7-20-1990

David Goldring Oral History

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Oral History Series

Washington University Medical Center Desegregation History Project

David Goldring, M.D.

Interviewed July 20, 1990 by James Carter and William M. Geideman

Bernard Becker Medical Library, Washington University in St. Louis

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Biography

As a resident in the mid-1940s, Dr. David Goldring led the desegregation of the wards at St. Louis Children’s Hospital. One night, while he was working in the emergency room, a premature Black baby was admitted to the hospital. Because all the incubators in the Black ward were full, Dr. Goldring simply sent the baby to an empty incubator in the white ward. The confrontation which occurred the following morning (see description in the interview) is viewed as a turning point in the desegregation of health care by much of the St. Louis medical community. Born in Russia in 1914, Dr. Goldring moved to the United States and attended Washington University for both undergraduate work and medical school. As a pediatrician, Dr. Goldring has been practicing in St. Louis ever since medical school. He is an Emeritus Professor of Pediatrics at Washington University.
If you’d just like to continue [the previous conversation before turning on the tape recorder]?

In the early 1900s, Mr. Robert Brookings, an important benefactor in the educational field, not only gave financial help to the university but made a very important contribution when he brought Dr. Abraham Flexner, a very prominent physician, as a consultant to Barnes and [St. Louis] Children’s Hospitals to find out how these hospitals could be improved. Dr. Flexner made two important suggestions. One, he felt that the medical school should have a full-time faculty of teachers rather than the part-time physician teachers who were in active private practice. Secondly, he felt very strongly that both hospitals should have very strong affiliations with the medical school.

The first professor of pediatrics at Children’s Hospital was Dr. John Howland, a very famous pediatrician, who had two medical degrees—one from Cornell University and the other from the New York state medical school. He was one of the pioneers in demonstrating the importance of the biochemical basis of disease in pediatrics. A handful of other pediatricians taught and supported this concept. These were Dr. Alexis Hartmann, Sr., who was professor of pediatrics at St. Louis Children’s Hospital from 1936 to 1965; Dr. McKim Marriott who preceded Dr. Hartmann from 1917 to 1936; Dr. Dan Darrow who was a member of the staff here was another proponent of the same philosophy; as well as Dr. Allen Butler from Boston Children’s [Hospital].

Dr. Howland’s tenure here at Children’s was short-lived; he only stayed six months. One of the reasons why he left Children’s Hospital for a post at Johns Hopkins medical school was that St. Louis Children’s Hospital would not admit Black children into the hospital for treatment.
Treatment was allowed on an outpatient basis but not on an inpatient basis. Dr. Howland felt very strongly that they should be admitted. The hospital board struggled with this problem a number of years because of the city-wide racial prejudice which existed at that time. Finally, in 1923 a special ward was set aside at the hospital on the second floor, called Butler Ward, where Black children were admitted for treatment. I believe this was the first time that any hospital in the entire hospital group admitted Black patients for treatment.

One interesting side light which involved myself is as follows: When I was a resident between 1941 and 1944, I was working in the emergency room when they brought a premature Black baby who needed hospitalization. I called Butler Ward and they were out of incubators, so I called the white infant ward which did have an incubator. I, therefore, sent the baby up there. It wasn’t more than five minutes that I got a call from the administrator, Mrs. Estelle Claiborne, to come down to her office. She wanted to know by what authority I had admitted a Black baby to a white ward. I said that there wasn’t any room on the Black ward and the baby had to be hospitalized. That was why I admitted the baby to the white infant ward. She became very angry and said that residents are usually kicked out of the hospital if they do things like that. She then picked up the phone and called Dr. Hartmann and spoke with him for about five minutes. Then she very angrily slammed the phone down, turned to me and said, “That’s all. Get out of here!” That was the first time that we admitted a Black child to the white ward.

At that time we had no Black physicians on the staff. However, two Black physicians were admitted to St. Louis Children’s Hospital—Helen and Homer Nash, who are brother and sister. Helen was admitted to the staff in 1949 and Homer in 1955. They were the first Black physicians to be admitted to Children’s Hospital.
One of our staff physicians who played a very important role in trying to break down this racial prejudice was Dr. Park White, one of the local practicing pediatricians, who was on the staff at Children’s. Dr. Hartmann, Sr., was sympathetic to the idea. The problem was in dealing with the hospital board, which was highly prejudiced and very much against desegregating the hospital, because they feared that no white patients would then come to the hospital. When the hospital did become desegregated, and I don’t remember the date, nothing like that happened. The white and Black patients got along beautifully as did the parents. No explosion occurred; nothing horrible happened; the operation of the hospital went along peacefully just as if nothing had happened.

One of the reasons for the existence of Homer G. Phillips Hospital was that no Black interns would be admitted to any local hospital for training, so that they had no hospital to get their postgraduate training. That was the prime reason why Homer G. Phillips Hospital was built, so that there would be a place for Black residents to get postgraduate training as well as a hospital where Black patients could be admitted for treatment. Dr. Park White played a very important role by being an attending physician for many years at Homer G. Phillips Hospital. I was an attending physician at this hospital for approximately 10 years, as well as Dr. Neal Middlekamp from our staff.

What was the main event that caused the desegregation as far as patients were concerned?

I think probably the most important development was the activity of Martin Luther King in trying to break down racial prejudice.
We’ve heard one story that due to the polio epidemic there was such a desperate need for beds that white patients were admitted to Butler Ward so that desegregation took place at that time.

I wasn’t aware of that. I see one of the questions you have here is, “In what way did the treatment and handling of patients in Butler Ward differ from that of other wards?” The answer is that there was no difference whatsoever. All the children that came to Butler Ward got exactly the same treatment as any other patients on any other wards. That I can assure you. I don’t remember when Black nurses were admitted to the staff. The events at Children’s Hospital probably played an important role in the desegregation at Barnes Hospital. I don’t remember when that event occurred.

Here is one thing you might be happy to hear. Before Dr. White died, he gave an interview to George Landau, Dr. Landau’s son. He pointed out that the one event that led to desegregation was your admittance of the Black child to the incubator on the white ward. He said that was the first time that we heard anything about it and he said that helped the desegregation process.

This event was, of course, supported by Dr. Hartmann. Dr. Alexis Hartmann was one of the finest and greatest pediatricians that we have ever had here in St. Louis. He was truly a giant in the history of Pediatrics. Dr. Hartmann was responsible for training 20 or 25 men who went on to become chiefs of pediatric departments throughout the country.
What was it like working at Homer G. Phillips Hospital? Was it any different from working here at Children’s?

It was very frustrating from the standpoint of trying to get things done such as laboratory procedures. It took an inordinately long time to get x-ray results and other laboratory results. Any of the technical things moved at a very slow pace. No matter how much we tried, we couldn’t change this trend. The residents with whom we worked were very sympathetic, and I’m sure they tried, but somehow the wheels wouldn’t turn.

What are your thoughts about the closure of Homer G. Phillips Hospital?

I felt generally that there was little use for Homer G. Phillips Hospital as well as [St. Louis] County Hospital and [St. Louis] City Hospital No. 1. We had too many beds, and I think the consolidation of hospital facilities into the single [St. Louis] Regional Hospital was a wise move. However, there is a desperate need for strategically placed clinics throughout the city and county which at the present time we do not have.

Do you have any thoughts on the future as far as desegregation is concerned?

I am afraid I have a very pessimistic outlook. I hope this is wrong, but I feel it will be very difficult to get rid of prejudice, whether it is based on religious beliefs or body color. We have had prejudice with us as far back as recorded history, and I can’t see any sign on the horizon that we can overcome this in the future.