

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Quigless Clinic

other names/site number Quigless Clinic-Hospital

2. Location

street & number 99 Main St., Corner of Main and St. Andrews not for publication

city or town Farboro vicinity

state North Carolina code NC county Edgecombe code 065 zip code 27886

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Jeffrey J. Crow
Signature of certifying official

9/7/00
Date

State of Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of commenting official/Title

Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

Signature of the Keeper

Date of Action

- entered in the National Register.
 See continuation sheet.
- determined eligible for the National Register
 See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain): _____

Outglass Clinic
Name of Property

Edgecombe, North Carolina
County and State

5. Classification

Ownership of Property
(Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property
(Check only one box)

- building(s)
- district
- site
- structure
- object

Number of Resources within Property
(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
<u>1</u>		buildings
		sites
		structures
		objects
<u>1</u>		Total

Name of related multiple property listing
(Enter "N/A" if property is not part of a multiple property listing.)

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions
(Enter categories from instructions)

Healthcare: hospital/clinic

Current Functions
(Enter categories from instructions)

Work in Progress

7. Description

Architectural Classification
(Enter categories from instructions)

Commercial Style

Materials
(Enter categories from instructions)

foundation Concrete

walls Brick

roof Asphalt

other Glass Block

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

Quigless Clinic
Name of Property

Edgecombe Co., NC
County and State

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B Property is associated with the lives of persons significant in our past.
- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- A owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

Health/Medicine

Social History

Ethnic Heritage/Black

Period of Significance

1946-1975

Significant Dates

N/A

Significant Person

(Complete if Criterion B is marked above)

Quigless, Dr. Milton Douglas

Cultural Affiliation

N/A

Architect/Builder

unknown

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey

- recorded by Historic American Engineering Record # _____

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:

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Narrative Description

Built in 1946, the Quigless Clinic in Tarboro, North Carolina stands on the southeast corner of Main and St. Andrews streets just within the southern boundary of the Tarboro Historic District (NR 1980). The district contains both residential and commercial resources, and is described in the *A Guide to the Historic Architecture Eastern North Carolina* as “one of [the] most architecturally distinguished small towns in eastern North Carolina.” The Quigless Clinic rests at the edge of the commercial section of the district, which runs from the colonial Town Commons to the Tar River, and contains several blocks of one-to-four story brick buildings that were typical of the late nineteenth and early twentieth century. East of the district along the riverbank, Panola Heights developed as predominantly African American neighborhood shortly after the Civil War. In 1865 newly freed blacks established Freedom Hill, now known as Princeville, south of Tarboro across the river.¹

Although the Tarboro Historic District includes the clinic, the importance of the facility and Dr. Milton Quigless warrant further individual documentation and study. In addition, the building’s date of construction as reported in the district nomination is incorrect, so that the clinic falls outside the district’s period of significance.

The clinic, residing on a small hill above the Tar River, served as the only African American fully-equipped medical facility, serving both in-and outpatients in the area in the 1940s, and has become a local icon over subsequent decades. Although in the clinic’s early history, Quigless received only black patients, he said there were never restrictions on who could enter or whom he would treat—I treat “sick people” he said. By the end of his life, he saw a diverse range of people, some traveling from as far as Connecticut and Massachusetts.²

Architecturally, the two-story, 5:1 common bond brick building is modest in detail with symmetrical proportions and fenestration patterns. A simple rectangle, the building’s definition comes from its manipulation of the material. Brick quioning defines each of the building’s corners. A raised brick belt course denotes the second story, while a simple, brick stepped cornice defines the top of the building.

Facing Main Street, an engraved marble sign, reading *Quigless Clinic*, marks the main façade and front entrance. Centered within this elevation, the door surround with fluted pilasters capped by a bracketed cornice is the most stylized element. The four-paneled door with four lights at the top is slightly recessed within a heavy paneled opening. At a time when African Americans still had to enter many public buildings through designated back doors, Dr. Quigless proudly indicated that everyone entered through the front door.

¹ Bishir, Catherine W. and Michael T. *Southern A Guide to the Historic Architecture of Eastern North Carolina* (Chapel Hill, NC: The University of North Carolina Press, 1996).

² Dr. Milton Quigless Obituary in *Memorial Service Bulletin*, November 22, 1997.

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Two large glass block windows, a modern treatment for the time, flank the front door and allow light to flow into the waiting area, while giving patients' privacy. Two symmetrically placed double-hung windows with glass divided horizontally mark the second floor.

The fenestration on the north elevation, which faces St. Andrews Street, creates a rhythmic pattern. Dark green vernacular wooden pedimented hoods supported by knee braces cover two service doors on this elevation. A double door, used for patients requiring cumbersome equipment or arriving by ambulance, is recessed at the eastern end of this elevation. The interior elevator is located near this entrance. Brick quioning surrounding this entrance gives additional visual appeal. The bottom floor has seven double hung windows, while the top floor contains eleven lights. A large, glass block window flanked by two smaller windows denotes the waiting area on the first floor.

Facing the river and used for service entrances, the east and south elevations are less articulated than the public faces, lacking the belt course seen of the street-side elevations. On both of these elevations, metal stairs offer fire exits, and additional doors allow access to and from the building. The window placement is very similar to that of the other two elevations.

The floor plan, which remains intact, reveals the building's true function [Figure 1: Floor Plan]. Two long east-west running corridors are centered on the first and second floors; small rooms flank the hallways. Atop each door is an occupied/unoccupied light that indicated if the doctor was examining a patient. Small nurse's call boxes remain beside the former location of patient's beds that once occupied in every room.

The waiting room at the front of the building is equipped with some built-in wooden seating, allowing enough space for free standing chairs. A receptionist space sits between the waiting area and the long corridor of rooms. An L-shaped stairway leading to the second floor stands adjacent to the waiting room.

Besides the commodious waiting room, the first floor contains a consultation room off the receptionist area; several private rooms measuring approximately 6' x 8', with bathrooms; the X-ray room; a four-bed shared patient room; an overnight nurse's room with closet; several bathrooms; and the drugstore. The drugstore has built-in shelving for medicine that Dr. Quigless dispensed. Several closets also line this corridor, and would have housed clean sheets, sterile surgical kits, and other medical supplies. During treatment at the clinic, male patients stayed on this floor.

The second floor served women and children. This floor contained a large, well-lit ten-bed ward with a shared bathroom at one end. Other rooms include a semi-private (two-bed) room, a "new mother's" private room, a nursery, a pediatric ward, an OB-GYN room with several beds, and two rooms for storing medicine and large medical equipment. At the eastern end of this floor, a kitchen and dining room offered space for the nurses and doctor to dine and relax, and allowed food preparation for overnight patients.

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An operating room, which was furnished with surplus World War II equipment, was used for all patients who required surgery. This room is currently recreated at the North Carolina Museum of History in an exhibit about health and healing practices in the state, and features Dr. Quigless's medical equipment.

Except for the newly installed dropped ceiling on each floor, the building is unaltered. Architecturally, this building is not exceptionally distinctive, but its intact floor plan clearly indicates the important functions that took place here. Historically, this building offers a rarely told and celebrated history of African American medical care in eastern North Carolina in the mid-twentieth century. The building symbolizes the accomplishments of Dr. Milton Quigless, and the obstacles he overcame.

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Quigless Clinic, Edgecombe County, NC

Summary

In 1936 Dr. Milton Douglas Quigless (1904-1997), a graduate of Meharry Medical College in Nashville, Tennessee, arrived in Tarboro, North Carolina in Edgecombe County to find that the community had a black pharmacist, but the only black doctor had died four or five years earlier. According to Dr. Quigless, black people were “dying like flies” out in the country. Denied practicing privileges at Edgecombe Memorial Hospital for almost ten years, Dr. Quigless treated people in their homes throughout the countryside. When he was not treating people in their homes, an abandoned fish market on the corner of Main and Water streets (now St. Andrews Street) in Tarboro served as his office.

After years of struggle trying to secure a loan to open his own clinic and annually being denied hospital privileges, Peoples Bank in the nearby town of Rocky Mount loaned him \$30,000 to establish a clinic. In 1946, the old fish market was torn down and the two-story brick Quigless Clinic was built on the site. On December 3, 1946, the clinic opened its doors and in its first week the twenty-five bed facility was filled with patients. Dr. Quigless became well known for his medical skills, especially in the areas of dermatology, arthritis, weight control, asthma, and allergies.

The Quigless Clinic meets Criteria A and B for significance in the areas of Social History, Medicine, and Ethnic Heritage/black. Dr. Milton Quigless, who is most closely associated with the building at 99 Main Street, established Quigless Clinic as the first fully equipped African American owned and operated medical facility in Edgecombe County. The property meets Criteria Consideration G because it achieved significance within the last fifty years. The period of significance begins in 1946, the year the building was completed and opened for business, and concludes in 1975, the year Dr. Quigless discontinued full service in-patient treatment at the clinic. Dr. Quigless continued to treat out-patients at the clinic until shortly before his death in 1997.

Historical Background: Dr. Milton D. Quigless and the Establishment of the Quigless Clinic

Milton Douglas Quigless was born in Port Gibson, Mississippi on August 16, 1904. At the age of four, Quigless witnessed the delivery of his neighbor's twins, and credits this event with planting the seed of doctoring in his mind. Later in his youth, he remembered “taking care of sick dogs and chickens...Anything I could work on. See, when an animal is injured, they'll fight ya. But none of them ever fought me.”³

Quigless hated school as a youngster. His brother and sister started teaching him to read at the age of four, so the “ABC stuff” that his classmates were just learning made him restless and bored. “The only thing I did was wait for recess and time to go home,” stated Quigless. He

³ Dr. Milton D. Quigless, interview with author, Tarboro, North Carolina, Fall 1996.

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continually fabricated stories of headaches, bellyaches, and even “toe aches” to get out of school.⁴

“Everybody treated me kindly. I could do anything I wanted, go anywhere I wanted—all over town. I met up with two or three other kids whose parents didn’t care whether they went to school or not. We formed a little gang,” recalled Quigless. The gang of young boys began collecting and selling iron, copper, and other metal scraps. Soon, however, that novelty wore off, and stealing became their next form of entertainment and income.⁵

“I knew jail was coming up if we kept on stealing, so I quit the little gang....I’d go to the barbershop and see who’s hanging out there. I got a little job shining shoes in the barbershop, and made a little extra change....It was all right with me, I had a good time,” recalled Quigless.

The barbershop days ended in an episode that was unfortunately characteristic of the day: “Old man Brooks, the barber got to run[ning] his mouth. He say, ‘Why should we have to go to the war? We can’t vote, we can’t do nothing.’” Some white leaders of the town heard that Brooks was expressing his opinions about World War I. Quigless remembered the consequences: “He had to walk down the middle of the street with a sign on his back—‘I am a slacker.’ They put his tail on a train and ran him out of town. [They said he was] thinking and talking too much. They didn’t allow niggers to think and talk—I cried.”⁶

At the commencement ceremony for the fifth-grade class he had once been in, Quigless suddenly realized he had made a grave mistake. He had dropped out of school in the fifth grade—but he wanted to become a doctor. This realization changed the direction of the young man’s life. Quigless began tutoring under Henry Johnson, a friend at Alcorn College in Lorman, Mississippi.

In about six months, Quigless had caught up with his former classmates. During one summer, Quigless began playing trombone with the Rabbit Foot’s Minstrel Show to make some extra money. At a stop in North Carolina, he thought, “This is beautiful. All the grass, and tobacco, and corn growing.” He decided then that he would return to the Carolinas to practice medicine.⁷

In 1929, Quigless arrived in Chicago, the home of his brother Charlie and sister Ruth. He finished school there at Wendell Phillips High School, then attended a free premedical program at Crane Junior College (now known as Malcolm X College). “I had finished a premed two-year course, then I took another half year—I wanted to be real ready for everything,” stated Quigless. While attending school, he continued to play trombone and worked during the summers for the railroad as a porter in a sleeping car.

⁴ Quigless Interview.

⁵ Quigless Interview.

⁶ Quigless Interview.

⁷ Quigless Interview.

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Once Quigless felt prepared, he began applying to medical schools: Northwestern University in Chicago, University of Illinois, University of Minnesota, and Meharry Medical College in Nashville, Tennessee. Quigless "didn't want to go back South. [I] got a little taste [of a] little integration" in the North. However, various circumstances led him unwillingly south to Meharry.

"I knew [too] well what would happen if I got back to Nashville. Sure enough, [I] got off the train in Nashville, started to get on the streetcar, and a white man was there with his wife. He said, 'Hey, you nigger...get back, let my wife get on...and don't you come close to her either'.... What did I do, but scratch my head and go to the back. That's the way it was," recalled Quigless.⁸

The socio-political climate of the 1920s was still deeply entrenched in segregation established by Jim Crow laws of the late nineteenth century. It was a time when African Americans had to enter many public buildings, even hospitals and doctor's offices, through specially marked doors. It was a time where they could not drink from a public water fountain, use a public rest room, or sit at a lunch counter to eat a sandwich, unless a nearby sign read "For Coloreds." The 1960 Greensboro sit-ins were nearly thirty years away.

Quigless persevered through these difficult and demoralizing times. After graduating from Meharry in 1934, he served his medical internship in St. Louis, Missouri at City Hospital No. 2, "the black hospital." The run-down, worn-out facility, built in the early 1900s, was a dangerous, harmful environment for patients and doctors alike. Mice and roaches made sanitary conditions nearly impossible. In addition, the sixth floor housed forty-two tuberculosis patients, as well as four doctors who had contracted the disease. Quigless first reacted by sticking his head out the door, and saying, "Look Lord, just let me stay one year. Then I'm getting' outta here, please." He had promised himself that he would leave, and he did, but first Quigless watched, studied, and practiced to learn all he could about surgery. The nurses taught him about wrapping bandages and introduced him to different techniques for treating patients. A year passed quickly as Quigless gathered knowledge.

After this internship, Quigless taught physiology at Meharry for a year. Through years of balancing work and school, he finally received his license and was ready to practice medicine. A classmate from Rocky Mount told him, "I'll tell you a place where they need somebody: Tarboro, [North Carolina]." Quigless responded, "Tarboro, sounds like tar and feathers to me."⁹

In 1936, Quigless arrived in Tarboro, but his obstacles were not over yet. For almost ten years, Quigless treated people the best he could in their homes throughout the countryside of eastern North Carolina. In a 1996 interview with the author, Quigless recounted one of his doctoring visits. He awoke at 3 A.M. one morning to a man frantically yelling: "Doctor, my wife's having a baby, she's about to bleed to death." He recalled seeing a lot of blood when he

⁸ Quigless Interview.

⁹ Quigless Interview.

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arrived to help her. He used a sheet to stop the bleeding before starting to worry about delivering the baby. "Back in those days, we used ether as an anesthetic....[it was] very flammable. So see now, this was the middle of winter [and not only was a fire going for heat, but also for light]. See you can't use...ether if you've got any fire....Lord, it would explode! We had to put out all the fires, and use a flashlight." Both mother and child survived. At this time, doctors still had no penicillin or other antibiotics or even blood banks. Many times Quigless had to improvise medical instruments and medicines.

Health conditions such as this in the black community astounded and angered Quigless. "The white doctors treated them [black people] like they were...dogs. They did...nothing."¹⁰ Continually denied privileges at "the white hospital," he and his wife, Helen, opened the Quigless Clinic on December 3, 1946 [Figure 2]. Helen Quigless [b. m.] served as administrator, bookkeeper, and personnel manager in their endeavor.¹¹ They would soon have three children of their own.

In its first week, the twenty-five-bed clinic was filled with patients. Furnished with surplus equipment from World War II, the hospital contained its own kitchen, operating room, private patient rooms, nursery, and pharmacy [Figure 3]. In that building, Quigless did everything from setting broken bones to removing appendixes to delivering babies.

Shirley Mays, a nurse with Dr. Quigless for thirty-three years, recalls assisting in the operating room and learning a great deal from the doctor. Quigless liked to teach; he was "instructive like a father," she says. "Everyone wanted to see Dr. Quigless; an intern wouldn't do....He was a surgeon, a medical doctor, a counselor, and a good friend."¹²

Another nurse at the Clinic, Estelle Smith, worked with Quigless for twenty-eight years. She remembers a very intelligent man, who, if the patients went in feeling bad or blue, would go out laughing after seeing the doctor. Dr. Quigless's "jokes and humor could make you forget about your troubles," she says.¹³

Dr. Quigless was both a general practitioner and a general surgeon, performing minor and major surgeries. He was well known for his treatment of arthritis, asthma, dermatology, hair loss, weight control and allergies. Interviewed for a WUNC special on Dr. Quigless, Dr. John Brooks, a retired Tarboro physician, said, "He is the only physician that I have ever had any direct contact with who still practiced general or generalist medicine. And by that I mean, he did everything. Literally he did everything from surgery to psychiatry—he really was a Renaissance doctor." He was a man whose son, Dr. Milton Quigless Jr., said, "blended the art and science of medicine as well as anybody I've seen or heard of."¹⁴

¹⁰ Quigless Interview.

¹¹ Obituary.

¹² Mays, Shirley, phone interview with author, January 20, 2000.

¹³ Smith, Estelle, phone interview with author, January 20, 2000.

¹⁴ WUNC Broadcast, Chapel Hill, N.C., April 2, 1998.

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One example of Dr. Quigless's remarkable gift involves a hemophiliac patient, whom the doctor had seen since he was a boy (The man is now in his late 70s). Dr. Quigless used a special treatment of estrogen injections, and consequently the patient never needed blood transfusions. The treatment is now being researched at the University of North Carolina-Chapel Hill's Medical School.

Increased regulations and building code requirements forced the clinic to close its doors to in-patients in 1975. At the same time, the local county hospital also needed major repairs. In the previous decade, access to federal funds began to depend more and more on a desegregated staff.¹⁵

Dr. Quigless served his community in other ways as well. He was one of the founders of Tarboro-Edgecombe Development Corporation, which consisted of farmers, businessmen, and professionals trying to bring industry to Tarboro. He was also a co-founder of the East Tarboro Citizens League, an organization representing African American citizens of the area.

When the civil rights movement was well underway in the 1960s, Mayor Edward Roberson appointed Quigless to an inter-racial committee to ensure peaceful integration in the town. He was also a life-long member of the NAACP, and in 1987 Dr. Quigless was cited in the United States Congressional Record by Congressman John Lewis (D-GA), a noted civil rights activist, for his lifetime achievements. As an additional honor, the community of Tarboro celebrated Dr. Milton Quigless Day in 1987. In 1998, the North Carolina Museum of History opened a five-year exhibit on health and healing practices throughout the state; Dr. Quigless's operating room was reproduced using his own equipment.¹⁶

Even in 1997, at the age of ninety-three, the high-spirited doctor and community activist continued to see patients until he was hospitalized with emphysema. After living a long and productive life, Dr. Quigless passed away on November 18, 1997. His obituary described him as "a hard-working man who lived for medicine and loved his patients."¹⁷ Through revolutionary discoveries and changes in the medical field, the Great Depression, wars, and years of prejudice and discrimination, Dr. Milton Douglas Quigless met and overcame his obstacles.

The clinic is still owned by the Quigless family, who enthusiastically supports this nomination, and the preservation of an intact Quigless Clinic. They plan to rent the building as office space. In the fall of 1999, the building's first floor suffered water damage from Hurricane Floyd. Currently contractors are replacing materials in-kind.

¹⁵ *Health and Healing* exhibit, North Carolina Museum of History, Raleigh, N.C. and Helen Quigless, Jr., interview with author, April 20, 2000.

¹⁶ Obituary and *Health and Healing* exhibit.

¹⁷ Obituary.

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Historical Context: African American Hospitals and Clinics in North Carolina

During the 1940s, when the Quigless Clinic opened its doors to patients, there was one doctor for every 7,600 African Americans in North Carolina. As the *Health and Healing* exhibit at the North Carolina Museum of History states, "If you were an African American living in the North Carolina countryside before 1960, your chances of receiving regular, scientific-based medical care were extremely limited."¹⁸

In 1940 North Carolina had only thirteen African American hospitals in the state.¹⁹ The North Carolina State Historic Preservation Office lists only six extant African American hospitals or clinics in their files. St. Agnes Hospital in Wake County, built in 1909, is in the St. Augustine's College Historic District (NR 1980). Wilson Hospital and Tubercular Home in Wilson County, built in 1913, is in the East Wilson Historic District (NR 1988). Tyler Hall at Shaw University in Raleigh and the former L. Richardson Memorial Hospital in Greensboro are both listed individually in the National Register (NR 1973 & 1992 respectively).

The Old Good Samaritan Hospital in Charlotte, which opened in 1891, is believed to be the first privately funded hospital in North Carolina exclusively for the treatment of African Americans. With the exception of the Wilson Hospital, the other resources are located in larger piedmont North Carolina cities, all are associated with a university, college, or training institute.

A 1929 survey conducted by the American Medical Association indicated that the Old Good Samaritan Hospital was not only a landmark in North Carolina, but was one of the oldest hospitals then in operation in the United States. The philanthropist Jane Renwick Swedberg Wilkes, daughter of Swedish industrialist Charles Gustaw Swedberg and Isabella Renwick, initiated support for this facility, which had expanded to one hundred beds by 1937. Throughout the next several decades, the facility greatly expanded, and in 1980, a new hospital was built and the old facility became known as Magnolias Rest Home, a typical reuse for former hospitals.²⁰

Unlike the other African American hospitals in North Carolina that served larger towns and cities, the Quigless Clinic offered quality medical care and facilities to the small town of Tarboro and its surrounding counties in rural, eastern North Carolina. In that part of the state only two other hospital-clinics treated African American patients besides the Quigless Clinic during the 1940s and early 1950s, including the Wilson Hospital and Tubercular Home (later known as Mercy Hospital) and the Weaver Clinic in Ahoskie. The Wilson Hospital had a black administrator, Dr. William Hines, who performed minor surgeries, but white surgeons were

¹⁸ *Health and Healing* exhibit.

¹⁹ *Health and Healing* exhibit.

²⁰ Morrill, Dan, "Old Good Samaritan Hospital," (survey and research report, Charlotte, North Carolina, March 6, 1985), Survey File, N.C. State Historic Preservation Office.

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called in to perform all major surgeries. In 1964 this hospital merged with other hospitals in the area, closing as an African American facility.

In Ahoskie, a small town approximately fifty miles northeast of Tarboro, Dr. Joseph Weaver established an office in 1946, the same year the Quigless Clinic opened. Dr. Weaver opened the Weaver Clinic in 1963 for his obstetric and gynecology patients, but the clinic closed in 1968.²¹

In contrast to these other two facilities, the Quigless Clinic was owned and operated by one doctor, who was a general partitioner and a surgeon. Over the years, other black physicians assisted Dr. Quigless with out-patient surgery, including Dr. Lawrence Wynn of Williamston, Dr. Andrew Best of Greenville, and Dr. David Wilson from Winston-Salem. For the majority of the clinic's history however, Dr. Quigless handled both in-and out-patients by himself with the assistance of a charge nurse and one or two nurses aids.²² With a pharmacy, operating room, private patient and shared rooms, an X-ray lab, overnight nurses' room, and kitchen, the facility included almost everything the larger city hospitals had, as well as a very personal touch. Since 1946 when she was thirteen years old and had her tonsils removed, Alice Gray was a patient of Dr. Quigless. Unlike today's patients, Gray had predominantly seen one doctor for almost thirty years, an occurrence that was very common at the Quigless Clinic.²³

Although the clinic officially closed its in-patient facility in the mid-1970s, Dr. Quigless saw out-patients until shortly before his death in November 1997, offering a total of over fifty years of medical care to his patients.²⁴ Unlike most historic African American medical facilities, the clinic configuration is still intact, and maintained its original use until the death of Dr. Quigless. Lewis Ridgeway, former CEO of Edgecombe General Hospital, remembers, "He was very unusual and very unique. And by this I say, he got his education when all the odds were against him. And he came to a community that was predominantly white medical staffing, and he bucked the situation. He broke through and became well-known and well-respected by all people."²⁵ The Quigless Clinic is a rare survivor of an extremely important, often neglected, history.

²¹ Mrs. Jean Sullivan, interview with Helen Quigless, April 20, 2000.

²² Mays Interview.

²³ Helen Quigless and Gray Interview.

²⁴ Obituary.

²⁵ WUNC Broadcast.

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United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

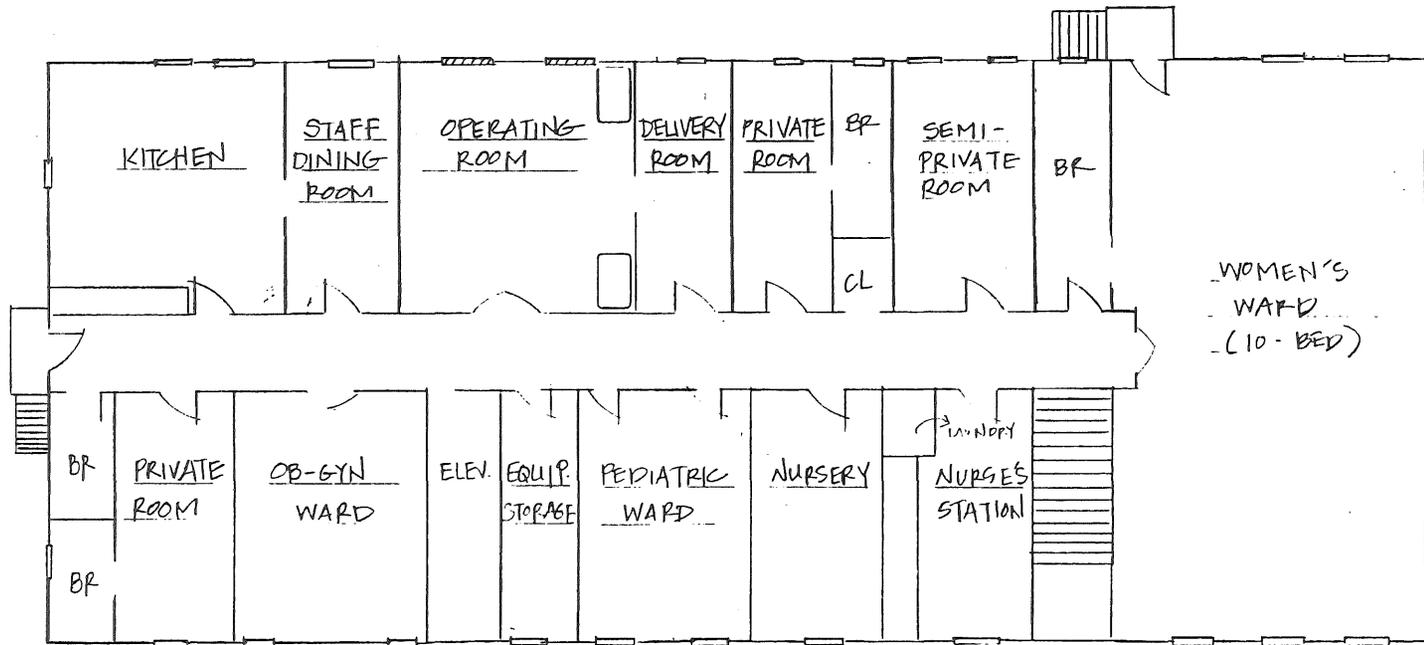
Section number 10 Page 1 Quigless Clinic, Edgecombe County, NC

Verbal Boundary Description

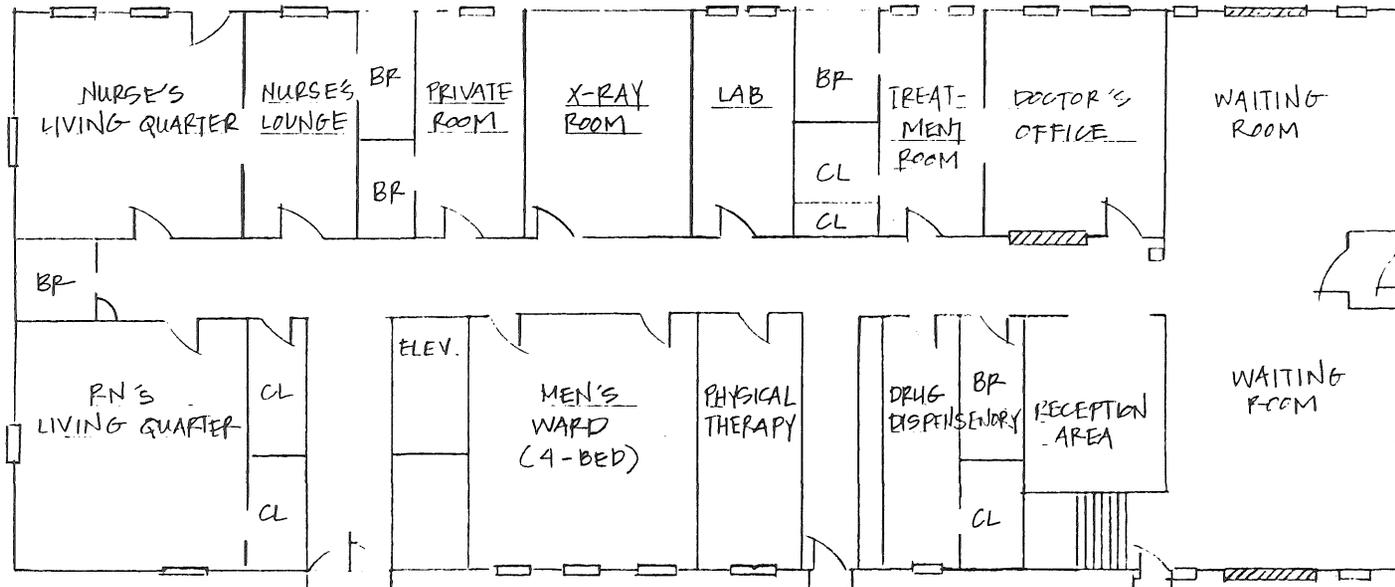
The nominated property comprises all of parcel number 6714 as recorded in The Edgecombe County Land Records.

Boundary Justification

The nominated acreage has been the site of the Quigless Clinic since its opening on December 3, 1946.



2ND FLOOR



1ST FLOOR

FIGURE 1

GLASS BLK. 

1	.3048
2	.6096
3	.9144
4	1.2192
5	1.5240
6	1.8288
7	2.1336
8	2.4384
9	2.7432
10	3.0480

To convert feet to meters multiply by .3048
 To convert meters to feet multiply by 3.2808



Quigless Clinic
 Tarboro, N.C.
 Edgemont City
 E 271400 ZONE
 N3975000 18

SHILOH MILLS 1.3 KM

32'30" 271 CONETOE 9 KM INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1982 35°52'30"
 WILLIAMSTON 48 KM 273 274000mE 77°P30' 3973000mN

ROAD CLASSIFICATION

- Primary highway, hard surface
- Light-duty road, hard or improved surface ...
- Secondary highway, hard surface
- Unimproved road
- Interstate Route U. S. Route State Route

(CONETOE) 5555 N SW

10 000



CONTOURS AND ELEVATIONS IN METERS

TARBORO, N. C.
 NE/4 TARBORO 15' QUADRANGLE
 N3552.5—W7730/7.5

1981

DMA 5455 I NE—SERIES V842

