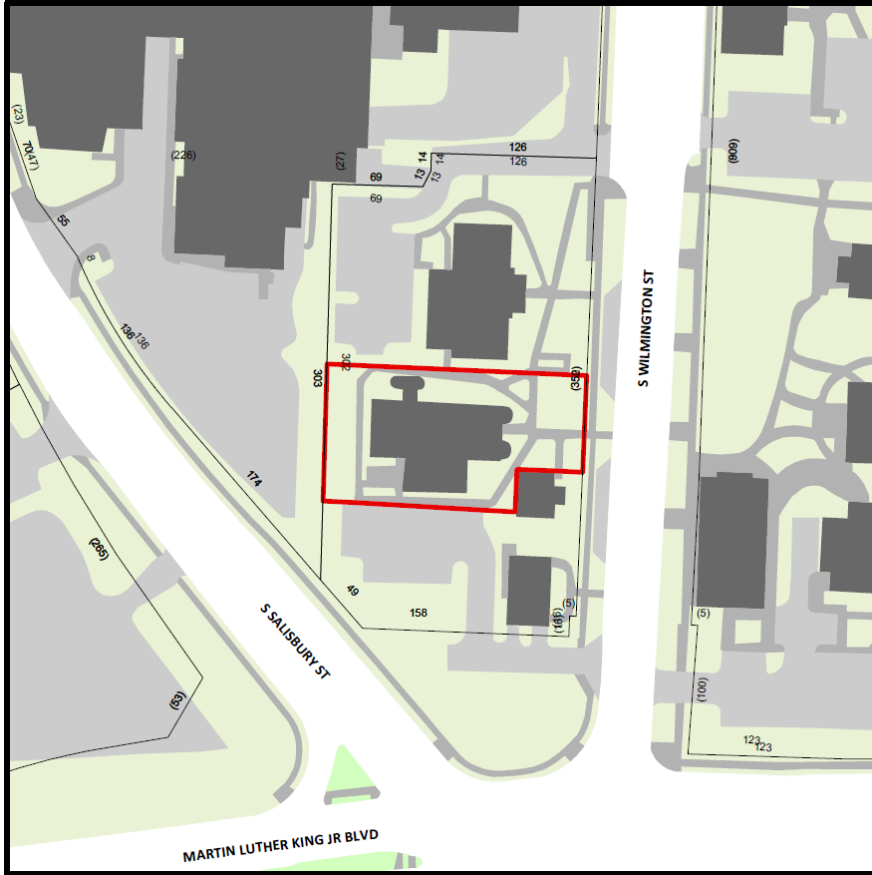
Leonard Medical School, 816 South Wilmington Street, S elevation, view N



Leonard Medical School, 816 South Wilmington Street, interior, second floor hall

10B. Boundary Map

The proposed landmark boundary begins at a point on the eastern edge of parcel identified as Wake County PIN 1703750445 166' S of its NE corner. Then (approximately) S for 74', W for 49', S for 32', W for 147', N for 105', and E for 199', returning to the starting point. The area proposed for designation is approximately 0.44 acres.



City of Raleigh



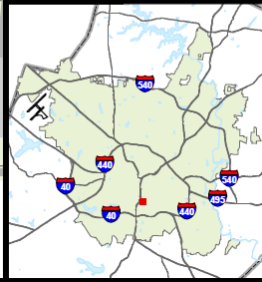
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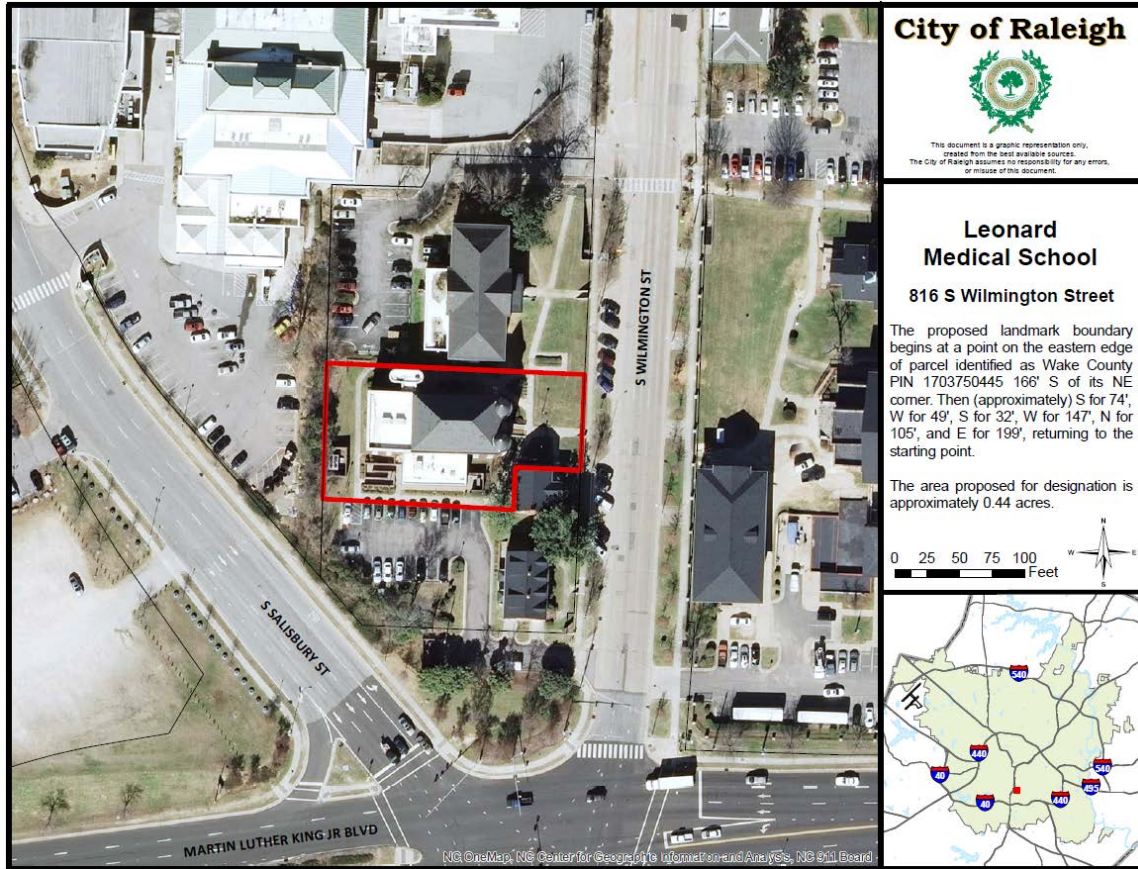
Leonard Medical School

816 S Wilmington Street

The proposed landmark boundary begins at a point on the eastern edge of parcel identified as Wake County PIN 1703750445 166' S of its NE corner. Then (approximately) S for 74', W for 49', S for 32', W for 147', N for 105', and E for 199', returning to the starting point.

The area proposed for designation is approximately 0.44 acres.





10C. Architectural Significance

The 1881 Leonard Medical School is a nice example of the Romanesque Revival style, but its primary significance derives from its historical and cultural associations, as outlined below. The building has been updated and altered since the closure of the medical school and throughout the twentieth century. More recently, it has been sensitively rehabilitated. The integrity of design, setting, and feeling is intact. However, alterations have lessened its integrity of workmanship and materials.

Property Description

Leonard Medical School is a three-story Romanesque Revival-style brick building with two distinctive towers framing the narrow three-bay façade. The conical-roofed three-story towers flank a flat-roofed single-story brick porch with a round-arched entry springing from corbelled brick pilasters. The main roof is hipped. The back third of the building is a ca. 1912 addition detailed to match the original construction exactly; its flat roof is not original. Late twentieth-century additions to the sides of the rectangular-plan building and early addition have original flat roofs and very plain detailing derived from the older structures.

Those older sections are rich with texture and detailing. An elaborate all-brick cornice comprises several corbelled courses over corbelled dentil bricks all underscored with a frieze band of soldier bricks alternating with recessed panels. Brick surrounds accent the windows and additional plain brick belt courses wrap around the building at the lower stories. Belt courses merge with corbelled brick sills and under arches in the window surrounds. Flat maroon paint covers the original brick and lessens the impact of decorative work.

Window design changes at each story and adds variety to the building's symmetrical character. Those at the first floor are flat-topped, at the second floor are segmental-arched, and at the third-floor are round-arched. Smaller paired sets of windows at the second and third stories fit in the recessed wall area between the towers. Six-over-six double-hung sash throughout add unity.

The late-twentieth-century additions to the sides of the building are of unpainted red-brown brick and rise just to the height of the cornice frieze of the older construction. The later additions' decoration defers to the historic structure. Embellishment is minimal and mimics only the simplest elements of the original. Plain belt courses are present and match the location from the older building. A simple cornice replicates the soldier-brick frieze of the original. It is capped with metal coping. Fenestration is limited to windows placed in those walls adjacent to the older building and early addition; the windows match those in the original structure. The south-side addition is rectangular in plan. At the north side, a more complicated footprint refers to the shape of the original towers: A narrow rectangular block links to a slightly larger oblong-section block with curved walls at the front and back. The former has windows but the latter lacks fenestration.

The interior plan features a center corridor flanked by offices and classrooms at the first and second floors. Hefty wood columns braced with whimsical curved brackets line the corridor. Bold turned pendants finish the brackets at the ceiling. Walls are lined with beadboard wainscot over plain base molding, floors are wood, and interior doors are paneled wood set under transoms. Ceilings are drywall and seem to obscure beams supported by the bracketed columns. At the back of the corridor at the first floor is a carpeted library that also features the bracketed columns.

An original stair in the southwest corner leads to upper stories. The stair has a paneled square newel post, turned balusters, a molded handrail, and beadboard wainscot. The balusters and wainscot are painted, but the newel and handrail are unpainted dark wood, possibly mahogany. Stair treads are unpainted wood as well. The third story houses a large lecture hall and originally housed the amphitheater. Today, the carpeted floor is raked with low, broad steps to improve sightlines. Finishes in the later additions include linoleum-tile floors, drywall, and simple base molding. The additions house restrooms and elevators on the south side and a stairwell on the north side.

Alterations since construction

The earliest detailed depiction of the building in Raleigh's Sanborn maps is from 1896. The footprint is roughly the same depth as today, but the back third of the building is a narrow, single-story, brick-walled two-room extension centered on the rear elevation of the three-story block. A single-story wood porch is roughly centered on the south elevation, and the single-story front entry appears to be a small brick room instead of the brick porch seen today and in historic images. In 1897, interior and exterior renovations were made to "Leonard Medical Building," according to Wilmoth A. Carter's *Shaw's Universe: A Monument to Educational Innovation*, a thorough 1973 history of the institution. A comparison of the Sanborn maps from 1896 and 1903, however, show no difference. The 1914 Sanborn map shows the single-story rear extension replaced by the three-story addition that survives today. The one-story wood-frame porch is still at the south elevation, and the single-story front entry does appear to be a porch rather than an enclosed foyer. These changes at the front and rear may date to between 1910 and 1912; if so, they are likely the work of Gaston Alonzo Edwards, an architect and educator who ran Shaw University's building program at the time. When funds became available in 1910 to build the neighboring hospital building, some portion was also to go to improvements elsewhere on campus.¹

Carter also details how, in 1922, after the medical school was closed, some thought was given to overhauling the structure to serve as a modern science building. However, the building's deficiencies (it was not considered fireproof) led administrators to rule in favor of erecting a new building south of Meserve Hall instead. That building was completed in 1925. In 1926, the American Baptist Home Missionary Society, Shaw University's original benefactor, allocated \$3,000 to renovate the first floor of Leonard Medical School, creating six classrooms.²

In 1942, three Baptist organizations launched a \$15,000 campaign to renovate Leonard again. This time, the revamped building would house classrooms for Shaw as well as "Baptist Headquarters." Presumably, the latter involved offices for the three sponsoring bodies, the General Baptist State Convention, the State Sunday School Convention, the state Baptist Training Union. The second and third floors were remodeled and the second floor of the Leonard Building housed the Baptist Headquarters starting in the 1943-1944 academic year. Other improvements were made in 1953, including a fire escape and alterations to the cornice at the original part of the building, after a fire resulted from a lightning strike in a summer storm.³

¹ Raleigh Sanborn maps viewed September 26, 2014, at UNC's NC Maps website; Wilmoth A. Carter, *Shaw's Universe: A Monument to Educational Innovation* (Raleigh, N.C.: Shaw University, 1973), 64.

² Carter, 53, 69, 70.

³ David Ward Jones Architects, P.A. "An Outline History of Leonard Hall (compiled from Wilmoth A. Carter's *Shaw's Universe: A Monument to Educational Innovation*), in the File Room of the State Historic Preservation Office, Raleigh, NC; David Ward Jones Architects, P.A. "Schematic Design Data for the Rehabilitation of Leonard Hall," 1994, Board of Trustees files, Shaw University.

Another fire in 1983 apparently did more damage. The building was vacated and stood empty for over a decade. When the North Carolina State Historic Preservation Office documented it in 1989, the entire roof was gone, including the conical caps at the towers. A flat roof had been installed; the original was destroyed or compromised by the fire. The one-story front porch was missing, and the corbelled cornice only remained at the rear addition. An oval window pierced the second-story wall over the opening instead of the paired windows. Windows remained, but by 1996, the openings were boarded with plywood.⁴

David Ward Jones Architects rehabilitated the building from 1996 through 2000. The work recreated the lost historical details and brought the building up to current code and ADA requirements with the side wings containing restrooms, stairwells, and an elevator. Since 2010, brick sills replaced wood at some windows and the railing at the front porch was replaced.⁵

10D. Historic Significance and Historical Context

History of the Leonard Medical School

There were no medical colleges or medical licensing procedures in North Carolina before the Civil War. Prospective doctors attended medical school outside the state or apprenticed themselves to established physicians for one to three years. While the vast majority of physicians in the United States at the time were white men, a small number African Americans managed to get formalized medical training as early as the second decade of the nineteenth century. Most were free and from families of some means. They either studied abroad, at the few private schools that would accept them, or in a program dedicated to a “medical sect” such as homeopathy. Throughout the United States, racial discrimination kept a significant number of these black physicians from practicing medicine. Additionally, there was a tradition of black “healers” and midwives before the Civil War—untrained or informally trained practitioners within a “slave health subsystem” as described by historians W. Michael Byrd and Linda A. Clayton.⁶

Baptist missionary Henry Martin Tupper came south from Massachusetts after the Civil War. He established the Raleigh Institute under the auspices of the American Baptist Home Mission Society (ABHMS) to provide education to Southerners recently freed from slavery. The school became Shaw University in 1875, named for major benefactor Elijah Shaw, also from Massachusetts. Tupper had been interested in establishing a medical school from the university’s inception and trustees voted

⁴ Flora Hatley Wadelington, interview by the author, August 2014. Survey notes are in the property’s file in the File Room of the State Historic Preservation Office. Also see *News and Observer*, February 23, 1996.

⁵ Wadelington interview; David Ward Jones Architects, “Schematic Design Data.”

⁶ J. H. Way and L. B. McBrayer, “Medical Colleges in North Carolina,” *Transactions of the Medical Society of North Carolina* 75 (1928), 136; W. Michael Byrd and Linda A. Clayton, *An American Health Dilemma Volume 1: A Medical History of African Americans and the Problem of Race: Beginnings to 1900* (New York: Routledge, 2000), 231-235, 303-304, 399.

to authorize it in 1880. That fall, a new Medical Dormitory building stood on campus, on the parcel of land S. Wilmington and S. Blount streets and below South Street. Tupper, meanwhile, was raising money for a building to house the medical school itself. He turned to his brother-in-law, Judson Wade Leonard, who donated \$5,000. Additional funds came in from the Leonard family with the stipulation of locally raised matching funds; Tupper secured the money in three weeks. He then requested a donation of land from the state. In March 1881, the state legislature gave Shaw University “one square acre of ground, to be taken from the southeast corner of the lot on which the governor’s mansion is now located” for the school. The parcel was just across S. Wilmington Street from the existing campus. A building had to be underway on the site within a year and completed within three. In fact, it was under construction by that summer and ready for use in the fall. Students likely contributed brickmaking and construction, as they did with other early buildings on campus; a brickyard had been operating at Shaw since 1870. The first class matriculated that November.⁷

From the start, Leonard had high aspirations. It started out as a four-year program when medical schools routinely offered just two years of instruction. In large part, the four-year curriculum initially provided remedial education to men whose educational opportunities had previously been severely limited, but administrators were always concerned that Leonard students be thoroughly trained. In its second session, the school announced its intention “to follow as closely as possible the curriculum of study as pursued at Harvard and other first-class medical schools.” The stakes were high, as students and administrators wanted to prove that black doctors were as qualified as whites. In 1885, just a year before Leonard would graduate its first class, the state legislature passed a law requiring doctors practicing in the state to pass a licensing exam administered by the State Board of Medical Examiners. The legislature had authorized the board in 1859 in the intervening twenty-five years had not managed to pass a licensing law.⁸

By the 1890s, the American Association of Medical Colleges was pushing for increased admissions standards, revised curricula, and tougher graduation requirements. To provide sufficient instruction, the original five-month school term was extended by an additional month in 1889, again in 1902, and once more in 1906. Minimum scores required to pass final program exams were raised in 1890. In 1891, extra exams were instituted at the ends of the first and second years to aid in preparation for the final exam. The faculty consisted of white Raleigh doctors, many of whom were former slave owners or from slave-holding families. The white doctors on the faculty by 1886 stayed at the school for about the next quarter

⁷ Carter, 4, 26-29; Long, Dorothy, “Other Former Medical Colleges in North Carolina,” Dorothy Long, ed., *Medicine in North Carolina: Essays in the History of Medical Science and Medical Service, 1524-1950*, Volume I (Raleigh: The North Carolina Medical Society, 1972), 365; Darlene Clark Hine, “The Anatomy of Failure: Medical Education Reform and the Leonard Medical School of Shaw University, 1882-1920,” *The Journal of Negro Education* 54 (Autumn 1985): 517.

⁸ Long, 216-217; 366-367; Hubert Eaton, “Every Man Should Try” (Wilmington: Bonaparte Press, 1984), 306-307.

century, providing consistency to the school's approach. But the Leonard Medical School had only a small endowment and a firm financial footing eluded the program.⁹

Another Northern white missionary, Charles Meserve, succeeded Tupper as president of Shaw University in 1884. The medical school was also a priority for Meserve. Dorothy Long, who wrote a summary history of medical colleges in the state, noted that Meserve "raised the requirements and standard of the school for sending out well-prepared colored men into the practice of medicine." In doing so, he continued what Leonard's and Shaw's administration had begun. Likewise, Meserve quickly recognized the financial deficiencies but was not able to correct them.¹⁰

The bottom line was the lack of a sufficient endowment. Tuition was never enough to cover costs of the medical school; many students, in fact, were on scholarship or charged nominal tuition to enable their attendance. Medical historian Todd Savitt, who has published widely on Leonard Medical School (LMS), records that "the total annual cost of attending LMS never, during its history, exceeded one hundred dollars, including living and tuition expenses, half the cost of most white schools." Savitt also notes that, in reply to a student requesting additional scholarship funds, Meserve stated "It will be impossible to grant you any further assistance....A scholarship of \$60 per annum has been granted to you, also an opportunity to do some work to reduce your expenses to the minimum. Our charges are made just as low as possible to help poor and worthy young men, and we can not do more than I have stated. All our students are poor and needy....The income from the students does not half meet the expenses of the institution, the remained being contributed by self-sacrificing friends in the North."¹¹

Administrators always paid the salaries of the faculty but neglected the physical plant. Meserve described the dire state of the buildings in a private letter in 1895. A new or completely renovated hospital was needed, classroom skeletons and models were "almost worthless," and the medical school buildings were "fire traps" that had not been connected to sewer lines. The school in its early years had funded capital improvements with hefty donations from the North, but northern philanthropists' interests eventually turned elsewhere as emancipation receded into history. The 1890s brought a nationwide recession that further hampered efforts at gaining financial stability. Both Tupper and Meserve knew the endowment needed to be increased, but the already constant task of fundraising consistently yielded just enough to keep the school open.¹²

⁹ Long, 366-367; Way and McBrayer, 142; Carter, 34-35; Hine, 518.

¹⁰ Long, 367.

¹¹ Todd L. Savitt, "Training the 'Consecrated, Skillful, Christian Physician,'" *North Carolina Historical Review*, 75 (July 1998): 259-260.

¹² Todd L. Savitt, "The Education of Black Physicians at Shaw University, 1882-1918," Jeffrey J. Crow and Flora J. Hatley, eds., *Black Americans in North Carolina and the South* (Chapel Hill: University of North Carolina Press, 1984), 177-178; Meserve quoted in Hine, 520.

The twentieth century brought more stresses. States began requiring licenses to practice medicine and medical board examinations became ever more rigid and difficult. Leonard extended its academic year by another four weeks in 1908, from seven to eight months, citing “increased requirements of State boards of medical examiners.” But the worst was yet to come: The Carnegie Foundation commissioned a study of American medical schools around this time, publishing the results, Abraham Flexner’s *Medical Education in the United States and Canada*, in 1910. Flexner’s report included notes on his extensive visits to medical colleges, and his assessment of Leonard was the final blow to the school’s viability. Flexner concluded that Leonard’s facilities were substandard and noted that the school was a “philanthropic enterprise” that made the mistake of using its limited funds to pay faculty rather than invest in itself. He recommended concentrating donations to black medical schools on better financial footing: Meharry Medical School in Nashville, another program established by missionaries in the decade after the Civil War, and Howard University’s Medical College in Washington, D.C., which received funds from the federal government. Flexner believed these two schools would be sufficient to educate black doctors for the country, explaining “the Negro needs good schools rather than many schools.”¹³

Flexner’s report seriously hampered Meserve’s ability to raise funds. The ABHMS appropriated money in 1910 to provide a modern hospital facility with a focus on a sanitary treatment environment. The ABHMS indicated that if the medical school and hospital were closed in the future, the new hospital building must be employed for the education of blacks and not sold for another use. The new hospital opened in 1912 but finances never improved. In 1914, Shaw closed the hospital and finally discontinued the full four-year course of medical studies. A two-year remedial program stayed in place without a clinical element until 1918, but the entire program was discontinued as of 1920.¹⁴

Loss of the medical school was painful for years after the fact. As late as 1930, Shaw University still discussed whether a medical school could be reopened. A committee of trustees was formed to investigate and report on the matter. Money was again the hurdle, with the necessary funds quoted at \$500,000 to \$1 million. Still, Shaw University continued to prepare students for medical school within its collegiate

¹³ Savitt, “Education,” 177-178, 181-185; *Twenty-eighth Annual Catalog of the Officers and Students of the Leonard Medical School* (Raleigh: Edwards and Broughton, 1908), 9; Hine, 512, 514, 522-523.

¹⁴ Savitt, “Education,” 183-185; Long, 367; Hine, 524-525. While most sources date the closing of the program to 1918, Hine puts it at 1920. The discrepancy could indicate that after 1918 students were no longer admitted to the two-year program. In 1920 they would have graduated and the program would have stopped operating. For more information on the Leonard Medical Hospital, see the 2014 Local Designation Report for the property.

program. In 1921, the American Medical Association gave Shaw an A rating, enabling the school's graduates to enter medical school without condition.¹⁵

Impact of the Leonard Medical School in Raleigh

Aside from its direct effect of providing a medical education for black students, the presence of Leonard Medical School in Raleigh improved access to health care for the city's black population. At the end of the nineteenth century, living conditions for Raleigh's average black resident did not promote good health. Most of the city's black population was poor, many were illiterate, and available housing was substandard. Wells were often contaminated, thanks in part to backyard privies and cesspools. The community had so long been deprived of access to trained health care providers that a collective knowledge of practices to promote good health was lacking.¹⁶

When Leonard Medical School opened, the city began providing money each year for the school to distribute prescription medication free of charge to Raleigh's black residents. In January 1885, Shaw opened Leonard Medical Hospital to offer clinical instruction to its students, but the hospital also provided services to Raleigh's black community. In 1890, Shaw established the Leonard School of Pharmacy and began graduating students in 1893. The pharmacy continued operating the city-funded medical dispensary.¹⁷

Longer term, the school helped improve the health of the black population by training black doctors. In public health circles, the expressed need for trained black physicians related as much to providing health education as it did to treating the sick. The 1908-09 Leonard catalog makes this need clear: "The race is greatly in need of consecrated, skilled physicians and surgeons....No one can do more to improve the daily life of the masses than the consecrated, skillful Christian physician." Treating the sick alone would not "improve the daily life of the masses." Health education would.¹⁸

In the late nineteenth and early twentieth centuries, there were increasingly more black doctors in North Carolina because of Leonard Medical School. Graduates began dispersing across the state and throughout the country. In 1912, Leonard-trained doctors were practicing in nineteen states as well as in Washington D. C. and in Liberia, Jamaica, and Trinidad. A number stayed in Raleigh, providing care in home offices and in buildings owned by black entrepreneurs on and around Hargett

¹⁵ Carter, 74-75; David Ward Jones Architects, P.A. "An Outline History of Leonard Hall," compiled from Wilmoth Carter's *Shaw's Universe*, in the Leonard Hall Survey File at the State Historic Preservation Office, Archives and History, Raleigh.

¹⁶ Dorothy A. Gay, "Crisis of Identity: The Negro Community in Raleigh, 1890-1900," *North Carolina Historical Review*, Vol. L, April 1973, 135-136;

¹⁷ Savitt, "Education," 172; J.A. Whitted, *A History of Negro Baptists in North Carolina* (Raleigh: Edwards & Broughton, 1908), 159; Carter, 29.

¹⁸ *Twenty-eighth Annual Catalog of the Officers and Students of the Leonard Medical School* (Raleigh: Edwards and Broughton, 1908), 7.

Street. In 1897, in an appeal for funds, the mostly white faculty members of Leonard wrote that “The home life and sanitary surroundings of the colored people of this city have been materially improved since one of our graduates, ten years ago, entered upon the practice of medicine.” The reference was to Dr. Lawson A. Scruggs, one of the first graduates of Leonard Medical School, who had a local practice and also taught at Leonard and at St. Augustine’s College. His classmate, Dr. Manassas Pope, returned to Raleigh from Charlotte in 1899 and opened a medical practice. He built a house just north of Shaw University in 1900 and included a small examination and treatment room in the dwelling. Finding office space was often difficult for black doctors except in black-owned buildings.¹⁹

Further, the impact of the Leonard Medical School goes beyond improving the black community’s access to health care. The medical and pharmacy schools, along with a law school established in 1886, contributed to Shaw University’s position as the state’s leading black denominational university. As historian Robert C. Kenzer explains, even through the early years of the twentieth century “no other denominational college had such professional programs.” Furthermore, attending these professional programs was a political statement as much as it was the means to a better living. Savitt notes that Lawson Scruggs, valedictorian of the first graduating class, made that clear in his commencement address, in which he urged fortitude. “The colored man must go forward. He must harness himself for the battle, and we who stand before you tonight, are pioneers of the medical profession of our race.” The school itself also promoted this cause. The 1908 catalog, just after stressing the importance of trained black physicians and surgeons to improving health care for the black community, urged its students that “Not *self*, but the *race* must ever be his motto.”²⁰

Leonard’s graduates did “go forward.” Drs. Scruggs and Pope, along with classmates Dr. Aaron McDuffie Moore and Dr. John Taylor Williams, established the Old North State Medical Society in 1877 in reaction to their exclusion from the whites-only North Carolina Medical Society. The Old North State Medical Society provided opportunities for networking and continuing education for physicians, dentists, and pharmacists with annual meetings that started in 1889. It also promoted public health education, sponsoring wellness programs and increasing access to health care.²¹

Many graduates also became active in an effort to promote the rights and welfare of the black community, beginning with those leaders from Leonard’s first class. Dr.

¹⁹ Gay, 136; Kenney, 40; Leonard Medical School faculty quoted in Hine, 520; Cynthia de Miranda, “Pope House Statewide Significance Report,” 2011, in the files of the Raleigh Historic Development Commission, Raleigh.

²⁰ Kenzer, 118, Savitt, 175, 1908 Leonard Catalog, 7.

²¹ Thomas Ward Jr., *Black Physicians in the Jim Crow South* (Fayetteville: University of Arkansas Press, 2003), 55-66, 189, 205-207; Also see the Annual Meeting programs of the Old North State Medical Society, held in the Special Collections of the Health Services Library at the University of North Carolina at Chapel Hill.

Pope ran for mayor in Raleigh in 1919, an act that helped increase local black voter participation and draw attention to the community's fight for civil rights. Dr. Moore was Durham's first black doctor and a founder of the influential North Carolina Mutual Life Insurance Company. He also founded the Lincoln Hospital and the Durham Colored Library, now the Stanford L. Warren branch of the Durham County library. Drs. Pope, Scruggs, and Williams were the first black physicians licensed to practice medicine in the state. Scruggs established a medical practice in Raleigh at taught at Leonard Medical School and at St. Augustine's College. Williams and Pope moved to Charlotte and established the first black-owned drugstore in the state, the Queen City Drug Company. The building is no longer extant, but it included a second-floor meeting room above the drugstore that hosted political meetings and strategy sessions.²²

A later Leonard graduate, Dr. J. H. Love, helped organize the Twentieth Century Voter's Club in 1916 to increase black voter participation in Raleigh. Working with Charles N. Hunter, the principal of Oberlin School, Love also established the *Raleigh Independent* newspaper and worked to start a local chapter of the newly chartered National Association for the Advancement of Colored People.²³

This small sample of the careers and activities of Leonard graduates illustrates the impact that the school has made in Raleigh's history. In educating black doctors, helping establish a professional class in the black community, and encouraging students to go into the world and work on behalf of African Americans, Leonard Medical School has made a significant contribution to the life and culture of the City of Raleigh.

E. Special Significance Summary

The Leonard Medical School has special historical and cultural significance in the City of Raleigh for its connection to the medical education provided by Shaw University to African Americans in the late nineteenth and early twentieth century. This education had multiple effects. The obvious primary benefit was the increased access to health care experienced by the black community resulting from the training of black doctors. A secondary and equally powerful effect was the school's contribution to creating a black professional class and a group of community leaders who were politically active in the fight the discriminatory Jim Crow laws of the period.

²² Ward, 105; *Dictionary of North Carolina Biography*, s.v. "Aaron McDuffie Moore," "Lawson Andrew Scruggs" and "John Taylor Williams."

²³ Kenneth Joel Zogry, "The House that Dr. Pope Built: Race, Politics, Memory, and the Early Struggle for Civil Rights in North Carolina" (Ph.D. diss., University of North Carolina at Chapel Hill, 2008), 191-194; Jeffrey J. Crow, Paul D. Escott, and Flora J. Hatley, *A History of African Americans in North Carolina* rev. ed. (Raleigh: Division of Archives and History, 2001), 99, 125.

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Note: The Archives at Shaw University were unfortunately closed due to a mold infestation during the period in which this report was prepared. The Archives presumably possess good information relating to the erection of buildings during the period described herein and future scholars should consult the Archive if possible.

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