

University of North Carolina at Asheville

A Spoonful of Education Helps the Medicine Go Down: Dr. Hilla Sheriff Brings Public  
Service and Education to Spartanburg County 1929 -1940

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"This mobile health house is equipped with a Delco electric, gas and water system supplying lights, a radio, a two-burner gas stove and running water, also built-in cabinets and folding chairs provide a seating capacity for sixteen people," affirmed Dr. Hilla Sheriff, the physician in charge of the Healthmobile on wheels in Spartanburg County.<sup>1</sup> In 1931, rural onlookers gawked at the modern, mobile unit led by a female doctor, "It has always aroused curiosity along every highway traversed, and when it halted, invariably it attracted a group of visitors," observed Dr. Sheriff.<sup>2</sup> During the early 20<sup>th</sup> century in Spartanburg County, healthcare improvements for women and children stagnated because of racism, poverty, inadequate facilities, lack of doctors and deep-rooted religious and cultural traditions. Women and newborns within poor, black communities and poor whites that resided in mill towns were at risk during childbirth at a time when infant mortality rates soared. Death tolls in the county staggered above the national average and destitute women had limited or no access to modern healthcare services. Dr. Hilla Sheriff, South Carolina's first female public health officer made healthcare mobile and established an efficacious health department that provided for those most in need. She led an interracial movement that provided medical attention for all women in Spartanburg County. The doctor's activism and work within impoverished communities politicized the inequities of healthcare through generating community awareness and concern. Sheriff improved the well being of poor women through public health services, education and modern medicine while respecting the capabilities and skills of traditional healthcare practitioners.

American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*, Carolina Library, University of South Carolina, South Carolina.<sup>2</sup> Ibid.

The public health movement of the early 20\* century and the evolution of the federal Children's Bureau have been well researched and provide a foundation for understanding the cultural landscape that motivated Sheriff as a public health officer. The Children's Bureau established in 1912 in correlation with the Sheppard-Towner Act passed in 1922 funded the first forms of maternal welfare for mother and child described in the book, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* by Molly Ladd-Taylor. The early forms of maternal welfare provided educational services to those in need and regulated the practice of midwives through federal and state funding. Direct relief for poor women and children under the Act never materialized despite maternalist and feminist efforts.<sup>3</sup> South Carolina matched federal funds for welfare allotted through the Sheppard-Towner Act but by the mid-twenties the state increasingly relied solely on federal funds. Historian Edward H. Beardsley indicates that two years before the termination of the act South Carolina had ceased all state funding and the author concluded, "Thus, maternal-infant work was always a bare-bones operation, concentrating not on primary care of needy clients, as Washington envisaged, but on midwife training, school inspection, and infant care instruction, all delivered from the state level."<sup>4</sup> Beardsley described the dire health situation for poor southern blacks and whites most in need of welfare in the book, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*.

A broader conceptualization of state history and an understanding of the economic, political, cultural and geographical conditions that influenced Hilla Sheriffs work are imperative when examining the doctor's career as a public health officer.

<sup>3</sup> Molly Ladd-Taylor, *Mother Work: Women, Child Welfare and the State, 1890-1930*, (Chicago, University of Illinois: 1994), 183-184.

<sup>4</sup> Edward H. Beardsley, *A History of Neglect* (Knoxville: University of Tennessee Press, 1987), 138.

According to Walter B. Edgar, author of *South Carolina: A History*, many South Carolinians thought things could not get any worse after the economic problems of the early 1920's and many farmers left the land for work in mills. The author provides the reader with a historical understanding of economic conditions during the time of Sheriff's practice and elaborates upon the development of healthcare infrastructure in the region. The author also outlines the cultural significance of mills in the Piedmont. The books *Like a Family: The Making of a Southern Cotton Mill World*, *The Butterfly Caste: A Social History of Pellagra in the South*, *Habits of Industry: White Culture and the Transformation of the Carolina Piedmont* and *Plain Folk in the New South: Social Change and Cultural Persistence 1880-1915* further illustrate upon mill villages and the healthcare needs of impoverished whites that resettled in suburban slums known as mill hills.<sup>5</sup> Patricia Evridge Hill acknowledges when Sheriff recognized the alarming need for healthcare in the region found in the article, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929-1940." Evridge Hill believes, "...it was during frequent family visits to the Piedmont that Sheriff became aware of the emergence of mill villagers as a distinctive social type plagued by a host of economically driven maladies that separated them from the respectable middle class."<sup>6</sup> Hill outlines Sheriff's early career and concludes that the doctor's decision to start a pediatrics practice in 1929 was largely influenced by the dire need of those residing in the county.

<sup>5</sup> Jacquelyn Dowd Hall et. al., *Like a Family: The Making of a Southern Cotton Mill World* (Chapel Hill: University of North Carolina, 1987), 132.; Elizabeth Etheridge, *Butterfly Caste* (Westport: Greenwood Publishing, 1972), 192. ; Allen Tullos, *Habits of Industry: White Culture and the Transformation of the Carolina Piedmont* (Chapel Hill: University of North Carolina, 1989), 262. and I.A. Newby, *Plain Folk in the New South: Social Change and Persistence 1880-1915* (Baton Rouge: Louisiana State University, 1989).

<sup>6</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 578.

Maternal and infant healthcare was largely in the hands of midwives, public health workers and a few physicians when Sheriff arrived in Spartanburg County in 1929. Susan L. Smith describes key players in the public health movement found in the book *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*. The author places an emphasis on the importance of the midwife and other black practitioners during the time period. Authors Beatrice Monageau, Harvey L. Smith, Ann C. Maney, Janet Bogdan and Anthony Cavender all provide a framework for understanding the importance of the midwife in impoverished communities, birth culture, and the transition from traditional healthcare to modern obstetrics.<sup>8</sup> Author Ellen S. More charts the historical role of the female physician during World War I in the essay, "'A Certain Restless Ambition': Women Physicians and World War I."<sup>9</sup> She elaborates upon the role of female physicians during a transitional period in the book, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*. More explains the typical positions held by female doctors during the time of Sheriff's practice and the cultural and social challenges they faced.<sup>10</sup> Sheriff found that most work available for a female doctor was in the field of maternal and child health.

Historian Sarah Wilkerson-Freeman elaborates on the roles adopted by women in the field of public health. She suggests that there is a "futility" in "categorizing"

<sup>7</sup> Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America 1890-1950* (Philadelphia: University of Pennsylvania, 1995) 131-133.

<sup>8</sup> Anthony Cavender, "Folk Medicine: A Midwife's Commonplace Book," *Appalachian Journal* 32, no. 2 (Winter 2005): 182-190. and Janet Bogdan, "Care or Cure? Childbirth Practices in Nineteenth Century America," *Feminist Studies* 4, no. 2 (1978): 92-99. and Beatrice Mongeau, Harvey L. Smith and Ann C. Maney, "The 'Granny' Midwife: Changing Roles and Functions of a Folk Practitioner," *The American Journal of Sociology* 66, no. 5 (1961): 503.

<sup>9</sup> Ellen S. More, "'A Certain Restless Ambition' Women Physicians and World War I," *American Quarterly* 41, no.4 (1989): 636-660.

<sup>10</sup> Ellen Singer More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*, (Cambridge, Harvard University, 1999): 169.

progressive southern women during the time of Sheriff's early career. Wilkerson-Freeman explains that labels such as "reformers," "feminists," or "interracialists," could not be "disentangled" from "class," "race," and "gender hierarchies."<sup>11</sup> The author focuses on the career of two female public health workers in Georgia and her insights remain relevant in relation to Sheriff's career in nearby South Carolina.

Sheriff's career shaped public health service in Spartanburg County and the doctor's motivation helped those in need yet very little emphasis has been given to her interesting story and influential career. Most historians have dedicated a mere mention of her name in published material. Evridge Hill wrote a short article that outlined Sheriff's early achievements but much can be added to the historiography of public health in South Carolina by elaborating upon this pioneering physician. Sheriff's role as a public health officer effected the lives and traditions of many women in Spartanburg County. Sheriff established a culturally sensitive relationship with local midwives built upon respect. The doctor effectively managed and trained the midwives through education, licensing and regulated their practice to include only healthy and normal pregnancies. Sheriff's ability to acquire private funding from concerned organizations and local charities provided an example of how public healthcare could be financed within the South prior to federal aid during the New Deal era. The National Conference on Fundamental Problems in the Education of Negroes accurately praised Sheriff's work, "Spartanburg County, South Carolina, furnishes an example of what may be done for both white and colored in a county-wide coordinated program of health, education and social service."<sup>12</sup> Yet so much

<sup>11</sup> Sarah Wilkerson-Freeman, "The Creation of a Subversive Feminist Dominion: Interracialist Social Workers and the Georgia New Deal," *Journal of Women's History* 13, no. 4 (2002): 133.

Child Health Problems: National Conference on Fundamental Problems in the Education of Negroes, Reprinted from *Medical Review of Reviews*, May 1933, Box 4 File 130, *Hilla Sheriff*

can be learned about the woman that was largely responsible for healthcare reform and the success of the county.

On the eve of the Depression in 1929, Sheriff came to Spartanburg to establish herself as a doctor after completing medical school. Evridge Hill outlines Sheriffs early educational career which included training at the College of Charleston and the Medical College of the State of South Carolina. Sheriff found an internship opportunity at the Hospital of the Women's Medical College of Pennsylvania and established residency at the Children's Hospital in Washington, D.C. and the Willard Parker Contagious Disease Hospital in New York City.<sup>13</sup> The Doctor returned to her home state of South Carolina and was drawn to Spartanburg because of the apparent need for medical care. The prospect of job opportunities and the presence of two other female doctors, L. Rosa Hirschman Gantt and Dr. Hallie Rigby, made the transition to the city smoother. Sheriffs original goal of starting a pediatrics practice was forgotten after two years of hard work and the prospect of a job offer. Evridge Hill describes the influence Gantt and Rigby had on Sheriffs early career and remarks, "Gantt's work with the American Women's Hospitals, Rigby's interest in family planning, and the depressed economy of the 1930's guided Hilla Sheriffs quick move from private practitioner to public health officer."<sup>14</sup> As a public health officer Sheriff catered to the health demands of impoverished woman and attempted to improve dire area statistics.

South Carolina suffered from high maternal and infant mortality rates in comparison to the national average. Historian Edward H. Beardsley explains the

*Papers.*

<sup>B</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 579.

<sup>#</sup> *Ibid.*, 579.

significance of these statistics and reveals, "Out of every 1000 black babies under one year of age in South Carolina in 1920, 159 died. In 1940, 10 percent still perished."<sup>15</sup> Beardsley acknowledges that white women suffered as well but explains, "...their losses were fewer, standing at 86 and 54 per 1000 for those two years."<sup>16</sup> Mothers were also at risk during birth. According to the South Carolina census in 1928 some of the leading causes of death during pregnancy were puerperal albuminuria which is a disease of the kidneys, accident and hemorrhage, which were often considered the fault of the midwife. According to the 1931 Annual Report published by the Spartanburg County Health Department, maternity and infancy death rates in the county were comparatively high especially among blacks.<sup>17</sup> Alarming, these deaths were often preventable and the statistics illustrated the correlation between poverty, lack of medical facilities and the risk of death.<sup>18</sup>

Many blacks and whites were plagued with poverty which compounded problems of health in the Carolinas as work in mill villages became unreliable and subsistence farming became difficult. Dr. Hilla Sheriff proclaimed, "There is no standard of living in such circumstances."<sup>19</sup> The Parker District of Greenville County, South Carolina was "compactly settled" as a result of industrialization and during Sheriff's early career the area contained eighteen textile plants. Sheriff indicated the effects of unemployment among a population dependent upon factory work and observed, "It is not unusual to find

<sup>5</sup> Edward H. Beardsley, *A History of Neglect* (Knoxville: University of Tennessee Press, 1987), 16.

<sup>6</sup> *Ibid.*, 16.

<sup>17</sup> Spartanburg County Department of Health Annual Report Year of 1931, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>18</sup> Edward H. Beardsley, *A History of Neglect* (Knoxville: University of Tennessee Press, 1987), 16.

American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

a family often children, mother and father, existing on the father's low wages, and he may be working only two or three days a week."<sup>20</sup> According to Sheriff, the lack of work in the area was the result of many mills closing down. Walter B. Edgar elaborates upon the economic conditions within the region and verifies, "If Carolinians thought things could not get worse after the economic crisis of the early 1920's, they were mistaken.. .By June 1932 cotton dropped to 4.6 cents (51 cents) a pound, its lowest price since 1894." Dire conditions were the result of limited work opportunities, meager wages and an unstable economy. Providing for a family in the Spartanburg area was a difficult endeavor for many.

Poor living conditions and ill health were a part of life for mill families because adequate housing, healthcare and nutrition were often trumped by the necessities of survival. Many mill workers could not pay rent because of the lack of work and consequently Sheriff acknowledged, "Many families out of employment shift from one empty shack to another, paying no rent and moving when ordered to move." This existence was centered solely on survival and according to Jacquelyn Hall, the "nomadic" conditions resulted in a worker who was, "ill fed and ill clad."<sup>23</sup> This meager existence disturbed Sheriff who affirmed, "...it is shocking to see whole families sleeping in crowded rooms, old straw mattresses with only a few worn quilts and no sheets."<sup>24</sup> The doctor revealed that these conditions were common within the region of her practice and

<sup>20</sup> Ibid., 10.

<sup>21</sup> Walter B. Edgar, *South Carolina A History* (Columbia: University of South Carolina, 1998), 499. American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>23</sup> Jacquelyn Dowd Hall et. al., *Like a Family: The Making of a Southern Cotton Mill World* (Chapel Hill: University of North Carolina, 1987), 132.

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American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

declared, "House after house of this kind can be found in making pre-natal visits, and it is easy to imagine the suffering women obliged to give birth to children in such places."<sup>25</sup>

The impoverishment Sheriff observed in mill villages left a strong impression on the Doctor and instilled a sense of urgency to implement public service.

Inadequate and unsanitary housing also affected the health and well-being of poor, black families who found it increasingly difficult to scratch out a meager existence as economic conditions worsened in Spartanburg. A retired midwife named Mrs. White and Mrs. Colcock, a retired public health nurse recalled an example of the worst living conditions found in a home near Spartanburg County. These conditions were comparable to the home environments of Sheriff's poorest black patients. Mrs. White asked her ex-colleague, "So you remember that night we delivered the baby in the house by the old pine tree?" "How could I forget," exclaimed Mrs. Colcock who recalled the home of a black expectant mother. The home environment was the worst the women had seen and when Mrs. White entered the house the interior was completely bare except for an old trunk and the patient in need of care. Mrs. White affirmed, "I had to crawl in on my hands and knees, the steps were so bad.. .There wasn't one scrap of cloth in the whole house."<sup>2</sup>

Typically a pile of old rags could be found somewhere in the patient's home but the barren conditions left the women with little to work with as a result of harsh poverty.

Sheriff found black families living in impoverished conditions that debilitated good health as outlined in the 1918 study entitled *Rural Children* conducted by the State Board of Health in North Carolina. Most of the black families within the area of study

<sup>25</sup> Ibid.

Betty Saddler, "I Just Loved That Job of Delivering a Baby: Midwife, Nurse Recollect Wondrous, Trying Times," *The State and the Columbia Record*, November 24, 1968, 3C.

were tenant farmers and the living conditions described as "uniformly poor," were similar

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to conditions in Spartanburg. The results of the study reported, "The commonest type of negro home is the old-fashioned log cabin of one, two, or three rooms, daylight showing

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between the logs." The environment was uncomfortable and the study illustrated, "Such a house is hot and stuffy in the summer with the sun beating in, while in winter it is almost impossible to heat it, even with the cracks chinked with mud and a roaring fire in

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the open fireplace." Comfort in the home was difficult to achieve and overcrowded conditions exacerbated problems of health and hygiene. The study concluded, "...one-fourth of the families visited had five or more persons to a sleeping room," similar to the

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tight living quarters found in mill towns. The dire conditions shared by many blacks and whites were often unsanitary. Inadequate diet and limited health care compounded problems that led to ill health and preventable deaths.

Sheriff faced many challenges when trying to bring modern healthcare and education into an area rooted in traditions of healing that strengthened the reliance upon the midwife, family and friends as primary healthcare providers. Many residents were wary of modern medicine and most blacks had little or no access to local hospitals in the South. According to the report published in 1934 concerning problems and education of blacks the study concurred, "The Negro families in many rural sections of the South are almost wholly without any adequate type of medical or other public health service."<sup>31</sup>

Frances Sage Bradley and Margaretta A. Williamson, *Rural Children: In Selected Counties of North Carolina* (New York: Negro Universities Press 1918), 24. <sup>28</sup>Ibid., 24. <sup>29</sup>Ibid., 24. <sup>30</sup>Ibid., 24.

Child Health Problems: National Conference on Fundamental Problems in the Education of Negroes, Reprinted from Medical Review of Reviews, May 1933, Box 4 File 130, *Hilla Sheriff Papers*.

The lack of healthcare kept many traditional practices in place and poor whites and blacks remained skeptical of modern medicine. The authors of *Like a Family* indicate, "Folk medicine formed an important part of millhands' live at home culture. Until well into the twentieth century, workers viewed doctors with distrust and fear."<sup>32</sup> Sheriff further elaborated upon the difficulties of bringing about change in the region and emphasized, "People should be willing and anxious to provide for those things which assure them a better individual and community life, but habits and customs become fixed; prejudices are established; the pattern of life is formed; and old ideas that are established

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are changed with difficulty." To successfully implement change in the region and improve healthcare for residents most in need, Sheriff first had to understand the cultural and racial complexities within Spartanburg County.

After Sheriff pursued a pediatrics practice for two years in Spartanburg she accepted a job in 1931 from the New York based American Women's Hospital that launched her career in the field of public health. The Medical Women's National Association (MWNA) founded in 1915 established the American Women's Hospital (AWH) through local and public contributions. Historian Ellen S. More verifies the goals of the MWNA to legitimize female doctors during World War I and remarks, "Through its agent, the American Women's Hospitals, it attempted both to enhance the prestige of women physicians and to maintain their traditional claim to a gender-based, distinctive, moral superiority."<sup>34</sup> Author Evridge Hill discusses AWH involvement and goals in the

<sup>32</sup> Jacquelyn Dowd Hall et. al., *Like a Family: The Making of a Southern Cotton Mill World* (Chapel Hill: University of North Carolina, 1987), 173.

<sup>33</sup> Spartanburg County Department of Health Annual Report Year of 1931, Box 4 File 130. *Httla Sheriff Papers*.

<sup>34</sup> Ellen S. More, "A Certain Restless Ambition': Women Physicians and World War," *American Quarterly* 41, no.4(1989):639.

war and affirms, "American Women's Hospitals worked to alleviate the health crises faced by wartime refugees in Albania, Armenia, France, Japan, Russia, Turkey, Yugoslavia, and Greece".<sup>5</sup> At the end of the war the AWH shifted its focus from health issues abroad and began to examine the economic health crisis domestically which provided Sheriff with her first job in the field of public health.<sup>36</sup>

At the request of Dr. Gantt, President of the MWNA and a concerned native of the Southern Appalachian area, the AWH responded to the health crisis by financially supporting Sheriff. More describes the unique funding from the MWNA and elaborates, "The American Women's Hospitals Service, still led by Esther Pohl Lovejoy, provided the only exception to the National's (MWNA) remove from publicly subsidized healthcare." More explains, "Previously the organization had identified strongly with the maternalist, social-housekeeping goals of Progressive-era reformers."<sup>39</sup> By the mid-1920's and the termination of the Sheppard-Towner Act, More describes an "ideological shift" that occurred. The organization deemphasized publicly subsidized healthcare because more middle class Americans had access to medical care through the private practitioner.<sup>40</sup> The unique decision to subsidize healthcare in the southern Appalachian area was described by Lovejoy who emphasized, "Poverty has been well-known for generations in the southern highlands, but not the dire want of the present period."<sup>41</sup> The

<sup>35</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 579.

<sup>36</sup> *Ibid.*, 579.<sup>36</sup>

<sup>37</sup> *Ibid.*, 579.

<sup>38</sup> Ellen Singer More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*, (Cambridge, Harvard University, 1999): 169.

<sup>39</sup> *Ibid.*, 162.

<sup>40</sup> *Ibid.*, 162.

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American Women's Hospitals Rural and Mountain Medical Service Conducted in the

Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

services funded by the MWNA and directed by Sheriff would benefit the rural poor, especially mothers and children who did not have access to alternate forms of modern healthcare.

With the support of the American Women's Hospital, Sheriff directed the first AWH center bringing mobile healthcare to rural areas of Spartanburg County in 1931. The healthmobile was a mobile clinic that brought public service into impoverished areas of the county and the project was in Sheriff's hands from the beginning. The Doctor observed, "The more remote the community that was visited, the greater the curiosity apparent among those who saw the AWH equipment." Evridge Hill elaborates upon the education and public services provided by the healthmobile and notes, "Sheriff demonstrated how to cook vegetables in less water and recommended drinking the 'pot liquor' instead of feeding it to the hogs."<sup>43</sup> Author I.A. Newby affirms Southern food traditions among the poor and notes that boiled vegetables were usually cooked almost to mush with an abundance of grease and much of the nutritional content was lost. Newby describes, "The pot liquor containing most of the food value was usually thrown out," but those who consumed it the author confirms, "...reaped a nutritional bonus."<sup>44</sup> Sheriff educated crowds that gathered to observe the healthmobile and corrected poor cultural food habits. The doctor provided medical attention to children in need while their

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American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>43</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 580.

<sup>44</sup>I.A. Newby, *Plain Folk in the New South: Social Change and Persistence 1880-1915* (Baton Rouge: Louisiana State University, 1989), 124.

mothers learned how to can vegetables properly and observed methods for year round gardening.<sup>45</sup>

Sheriff described the crowds that gathered to observe the odd and attractive health clinic on wheels and the staff that provided preventative medicine. The mobile clinic was up to date with modern conveniences that included running water, electricity and gas.<sup>46</sup> She reported curious onlookers that would stay and listen to relevant discussions concerning problems of sanitation and hygiene. An article published in the *American Journal of Public Health* in 1932 emphasized the effectiveness of the programs, "The healthmobile...tours the county visiting all one-and-two teacher schools, while pupils and their mothers go to see the wonders of its tiny kitchen.. .listen to talks on pellagra.. .and watch the nutritionists prepare the right food in the right way."<sup>47</sup> These services provided families with information on how to correct nutritional deficiencies such as pellagra and overall improve well being through proper hygiene and preventative medicine.

Pellagra was a growing problem within the region and Sheriff battled against the nutritional disease that caused many preventable deaths. Many within Spartanburg were alarmed by the debilitating side effects of pellagra and the increased chance of death, "The people had learned through bitter experience that pellagra had become too prevalent and had gained a foothold among them because something was wrong with their mode of

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American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>47</sup>Michael M. Davis, Michael M and Ross, Mary, "A County Health Center," *American Journal of Public Health* 22, no. 8 (1932): 809-818.

living," reasoned Sheriff.<sup>48</sup> Evridge Hill confirms the seriousness of the disease in Spartanburg and verifies, "In 1929, Spartanburg County claimed 2438 of South Carolina's 7763 pellagra cases. In a county of just over 115,000, 909 people died of the disease that year."<sup>49</sup> According to *Like a Family*, women of child-bearing age and young children were most susceptible to the disease because men had first priority at meal time. The authors suggest that women and children most likely satiated hunger with less nutritious and inexpensive dietary staples such as molasses, fat-back pork and cornbread. The deficiency was usually the result of inadequate amounts of more expensive food items such as milk, cheese and fresh meat.<sup>50</sup>

Pellagra was a social and economic problem that escalated rapidly after 1925 in Spartanburg County and the visible symptoms of the disease left its mark on the lower classes. Hall notes that the late stages of the disease were easy to diagnose and describes its effects, "Characterized by scaly, red blotches on the skin, the disease usually sapped its victims with debilitating diarrhea and profound lethargy, but in advance states it could also result in nervous disorders, insanity, and death."<sup>51</sup> One Southerner recalled his early diagnosis of pellagra and remarked, "I was fair-complected, and my mother thought I was sunburned, because I was red on my arms."<sup>52</sup> The disease peaked around the time Sheriff started her career and drove the healthmobile into rural, isolated areas of Spartanburg County. Health officials like Sheriff began to spread the word about what constituted a

<sup>48</sup> Hilla Sheriff Papers, Box 3, Folder 10 la, segment reprinted from Esther Pohl Lovejoy, L Rosa H. Gantt, Hilla Sheriff, and Lillian H. South, "American Women's Hospitals," *Medical Review of Reviews*, 39 (1933): 204-214.

<sup>49</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 580.

<sup>50</sup> Jacquelyn Dowd Hall et. al., *Like a Family: The Making of a Southern Cotton Mill World* (Chapel Hill: University of North Carolina, 1987), 150.

<sup>51</sup> *Ibid.*, 150.

<sup>52</sup> Allen Tullos, *Habits of Industry: White Culture and the Transformation of the Carolina Piedmont* (Chapel Hill: University of North Carolina, 1989), 262.

proper diet but author Elizabeth W. Etheridge suggests, "...those who tried to change food habits by telling people to give up their old favorites were doomed to disappointments. Most successful programs concentrated instead on teaching people to add supplementary foods to these staples."<sup>53</sup> AWH funds allowed Sheriff to provide milk cows on loan to rural families whose children showed early signs of pellagra. Pressure cookers were given to women in need to reduce the cooking time for nutritious and inexpensive staples such as dried peas and beans.<sup>54</sup> Support from the AWH and curiosity generated from the healthmobile ensured an eager crowd that awaited Sheriff and her staff which included a doctor, nurse and nutrition worker. Sheriff noticed that the most remote locations generated the greatest enthusiasm which made the "pathway smoother" in curing the economic and social disease.<sup>55</sup>

The services provided by the healthmobile had the strongest effect within predominately black communities with limited or no access to hospitals. In South Carolina, twenty of the forty-six counties in the state did not have hospitals as late as 1930 and many of those facilities did not accept black patients. Blacks were not admitted into hospitals within the state until around 1930 but the transition was slow. Many facilities excluded blacks until mid-century. Beardsley provides an example of the racial tension present in South Carolina, "Columbia's major public hospital refused to accept black patients until 1934 and did so then only because a foundation considering aid to the

<sup>53</sup> Elizabeth Etheridge, *Butterfly Caste* (Westport: Greenwood Publishing, 1972), 192.

<sup>54</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 580.

American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

hospital made it a condition of funding." For many blacks, the healthmobile was a first opportunity for modern healthcare and treatment within their communities as well as an opportunity to learn about health and sanitation.

Dr. Hilla Sheriff recognized the need for improved maternal healthcare during excursions into rural areas of the county where services had traditionally been in the domain of the midwife. With the help of family, neighbors or with the assistance of a midwife, many families considered childbirth a natural event. It was common for white mill workers to regard the local midwife with respect and trust, "We had a midwife; her name was Granny Lewis. And lots of women thought that there's no way in God's world that they could have a baby if Granny wasn't there," insisted a doctor that was employed by a mill.<sup>57</sup> The services of the midwife had many advantages for poor women. A survey taken in 1920 verified services that were typically provided by midwives in adjoining North Carolina. If the midwife lived in walking distance it was common for her to check on the patient several times after delivery or until the navel had healed. The study concluded that if the midwife was not in walking distance post-natal care would be left to friends and family. According to the statistics, "Of the 108 mothers attended by midwives (28 white and 80 negro), in 77 cases (almost three-fourths), the midwife either remained in the home a few days or returned at least once after confinement." In rural areas of the county Sheriff encountered women who could only afford the services of a midwife, which cost around five dollars. The midwife, unlike most doctors, helped with chores and childcare around the home during the period of confinement. It was not the responsibility

<sup>56</sup> Ellen S. More, *Restoring the Balance* (Cambridge: Harvard University, 1999), 169.

<sup>57</sup> Jacquelyn Dowd Hall et. al., *Like a Family: The Making of a Southern Cotton Mill World* (Chapel Hill: University of North Carolina, 1987), 173.

<sup>58</sup> Frances Sage Bradley and Margaretta A. Williamson, *Rural Children: In Selected Counties of North Carolina* (New York: Negro Universities Press 1918), 33.

of the doctor to relieve the double burden of motherhood and work within the hospital. For this reason many women who were overworked and tired from the responsibilities of family and labor found the midwife economically advantageous over the doctor. Although relief from the double burden was only temporary, help from the midwife was welcomed during confinement and often preferred.<sup>59</sup>

In 1932, the second unit funded by the American Women's Hospital focused on maternal healthcare and opened in the Parker District of Greenville County under the direction of Dr. Hilla Sheriff. Four health centers were opened with the combined assistance from the AWH and local agencies. Greenville's Junior Charities provided partial assistance for the Greenville maternity Clinic. Motivation for the project derived from the belief that poverty and poor health were interconnected. Sheriff reasoned, "Feeling that mother and new-born baby pay the greatest penalty of these conditions of poverty and ignorance, the American Women's Hospitals have concentrated on maternal and infant welfare," this emphasis led to the development of classes on home nursing and hygiene.<sup>60</sup> Sheriff reported that an AWH nurse was in charge of the shelter and "health aids" assisted women who did not have the means to pay for a doctor are admitted then to the clinic for free.<sup>61</sup>

The doors at the Greenville Maternity Shelter opened in September to black and white mothers, but the facility was small in comparison to the need and enthusiasm of the community. Many women who did not have access to a clean, sanitary environment to

<sup>59</sup> Molly Ladd-Taylor, "'Grannies' and 'Spinsters': Midwife Education Under the Sheppard-Towner Act," *Journal of Social History* 22 (1988): 262-263.

American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*. <sup>61</sup> Ibid.

give birth sought the services provided through the Shelter. Published in *The American Journal of Nursing*, the editor provided an example of the popularity and need for services in the area, "An expectant mother who lived in an isolated rural section rode six long miles sitting on a sack of shucks fastened to the running gear of a wagon to attend the prenatal clinic at the Maternity Shelter." The mother continued to travel by the same mode of transportation after the birth to receive follow-up care for the infant and herself. The editor speculated, "The Shelter, with a capacity of only eight beds and bassinets and ten cribs for babies under three years of age is all out of proportion to its bed capacity," in comparison to the need of nearby mothers.<sup>63</sup> Overall, the shelter was successful in meeting the demands of many poor mothers and their children who could not be admitted to the local general hospitals under charity services.<sup>64</sup>

The services at the shelter mimicked many traditional beliefs and practices about childbirth yet provided modern medicine and a sterile environment which reduced the risk of infection and death. According to the editor there was not "institutional atmosphere" in the Shelter.<sup>65</sup> Women came from many areas within the regions that included rural areas of the mountains, urban slums and suburban neighborhoods known as mill hills. Despite women's backgrounds a sense of closeness was shared between patients and staff while at the shelter. Care resembled the services of a midwife as the staff at the Shelter would provide meals for the patients and would keep patients warm in the winter months by maintaining fires within seven hearths in the building. Many women expressed a concern about modesty during the transition between midwifery to

Elizabeth W. Hard and editor, "The Open Forum." *The American Journal of Nursing* 37, no. 11(1937): 1273-1274.

<sup>63</sup> Ibid., 1273.

<sup>64</sup> Ibid., 1273.

<sup>65</sup> Ibid., 1273.

obstetrics.<sup>66</sup> One Southern woman asked, "Does in make a Mother [unvirtuous] for a man physician to wait on her during confinement?"<sup>67</sup> Her reasoning was reflective of many women's concerns when pre-natal care was sought. Women's concerns about modesty were quelled by the female staff that included an obstetrician, pediatrician, gynecologist and a staff of nurses.<sup>68</sup>

Women that sought medical care at the Shelter found a safe and comfortable environment that provided relief from over crowded living conditions and poverty. Evridge Hill verifies the representative experience of many female patients who visited the Shelter, "Some remarked that never before had they received respite from the double burdens of home and mill/farm work."<sup>69</sup> Those who were taken into the Maternity Shelter received care for ten days. Sheriff explained that the clinic also provided follow-up care, "At the end of six weeks, a post-natal examination is given, the mother and baby is checked over by a pediatrician. Often the mother is too poorly nourished herself to give sufficient food for her baby, in which case supplementary milk is provided."<sup>70</sup> Sheriff recalled an instance when care for mother and baby was particularly effective at the shelter. The Doctor observed, "Some weeks ago, twins were born in the Shelter. While the mother was there getting three bountiful meals daily, she was able to nurse her babies

<sup>66</sup> Janet Bogdan, "Care or Cure? Childbirth Practices in Nineteenth America," *Feminist Studies* 4, no. 2 (1978): 92.

<sup>67</sup> Mrs. H.R. and Molly Ladd-Taylor ed., *Raising a Baby the Government Way: Mother's Letters to the Children's Bureau 1915-1932*, (New Brunswick, Rutgers University, 1986): 52.

<sup>68</sup> American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>69</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 581.

<sup>70</sup> American Women's Hospitals Rural and Mountain Medical Service Conducted in the Blue Ridge and Cumberland Mountain Regions of North and South Carolina, Kentucky and Tennessee,, Box 4 File 130, *Hilla Sheriff Papers*.

satisfactorily."<sup>71</sup> This was not the case when the woman returned six weeks later for her post-natal checkup. The effects of poverty and malnutrition had taken their toll and Sheriff reported, "...one baby looked as if he were starving to death. The other was a few ounces above its birth weight. The mother, who then had symptoms of pellagra, was still breast-feeding both babies." With assistance provided by the Shelter, treatments were successful. Sheriff revealed, "Milk for a formula was furnished for these children, and in two weeks when they returned to the baby clinic they had improved so much that they could hardly be recognized." The results of these clinics were successful because many poor women were provided with a viable, public service that provided an alternative to home birth for the first time. The community was receptive to these services because patient concerns of modesty were alleviated and cultural traditions were respected by the Shelter's staff.

In 1933, the Spartanburg County Health Department awarded Sheriff with the position of assistant director and with this new title the Doctor continued to provide services for poor mothers with limited healthcare options. With the authority of this new position she institutionalized the American Women's Hospital programs. As South Carolina's first female health officer Evridge Hill suggests, "...Sheriff became more aggressive as a public health official than she had been while funded (and shielded) by a private group of concerned northerners."<sup>74</sup> During her years as a public health officer in Spartanburg County, Sheriff focused on the education of midwives and mothers and administered preventative care. The doctor screened midwives' patients and referred all

<sup>71</sup> Ibid.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Patricia Evridge Hill, "Go Tell it on the Mountain: Hilla Sheriff and Public Health in the South Carolina Piedmont, 1929 to 1940," *American Journal of Public Health*, 85 no. 4 (1995): 581.

at risk pregnancies which improved the risk of injury or death by mother and baby. In July of 1933, Sheriff established a pre-natal clinic in the Out-Patient Department of the General Hospital and this reciprocity agreement provided services to any pre-natal case in the county. By the end of the year an efficacious health department had emerged with a focus on prevention, public service and education.

Sheriff's progress as a health officer was documented in the annual reports published by the Spartanburg County Health Department and explained the services offered in the new pre-natal clinic. The report described the unbiased care given to any women despite her race which included, "A general physical examination, including pelvic measurement, urinalysis (catherized specimen), blood Wassermann, cervical and urethral smears is done on each patient at her first clinic visit."<sup>75</sup> This was more medical care than most poor whites and blacks in the region had ever received. The annual report published for the years of 1934-35 elaborated, "Numbers of mothers, careworn and haggard from the responsibilities of large families, have become so accustomed to a 'tired feeling' they do not realize their condition is a result of some serious health problem."<sup>76</sup> The general hospital accepted referrals from the clinic where women received further treatment or operations. The report documented that the services provided relief and many women could, "take a new lease on life."<sup>77</sup> During regular visits throughout the remainder of the pregnancy the overall health of the patient was monitored and urinalysis and blood pressure was tested repeatedly. Within the report, the staff's collective concern expressed, "We feel that this clinic, which is growing in popularity, has meant much to

*Spartanburg County Department of Health Annual Report Year of 1932-1933, Box 4 File 130, Hilla Sheriff Papers.*

*Spartanburg County Department of Health Annual Report Year of 1934-1935, Box 4 File 130, Hilla Sheriff Papers.*<sup>77</sup> Ibid.

some women of the county who would have had no attention and would have suffered

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from the consequences." During these years Sheriff built upon the services established during her early career. The doctor utilized all available resources which included the skills of local midwives as a way to extend healthcare to as many women and children as possible.

Sheriff utilized black midwives as capable public health workers in Spartanburg County through investing time in training, regulating and licensing. The pre-natal work administered through the health department reached many women but Sheriff recognized that the predominately black midwives of the Spartanburg area still provided many women of their race with the only care received during childbirth. Midwife training and licensing began during the period of Sheppard-Towner funding when federal and state money was spent regulating the work of lay women. Ladd-Taylor asserts that black midwives dressed in sterile white uniforms were victimized under a prejudice, authoritarian system and suggests, "Clean, sterile, and dressed in white, African American midwives were symbolically cleansed of their race, their sexuality, and their motherhood."<sup>79</sup> The author further elaborates, "The predominately white public health workers attempting to instruct 'granny' midwives on the virtues of science and medicine frequently clashed with midwives and mothers, who tried to maintain religious and cultural traditions." Sheriff respected the religious and cultural traditions of mothers and midwives in the region and let women maintain harmless traditions such as placing an ax

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*Spartanburg County Department of Health Annual Report Year of 1932-1933*, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>79</sup> Molly Ladd-Taylor, *Mother Work: Women, Child Welfare and the State, 1890-1930*, (Chicago, University of Illinois: 1994), 183.

<sup>80</sup> Molly Ladd-Taylor, "Grannies and Spinsters: Midwife Education Under the Sheppard-Towner Act,"



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under the birthing bed to help "cut the pain." Midwives in Spartanburg were more than mere victims of white public health workers as Ladd-Taylor asserts. Under Sheriff's direction many midwives gained a sense of authority as trained and licensed public health workers. Some midwives in the South suffered under fierce forms of racism during the transition from traditional birth practices to modern obstetrics but Sheriff's relationship with black midwives was built upon reciprocity.

Before Sheriff would distribute a license to a midwife and acknowledge the legality of her position the applicants had to undergo a series of health exams and training on aseptic birthing practices. When Sheriff started her position as assistant director there were 86 practicing midwives in the county. Sheriff acknowledged that many of these midwives were in poor health and so a mandatory physical examination, urinalysis, blood Wassermann, cervical smears, urethral smears and a vaccination for smallpox were required before a midwife could obtain a license. The report found, "Due to physical disability or to infections revealed by these examinations, failure to attend classes or

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other reasons, 41 certificates were revoked or suspended." Smith explains that many public health officials were concerned that unhealthy midwives would spread diseases to

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birthing mothers and infants. Throughout the South an effort to eliminate nonconforming midwives gained momentum and one Georgian midwife in 1939 claimed, "It used to be anybody could wait on 'oman havin' a baby. They could go ahead and cut the cord and tie it if they knowed how. Now, that's all changed. If you don't have that

<sup>81</sup> Anthony Cavender, "Folk Medicine: A Midwife's Commonplace Book," *Appalachian Journal* 32, no. 2 (Winter 2005): 188. and Beatrice Mongeau, Harvey L. Smith and Ann C. Maney, "The 'Granny' Midwife: Changing Roles and Functions of a Folk Practitioner," *The American Journal of Sociology* 66, no. 5 (1961): 503.

<sup>82</sup> Hilla Sheriff, *Spartanburg County Department of Health Annual Report Year of 1934-1935*, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>83</sup> Susan L. Smith, *Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia:

University of Pennsylvania: 1995), 132.

'stifcate they'll put you in the penitentiary for life." This statement is characteristic of the growing fear midwives had of state authority. One South Carolinian midwife remembered that it was often better if you started midwife training without knowing anything and explained, "The young women would always learn the rules so easy but the groups of old women would have the old ways in their minds." The midwife further elaborated, "It was hard for them to understand about the death certificates because they used to just take the dead babies out in the chicken yard and bury them."<sup>86</sup> Sheriff was able to eliminate many undesirable practices though midwife education but many of these women continued practicing harmless traditions embedded within the culture.

In 1937 Sheriff assumed the directorship of the Spartanburg County Health Department and the steady decline of the midwife within the region had begun to plateau. There were 37 licensed midwives in the county in 1935 and six new midwives had been licensed after attending a week long institute. In 1937 the number of midwives declined to 31 and in 1939 during Sheriff's last year with the Department the number remained constant. The midwives were under the guidance and "surveillance" of the county nurses and the midwives were trained to send their patients to the pre-natal clinics. When the midwife delivered a baby a special form card was filled out and brought to the health department office where a nurse concluded with a follow-up visit with the new mother. There was nothing preventing a midwife from practicing until the New Deal era when public health departments began to emerge. It was during this period that effective

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Mary Willingham, Written by Sadie B. Hornsby and edited by Mrs. Sarah H. Hall. "I Ain't No Midwife," *American Life Histories: Manuscripts from the Federal Writers' Project*, 9 June 1939.

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Betty Saddler, "I Just Loved That Job of Delivering a Baby: Midwife, Nurse Recollect Wondrous, Trying Times," *The State and the Columbia Record*, November 24, 1968, 3C.

<sup>86</sup> Ibid, 3C.

enforcement of midwives emerged in Spartanburg, "In 1934, one midwife who failed to heed the warning was summoned to the magistrate's court and prosecuted," confirmed

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the 1934-35 report. Midwives were required to attend county-wide meetings every 3 or 4 months for continuing education and their bags were inspected. The report verified that twenty five of the practicing midwives attended a state midwife institute in Seneca, South Carolina in 1937 and four of the women stayed for the entire two weeks. By the end of Sheriff's career at the health department the number of midwives had decreased but the practicing women were well educated public health workers battling the same causes that

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prompted Sheriff's early career.

In 1940 the Doctor left Spartanburg County and moved to Columbia, South Carolina where she became the assistant director for the state Division of Maternal and Child Health. After Sheriff's resignation, an ex-colleague wrote Sheriff a letter which expressed her feelings after a recent midwife meeting and declared, "I felt like we

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couldn't manage them anymore without you." According to the letter the midwives were unhappy with Sheriff's replacement and the author of the letter proclaimed, "They said they didn't want a man Health Officer."<sup>90</sup> The ex-colleague clearly struggled in the absence of Sheriff's presence and direct leadership. Sheriff placed rigorous expectations upon the midwives yet within the letter the Doctor discovered that the midwives had acted in an endearing and saddened manner upon her departure. According to the letter the ex-colleague admitted, "Several of them had seen your picture they said and saved it."<sup>91</sup>

<sup>87</sup> *Spartanburg County Department of Health Annual Report Year of 1934-1935*, Box 4 File 130, *Hilla Sheriff Papers*.

<sup>88</sup> *Ibid.*

<sup>∞</sup> Letter to Dr. Hilla Sheriff 1940, Box 4 File 121, *Hilla Sheriff Papers*.

<sup>90</sup> *Ibid.*

<sup>9</sup> Ibid.

The author of the letter felt the pressures of a diverse group of public health workers in the racially tense South but despite differences among white nurses and black midwives the woman affirmed, "...we're on a common ground in our respect and love to you."<sup>92</sup> Sheriff affected not only the women that received improved healthcare but she also unified a group of interracial public health pioneers under the same cause.

From a health clinic on wheels to a multifaceted, efficacious public health department, Sheriff brought healthcare and well being to a region where many residents were poor, sick and in need. Sheriffs leadership and insightfulness challenged the traditional cultural reliance upon midwives, family and friends. Yet she faced minimal resistance in reforming medical culture because of her concern for mothers and her respect for traditional practitioners. Sheriff utilized the Spartanburg midwives as modern practitioners and as a result public health service and education reached a larger proportion of the population. As a public health officer, Sheriffs work promulgated cultural changes that did not go unnoticed, "What has been done in Spartanburg County can and should be done in hundreds of other counties in the South," concluded the 1934 report on Fundamental Problems in the Education of Negroes.<sup>93</sup> Sheriffs leadership provided the foundation for a healthcare movement that redefined the role of public service and responsibility in Spartanburg County. Dr. Hilla Sheriffs leadership provided a beacon of encouragement for surrounding counties in need of guidance.

<sup>92</sup> Ibid.

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Child Health Problems: National Conference on Fundamental Problems in the Education of Negroes, Reprinted from Medical Review of Reviews, May 1933, Box 4 File 130, *Hilla Sheriff Papers*.

## Bibliography

### Primary Sources

Bradley, Frances Sage and Margaretta A. Williamson. *Rural Children: In Selected Counties of North Carolina*. New York: Negro Universities Press, 1918.

The 1918 study furnished by the State Board of Health in North Carolina is published in book format. The report illustrated and compared the living conditions of poor black tenant farmers in the Piedmont as well as poor whites in the Appalachian region. The study focused specifically on children and a connection is made between poverty and poor health.

Davis, Michael M. and Ross, Mary. "A County Health Center." *Journal of Public Health* 22, no. 8 (1932): 809-818.

This article authored by members of the Julius Rosenwald Fund focused on the achievements of the Spartanburg area in the field of healthcare. The general hospital, health department and outreach services are praised for a focus on prevention, care and education.

Hard, Elizabeth W. and editor. "The Open Forum." *The American Journal of Nursing* 37, no. 11(1937): 1273-1274.

This short editorial is an informative piece on the development and services of the Greenville Maternity Shelter. The editor described the need and enthusiasm of the community in response to the public services provided at the Shelter.

*Hilla Sheriff Papers*. Carolina Library, University of South Carolina, South Carolina.

These papers are housed in the special collections department at the University. There are nine boxes in this collection which include reports, letters, photographs, awards, journals, newspaper clippings, articles, bank statements, medical records and many other primary sources relevant to the career and life of Dr. Hilla Sheriff.

Willingham, Mary. Written by Sadie B. Hornsby and edited by Mrs. Sarah H. Hall. "I

Ain't No Midwife." *American Life Histories: Manuscripts from the Federal*

*Writers' Project*, 9 June 1939: 1-23. <http://lcweb2.loc.gov/cgi-bin/quer/v/D?wpa:>

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This collection includes 2,900 documents dated from 1936-1940 and are available online. The documents are interviews gathered by 300 different writers and are representative of people from 24 different states. This particular interview is from a Georgian midwife who found it increasingly difficult to find work as a midwife during the time of the interview. The woman was working toward requirements for license and registration as a legal midwife in the state. The woman interviewed discussed her working conditions, typical jobs and pay during this time period.

#### Secondary Sources Beardsley, Edward H. *A*

*History of Neglect*. Knoxville: The University of Tennessee

The author discusses issues of healthcare and poverty within Southern black communities and poor whites residing in mill towns during the early 20<sup>1</sup> century in this book. The complexities, differences and similarities between blacks and white mill workers are examined in relation to healthcare, sickness and poverty. Press, 1987.

Bogdan, Janet. "Care or Cure? Childbirth Practices in Nineteenth Century America."

*Feminist Studies* 4, no 2 (1978): 92-99.

The author discusses the transition from the midwife to the obstetrician as the healthcare practitioner for many middle and upper class women. The germ theory in relation to childbirth and concerns of female modesty are addressed throughout the article. Typical limitations that were placed upon the midwife by the doctor are also discussed all from a feminist perspective.

Cavender, Anthony. "Folk Medicine: A Midwife's Commonplace Book." *Appalachian*

*Journal* 33 no. 1 (2005): 182-90.

In this article the author examines the commonplace book of Cora Reeves, an Appalachian midwife (1867-1947). Cavender discusses the folklore and magico-religious practices of many midwives during the period. Different methods of healing and natural remedies are addressed as well as the importance of the midwife in rural communities.

Edgar, Walter B. *South Carolina: A History*. Columbia: University of South Carolina

Press, 1998.

This is a broad survey of South Carolina history from pre-statehood until the present day. This book provided an understanding of the economic conditions during the time of Sheriffs career in Spartanburg as well as the impact of mill villages in the region. The

author discusses the development of medical infrastructure in the state and emphasizes the limitations of medical care based on race and class.

Etheridge, Elizabeth W. *The Butterfly Caste: A Social History of Pellagra in the South*.

Westport: Greenwood Publishing Company, 1972.

The author specifically focuses on pellagra as a social disease. Diet, poverty, lack of medical care and cultural traditions are all discussed in relation to the advancement of the disease. Social and public health movements that attempted to address pellagra are also outlined in the book.

Hall, Jacquelyn Dowd, James Lelousis, Robert Korstad, Mary Murphy, Lu Ann Jones and

Christopher B. Daly. *Like a Family: The Making of a Southern Cotton Mill World*.

Chapel Hill: The University of North Carolina Press, 1987.

The authors collectively define the social, economic and political life experienced by many mill villagers in the Piedmont area. This book was specifically useful through gained insight on the importance of the midwife in mill villages and the cultural traditions of medicine for this group of poor whites.

Hill, Patricia Evridge. "Go Tell it on the mountain: Hilla Sheriff and Public Health in the

South Carolina Piedmont, 1929-1940." *American Journal of Public Health* 85, no.

4 (1995): 578-584.

This brief article outlines Sheriff's early career in Spartanburg County. The doctor's educational pursuits are outlined as well as her accomplishments as a public health officer. Little is dedicated to her work with midwives but many of her other achievements in that area are highlighted.

Freeman, Sarah Wilkerson. "The Creation of a Subversive Feminist Dominion:

Interracialist Social Workers and the Georgia New Deal." *Journal of Women's History*

13, no. 4(2002): 132-155.

The author focuses on two female public health workers in nearby Georgia that faced many of the same problems as Sheriff when trying to address the needs of a racially and culturally diverse population. Although this research was not in South Carolina it was

during the same time period and was valuable when understanding the public health movement as a whole in the South.

Ladd-Taylor, Molly. "Grannies and Spinsters: Midwife Education Under the Sheppard-Towner Act." *Journal of Social History* no. 22 (1988) 255-275.

This article is an earlier work prior to the author's more extensive book on the subject. This piece focuses on midwives during the time of the Sheppard-Towner Act. Women's health and welfare are outlined during this period and the effects of the Act on midwives primarily in the South are addressed.

Ladd-Taylor, Molly. *Mother-Work: Women, Child Welfare, and the State, 1890-1930*. Chicago: University of Illinois Press, 1994.

The author focuses on the development of the Children's Bureau during the early 20<sup>th</sup> century and outlines maternal welfare. During this period childrearing expanded from the private domain and became public. The author examines why this happened and the results of this cultural shift. The author discusses the Progressive Era and overall provides insight into the influences and limitations of the Bureau's work as a female physician.

Ladd-Taylor, Molly. *Raising a Baby the Government Way: Mother's Letters to the Children's Bureau 1915-1932*. New Brunswick: Rutgers University, 1986.

This is a collection of letters written by mothers and historical notes and interpretations by author Molly Ladd-Taylor. This book was specifically useful to understand concepts of modesty and cultural concern during the shift from the midwife to the obstetrician. Difficulties of motherhood in general are also outlined in the book.

More, Ellen. "'A Certain Restless Ambition:' Women Physicians and World War I." *American Quarterly* 41, no.4 (1989): 636-660.

This article provided information on the development of the American Women's Hospital and the role of the Medical Women's National Association. The difficulties female physicians faced during this period are discussed and the goals of the AWH to legitimize females as doctors are outlined by the author.

More, Ellen. *Restoring the Balance*. Cambridge: Harvard University Press, 1999.

This is the author's more extensive and later published work on the topic of female physicians during the early 20<sup>th</sup> century. The author explains typical fields of medicine available for female doctors. The origin of the public health movement is discussed as well as Progressive Era reform and later public funding during the New Deal Era.

Mongeau, Beatrice; Smith, Harvey L.; Maney, C. Ann. "The 'Granny' Midwife:

Changing Roles and Functions of a Folk Practitioner." *The American Journal of Sociology* 66, no. 5 (1961): 497-505.

This article focuses on midwives in North Carolina during the period of Sheriff's practice. The author examines traditional midwife practices and the changing influences upon those practices with the introduction of modern medicine. Some cultural traditions stayed in place longer while other unsanitary or harmful practices were replaced under the influence of physicians.

Newby, IA. *Plain Folk in the New South: Social Change and Persistence 1880-1915*.

Baton Rouge: Louisiana State University, 1989.

Mill village life and healthcare concerns are illustrated in this book. The author elaborates upon pellagra and the social conditions of poor whites. This book provided further evidence of the lack of healthcare and proper nutrition within mill villages.

Smith, Susan L. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*. Philadelphia: University of Pennsylvania Press, 1995.

A chapter is dedicated to black midwives during the period of Sheriff's early career. These midwives practiced in the Mississippi area but the information was still valuable and useful when understanding the relationship between black midwives and white public health officials.

Tullos, Allen. *Habits of Industry: White Culture and the Transformation of the Carolina Piedmont*. Chapel Hill: University of North Carolina, 1989.

This book was used to gain an insight into the healthcare needs of poor whites in the area surrounding Sheriff's practice. The author discusses healthcare in mill villages as well as healthcare culture among poor whites.