The Death of Booker T. Washington

Tuskegee, Ala., Nov. 14 - Booker T. Washington, foremost teacher and leader of the negro race, died early today at his home here, near the Tuskegee Institute, which he founded and of which he was President. Hardening of the arteries, following a nervous breakdown, caused his death four hours after Dr. Washington arrived from New York.

Although he had been in failing health for several months, the negro leader’s condition became serious only last week while he was in the east. He then realized the end was near, but was determined to make the last long trip South. He said often: “I was born in the South, have lived all my life in the South, and expect to die and be buried in the South.”

Accompanied by his wife, his secretary, and a physician, Dr. Washington left New York for Tuskegee at 4 o’clock on Friday afternoon. He reached home last midnight, and died at 4:40 o’clock this morning.

Colonel Theodore Roosevelt, when told of the death of Booker T. Washington, said: “I am deeply shocked and grieved at the death of Dr. Washington. He was one of the distinguished citizens of the United States, a man who rendered greater service to his race than had ever been rendered by any one else, and who, in so doing, also rendered great service to the whole country. I mourn his loss, and feel that one of the most useful citizens of our land has gone.”

Learned His Doom Here

While Booker T. Washington was in New York about two weeks ago his friends realized that something serious was causing the poor health which he had suffered for some time. Accordingly Seth Low and William G. Willcox, two of his warmest friends and supporters, insisted that he go to Dr. W.A. Bastedo of 57 West Fifty-eight Street, for a diagnosis. Dr. Bastedo found the patient suffering from Bright’s disease, and he astounded Mr. Low and Mr. Willcox by reporting to them that the length of Dr. Washington’s life was only a question of days.

Hoping still that Dr. Washington might be saved, his friends sent him to the hospital of the Rockefeller Institute, where Dr. Lucas G. Cole made another diagnosis. It agreed with that of Dr. Bastedo. On the advice of the two surgeons, however, Dr. Washington was sent to St. Luke’s Hospital so that a desperate effort might be made to save his life. Mr. Willcox obtained one of the best private rooms in the hospital for him and Dr. Bastedo began treatment.

The case was hopeless, though, and soon Dr. Washington’s wife was notified. She came from Tuskegee with the patient’s family physician, Dr. John A. Kenney, a negro, and when she learned that there was no chance for her husband to recover, she expressed the wish, in which he concurred, that he might die at Tuskegee. He was taken from the hospital, therefore, on Friday afternoon and put aboard the train which arrived in Tuskegee late on Saturday night.
The Cause of Washington's Death

Booker T. Washington died of complications from hypertension. The mystery of Washington's death, which had been rumored to be caused by "racial characteristics," was the focus of the 2006 Historical Clinicopathological Conference (CPC) sponsored by the University of Maryland School of Medicine and the Veterans Affairs (VA) Maryland Health Care System in Baltimore.

It was previously thought that Washington might have suffered from syphilis, based on Dr. W.A. Bastedo's comment that his death was due at least in part to "racial characteristics." In a November 1, 1915 letter from Dr. George C. Hall, Washington's physician in Chicago, to Tuskegee trustee Julius Rosenwald, Hall said he was put out because of the 'racial characteristics' statement. That expression, Hall said, means a "syphilitic history" when referring to Colored people.

But a thorough review of his medical record obtained from the Rockefeller Hospital in New York City by CPC organizers, shows a different diagnosis when examined by modern day standards.

According to his medical record, when Washington was admitted to the hospital two weeks before his death, he suffered from headaches, fatigue, weight loss and failing vision. He had a history of frequent urination and an avid thirst. His Wassermann, a universal blood-serum test for syphilis, was negative.

“When he was admitted to the hospital, Mr. Washington most certainly presented with malignant hypertension which resulted in kidney failure," says Jackson T. Wright, Jr., M.D., Ph.D., a professor of medicine at Case Western Reserve University in Cleveland, Ohio. “If his physicians had been able to lower his blood pressure, they most likely would have saved both his kidneys and his life.”

According to Dr. Wright, there were no effective therapies for high blood pressure in 1915 and the five-year survival rate for malignant hypertension was less than one percent. “The importance of treating elevated blood pressure was not yet well recognized and would not be generally accepted by the medical community until the latter half of the 20th century," he says. “Although blood pressure measurements were routinely performed in 1915 and elevated blood pressure was often seen in patients with heart disease, stroke and renal disease, many clinicians still did not appreciate the role that hypertension played in causing those conditions. When hypertension was treated, the interventions generally consisted of warm salt baths, rest, potassium tablets, nitrates and barbiturates.”

Washington's Hospital Record and CPC Notes

This patient was one of the most admired Americans of his time. Born a slave, he was the successor of Frederick Douglass as leader and spokesman for black America in the aftermath of the Civil War. For over fifty years he relentlessly pursued the Puritan ethic of hard work, cleanliness and thrift. Shortly before he died, he was hospitalized in New York City. The following is a slightly abridged and annotated version of his hospital record:

Nov. 2, 1915 (Dr. Cole)
Two weeks ago patient had palpitation. He gets tired more quickly now, especially if he is excited. He does not do a day's work now, formerly worked from nine to five and in the evening. He has never had any pain in the chest or cough. He has headache in the frontal region for one or two days out of every eight or nine. He thinks that last night's headache came on because he ate too much. Mentally, he thinks he is slower than he was and requires more concentration. If he is to make speeches, he finds it is necessary to master all the details first; he is now unwilling to trust himself to impromptu speeches. Blood pressure ~220 systolic, 150 diastolic.

Laboratory Studies: Wassermann reported negative (Dr. Jagle).

Notes

1 - The patient had chronic indigestion, particularly when traveling, which he treated with Bell's Papayan tablets, a protein-splitting enzyme from unripe papayas. In 1911, he spent several days receiving unspecified treatments at John H. Kellogg's Sanitarium in Battle Creek, Michigan. In 1914 he was persuaded to drink radium water as a possible cure for his digestive distress.

2 - Additional Past History: In 1911, the patient was beaten while visiting the tenderloin section of New York City.

3 - Social History: The patient was married three times. His first wife died of injuries caused by a fall from a wagon; his second wife died of unknown cause. His third wife was alive and well at the time of his hospitalization. He had three children – a daughter who lived until her 90s, a son who died in his late 50s of unknown cause (he had a history of "thumping in his head and dizziness when concentrating"), and another son who developed blindness in one eye and reduced vision in the other. The latter son died in his early 50s of unknown cause.

4 - The patient was a graduate of the Hampton Institute and throughout his life worked as a salt processor, houseboy, janitor, coal miner, waiter, teacher, college president, author, political boss and presidential advisor.

5 - In his prime, the patient was a renown orator with the “power to sway crowds and move men to his purposes,” one who seemingly never tired. He could speak, and frequently did, several times a day to packed houses.

Sources used for information contained in this publication:
- The New York Times