The Ordeal of Being a Test Case: In Quest of the Right to Practice Medicine in Wisconsin

Hania W. Ris

When my husband Hans Ris accepted an appointment as Associate Professor in the Department of Zoology at the University of Wisconsin—Madison in 1948, I was intrigued. That was the year Life magazine (6 September) ran its famous cover story identifying Madison, Wisconsin, as America's best place to live. Although I had an interesting and prestigious position as a pediatrician in the Cornell Medical School Department of Pediatrics, I looked forward to the move with anticipation. After diligently studying the Life article, I became even more enthusiastic. I learned that Madison, with a population of 80,000, had three lovely lakes, that the streets were lined with elms and maples, that its many parks were maintained with a very ample city appropriation. Its "intelligent and alert populace" had a literacy rate of 98%, and 17% had attended college. The schools had an excellent reputation, pertinent information for a couple expecting their first child in March 1949. Babysitters were easily available because of a large student population. The city had many cultural groups. The university supported several "artists in residence" including a painter as well as musicians. Drama was provided by the Lunts, who lived nearby and usually opened their new plays in Madison. The article even referred to the importance of the Madison League of Women Voters and its influence on civic decisions.

At the time of the University of Wisconsin offer we were living in New York City. My husband, a biologist, had been working in the field of cytology (structure, function, and pathology of the cell) at the Rockefeller Institute for Medical Research. I was working with Dr. May Wilson at the Children's Cardiovascular Clinic of New York Hospital as a Fellow in Pediatrics as well as teaching on the staff of Cornell University Medical School.

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Before my departure I had to certify my medical documents. To my amazement and amusement, I was warned by the physician in charge that I was moving to a "socialist state"!

In order to learn something about Wisconsin state politics, I read about "Fighting Bob" La Follette and his Progressive Party, which lost to the Democrats after the Second World War. Although La Follette had been dead for twenty years, his ideas of social reforms, including care of the unemployed and the elderly, had left permanent marks on Wisconsin. It was the first state to pass a workmen's compensation law, in 1932, and to prohibit child labor. Its law became a prototype for other states. La Follette also promoted the idea that the state government should use the university as its first resource and the university in turn should exert its influence on the entire state.

All this information added to our conviction that Madison would be an interesting and stimulating place to live and to raise a family. My husband was especially urged to accept the position by a friend and colleague, Charles Leonard Huskins, Professor of Botany at the university. A Canadian, he had been Professor of Botany at McGill University in Montreal until he moved to Madison in 1945. He and his wife Margaret and their three children befriended us and offered their home when we arrived in Madison in June 1949 with our three-month-old son, Christopher. The Huskins lived in a spacious older house on Vilas Avenue near the Vilas Zoo. We stayed with them a fortnight, and we could not have had a warmer and more gracious welcome. The Huskins remained our friends and wise advisors until their deaths in 1953.

In July 1949 we moved to the University Houses, built by the Wisconsin Alumni Association the previous year for faculty and families, and later given to the state. A generous gesture, but the architecture left something to be desired. Imagine a kitchen with one drawer and minimal counter space! As an ardent admirer of Frank Lloyd Wright, a native son of Wisconsin, I could never un-

The new Dr. Ris, circa 1937
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referred to as the Board). My vitae outlined my experience:

1937—Graduation with Doctor of Medicine degree from the Medical School of the University of Zurich, Switzerland.
1937—39—Assistant in Pediatrics at the Children’s Hospital of the University of Zurich.
1939—40—Year’s internship in Baltimore.
1940 and 1943—49—A total of seven years at the Johns Hopkins Pediatrics Department, including one year of work with Dr. Helen Taussig, cardiologist, the originator of the world-famous operation which corrected the defects in the hearts of “blue babies.”
1942—43—Resident in Pediatrics, Children’s Hospital, and Instructor of Pediatrics, University of Cincinnati Medical School.
1948—49—Assistant Pediatrician, New York Hospital, and Fellow in Pediatrics, Cornell University Medical School.

All of these positions required teaching of medical students. My experience included clinical work in syphilis and diabetes, and I had conducted several Well Baby Clinics for the Baltimore City Health Department. I also included letters of recommendation from prominent physicians with whom I had worked.

Round I

To my amazement, on 15 July 1949 all of my credentials were returned to me with the following arbitrary denial: “The Board of Medical Examiners of the State of Wisconsin is not licensing foreign graduates at the present time. It is hoped that within the not too distant future we will be able to get reports on the foreign schools which might enable us to license graduates of some of them.”

To my further dismay, I learned that the State Board, at a meeting held in 1937, had adopted a policy of refusing any qualifying examinations for graduates of foreign universities, with the exception of graduates from approved Canadian schools. This ruling coincided with the immigration to the United States of a number of physicians threatened by racial and political persecution in Germany and other parts of Europe. Critics suggested that the Board’s 1937 ruling was self-serving, aimed at eliminating competition and creating a monopoly under the guise of protecting the health of Wisconsin citizens. Other states had passed similar measures.

Some in government questioned the Board’s action. I learned that in 1948, Wisconsin Representative Ruth Doyle had proposed a bill requiring the Board to provide any applicant denied the right to take the examination with written notification of the reasons for denial. It also provided that the Board be subjected to judicial review of its decisions in the same manner as other state boards and commissions. The purpose was to provide the applicant with an orderly procedure through the courts. It was blocked by the successful lobbying of both the Board and the Wisconsin State Medical Society (hereafter referred to as the Medical Society).

There is indisputable evidence that the Board was making exceptions to the 1937 ruling, however. In reviewing the minutes of the Board in 1989, I discovered, to my surprise, that it had allowed Dr. Harry Leeb, an American-born graduate of the University of Bern Medical School, Switzerland, to obtain his license. Although denied that right on his first appearance before the Board on 11 January 1938, Dr. Leeb was granted licensure at the Board’s subsequent meeting on 27 June 1938, during which Dr. Leeb’s case was discussed “at length” by Mr. Resh of the attorney general’s office. A resolution was adopted unanimously that since Dr. Leeb had received his medical education at the University of Bern prior to the adoption of the 1937 ruling, and because of the “mistaken assumption based upon correspondence with the Board that the Board would recognize such a school,” Dr. Leeb was permitted to take the examination. This resolution also stipulated that the permission would not extend to other graduates of foreign medical schools.

Additionally, the Milwaukee Journal, 5 December 1948, reported that an American-born, Swiss-trained physician had been licensed within the previous three years by the
Board, after passing an examination given especially for him.

Ironically, there was a shortage of physicians at the time in Wisconsin, as frequently reported in the Milwaukee Journal and other newspapers. Indeed, prior to our move to Wisconsin, I had been contacted in January 1949 by Dr. Amy Hunter, Director of Maternal and Child Health, Wisconsin Department of Health, who offered me a position contingent on my obtaining a license. She had written me after hearing from Dr. Leona Baumgartner, Director of the New York City Health Department, that I would be available for employment.

I responded to the notification of my rejection by the State Board with a letter dated 8 August 1949, pointing out that I had graduated from the University of Zurich in 1937, before the war, that the medical school was considered one of the best on the European continent, that I had had ten years of experience in the United States teaching in three leading medical schools, including Johns Hopkins, and that I was certified in 1944 by the American Board of Pediatrics, a national professional organization that certifies competence in the field.

The Board did not keep me long in suspense. In its 12 August 1949 reply, it stated: "It is a definite policy of the Board . . . at this time to grant no licensure to graduates of foreign schools other than Canadian." Following the second refusal, I asked for the privilege of appearing before the Board at its 10 January 1950 meeting. It met regularly only twice a year, in January and July. Permission was granted.

My presentation was factual and legalistic. I emphasized that the University of Zurich, from which I had graduated, was comparable to the American schools with which I was familiar: Johns Hopkins, Cincinnati, and Cornell. All my records, European and American, were available for review. I pointed out that the Board had, in 1925, licensed Dr. Karl F. Schlaepfer, a graduate of the University of Zurich Medical School and an American citizen. (I had become an American citizen in 1944.) Dr. Schlaepfer was practicing at that time in Milwaukee, and his licensure showed that the Board had already accepted Zurich as a reputable school.

In addition, I stated that I had been advised that my credentials could be submitted by the proper authorities for evaluation by Dr. Helen Dwight Reid, Chief, European Section, Division of International Educational Relations, Federal Security Agency, Office of Education, Washington, D.C. Dr. Reid had also advised me as follows: "The fact that you have been accepted for postgraduate training in American institutions and licensed in two other states should be helpful in obtaining recognition, if the State can make any exception to its general regulation." I informed the Board that I had been considered for a position with the State of Wisconsin Board of Health which called for a person with my pediatric training. I added to my previously submitted letters of recommendation one from Dr. Helen Taussig, the world-renowned child cardiologist with whom I had worked at Johns Hopkins from 1940–41, testifying to my character and professional competence and the reputation of the University of Zurich Medical School.

To my continuing dismay and growing sense of unreality, I was once again denied the right to be admitted for examination for licensure to practice medicine in Wisconsin. The three and a half nonchalant lines in the Board’s minutes hardly reflect the impact that this decision had on my life: "Dr. Hania Ris, graduate of the University of Zurich, Switzerland, in 1937, appeared. She answered questions asked by the Board members relative to her professional education and history, following which she was informed that her application was temporarily, at least, refused. Dr. Ris left the meeting."

Inner politics of Board and Medical Society

In the course of preparing for my 10 January 1950 meeting with the Board, I had been advised by a respected senior pediatrician, Dr. Horace Tenney of Madison, to consult
with two officers of the Medical Society. I found Mr. C. H. Crownhart, attorney and secretary of the Society, and Mr. Tom Doran, Society employee, both courteous and willing to advise. It was my impression that they were sympathetic to my plight and interested in my obtaining the license. As members of a professional organization dealing with the public, they appeared to be concerned about the image the Medical Society was projecting.

By contrast, the State Board was a legal body; its eight members (seven physicians and one osteopath) were appointed by the governor for a period of four years. I learned that Dr. C. A. Dawson, the powerful secretary of the Board and a homeopath, had run for the office of lieutenant governor. When Dawson was defeated, Governor Goodland appointed him to serve as secretary of the Board of Medical Examiners. The remaining seven members of the Board were appointed at Dr. Dawson’s suggestion.

All the members of the Board, with the exception of the osteopath, were members of the Medical Society and active in its affairs. Since the Board and the Medical Society always presented a united front before the legislature in matters such as the Medical Practice Act, in the eyes of the public they were not differentiated. It is germane to note that the Medical Society had always been a conservative body, cautious in endorsing new ideas.

**A letter from the past sheds light**

In my recent search—some thirty-four years after my original request for licensure—for documentation indicating covert deliberation regarding my case, I found nothing other than my original application in my file or under various headings such as “Foreign Graduates,” at the Historical Society Archives or in the office of the State Board. My written testimony presented to the Board, various documents submitted, the Board’s correspondence with the Council of Medical Education of the American Medical Association (AMA) and with the University of Zurich Medical School, and the correspondence between my attorney and the Board cannot be found even at the office of the Board. But my file at the Medical Society (not available to the public) contained, among other informative documents, a letter by C. H. Crownhart, secretary of the Medical Society. This letter was sent to me in 1984 by courtesy of Mr. Earl Thayer, at the time secretary of the Medical Society. A consultation in 1989 with the attorney general’s office revealed that it should have been part of the public documents of the State Board. It was either suppressed or overlooked, to my detriment.

Crownhart’s letter of 23 November 1949 was addressed to Dr. H. H. Christofferson of Colby, Wisconsin, a member of the Board, a member of the Council of the Medical Society, and its president-elect. It was written six weeks before my 10 January 1950 hearing before the Board. Three and one-half pages, single-spaced, the letter was a legal attack on the Board’s position against licensing foreign graduates in general, and its refusal to license me in particular.

Mr. Crownhart pointed out that he did not recall any instance in which there was a divergence of opinion between the Medical Society and the Board. When, in 1948, “Assemblywoman Ruth Doyle, along with other legislators interested in the problem of the foreign graduate, brought in a proposal to amend the law to make it easier for these people to qualify, the State Board and the State Society saw eye to eye on the effect of that bill. As a matter of fact the Secretary of the State Board and the Secretary of the State Medical Society appeared at the hearing and explained the problem.” Both secretaries must have been very persuasive in defending the status quo; the bill did not pass.

However, Mr. Crownhart also pointed out in his letter that before the Board adopted the 1937 ruling against admitting graduates of foreign medical schools to examinations, the graduates of such schools could apply and their credentials would be verified. As a result, there were many foreign-educated physicians practicing in Wisconsin. Then Mr. Crownhart cited my case, emphasizing that
I had graduated from the University of Zurich in 1937 before the war, that I had had ten years of postgraduate training in this country in addition to teaching in three medical schools, and that I was accredited as a specialist by the American Board of Pediatrics and was a member of national medical societies. Furthermore, he noted that I was being considered for appointment in one of the state agencies on the basis of my credentials and recommendations. “It is my feeling,” Mr. Crownhart continued in his letter, that the odds are about even that this particular situation may ultimately result in wide public knowledge of her problem. . . . It seems to me that the public would feel that this woman was entitled to the examination. As a matter of fact they would feel that even if her school of graduation should have been inferior to American schools in the type of training offered, that her subsequent training as an intern and as a resident, and her acceptance on the teaching faculty of several schools would have overcome whatever deficiencies she might have had from her academic training.

Mr. Crownhart continued:

I have read the Medical Practice Act many times. As I have told the Board I, as an attorney, fail to find in it authority under which the Board may adopt any blanket rule. The burden of proof is, undoubtedly, upon the applicant. I would not question that for one minute, but unless the Board considers the application and the applicant’s qualifications and gives that individual an opportunity to fulfill the burden that is upon her or him, it seems to me that the Board has failed to follow the spirit or the letter of the law.

Unaware of this letter as I was for forty years, I could not have known at the time what an advocate I had—a competent attorney in an official position at the Medical Society who was cognizant of the political scene.

My case gains notoriety, or “Can’t Examiners Examine?”

Indeed my 10 January 1950 appearance before the Board generated a great deal of publicity, accurately reported, and all of it critical of the Board. Europeans traditionally eschew publicity; I was crushed! I was to grow more accustomed to and more grateful for the press as my case was championed over the following year on the editorial pages of the Capital Times, the Wisconsin State Journal, the Milwaukee Journal, and the Milwaukee Sentinel. Headlines were often bluntly critical of the establishment: “The State Board of Medical Examiners Continues to Operate a Closed Shop,” “Medical Monopoly Still Upheld,” “The State Board of Medical Examiners Continues Its Stubborn Policy,” and “Can’t Examiners Examine?” It is hard to remember any other such instance when these four newspapers, with their otherwise divergent opinions, acted in such unison.

During this period of publicity the Board cited cases in defense of its policies. Another physician, Dr. Ralph Smith, a graduate of Edinburg Medical School and formerly a professor in Canada, was denied a license to practice in Wisconsin. He was later found to be a drug addict.

Another case was that of a Dr. Dubin. In 1930 he had presented himself as a graduate cum laude of Maximilian University in Wurzburg, Germany. He was permitted to write the examination eight times, with failure each time. It was later discovered that he had never actually graduated from Maximilian University and that by a special dispensation he had been permitted to take an examination and present a doctoral thesis.

I was confronted with this case of forgery when I was referred by some prominent Wisconsin physicians to an administrator associated with the Wisconsin State Laboratory of Hygiene in the hope that he might intervene in my behalf. It was devastating for me to have this prominent administrator insinuate that my own veracity might be questionable.

In a similarly distressing encounter, a highly placed medical educator told me that academic medicine would be closed to me forever because of the publicity, that one does
They Denied Licenses To Physicians

Members of the state board of medical examiners, which has denied Wisconsin licenses to a number of foreign-educated physicians, are shown here as photographed at a recent meeting. Left to right, they are: Front row—Dr. C. A. Dawson, River Falls, secretary; Dr. E. W. Miller, Milwaukee; Dr. H. H. Christy, Colby; and Dr. E. C. Murphy, Eau Claire; rear row—Dr. J. W. Smith, Milwaukee, board president; Dr. A. F. Ruffio, Kenosha; Dr. Alvin G. Koehler, Oshkosh; and Dr. J. W. Prentice, Ashland.

From the Capital Times, 17 February 1950. Courtesy of the State Historical Society of Wisconsin.

not go public with such complaints in the United States and especially in Wisconsin. I informed him that I myself had been perturbed by the publicity and explained that I had no control over it. He indicated doubt about this, and ironically an editorial critical of the Board appeared in the Capital Times the next evening.

I was not surprised that support for my plight was not coming from physicians in private practice, but this prejudiced treatment from physicians in academic medicine was unsettling. I was told that Dr. Amy Hunter, who had offered me the state position on the basis of my credentials, tried to intervene and for her efforts was rebuffed by her superior in the State Health Department. I grew desperate.

A confidential source within the Medical Society staff who began advising me about this time informed me that several physicians, members of the Medical Society, had gone to the Governor and asked him to intervene. But Dr. Dawson, secretary of the Board, had anticipated their move and presented my case to the Governor in a fashion that made him believe the Board would be breaking the law by granting me a license, an interpretation that distorted the law. I was also told that several physicians hoped I would
take my case to court. But none of them had the courage to protest the restrictive policy openly.

The biggest blow to my morale was a press release issued by the Medical Society unconditionally endorsing the Board's policy against licensing foreign graduates. In response to criticism by the media, the Medical Society, on 18 February 1950, issued a news release commending the State Board for acting in "good faith in the matter of reviewing qualifications of those educated in foreign countries." It complimented the State Board for being a moving factor in initiating a study of foreign medical schools by the AMA. At that time, thirty-eight schools had been approved, but Swiss schools had not as yet been evaluated. To counteract any suspicion of prejudice, the Medical Society added that the "Board consists of highly respected individuals, many of whose immediate forebears come from foreign countries."

If the State Board had done any "fence-building," of which it was accused, the news release continued, it had done so only "to protect the health of the people of this state through the legislative and judicial processes." Yet this was the very process that had been described privately by Mr. Crownhart, the Medical Society's attorney, as a failure "to follow either the spirit or the letter of the law."

But the communiqué opened one door, namely, that the Board would "continue [emphasis added] in the future to receive applications from graduates of schools not as yet formally qualified." (Yet I had been denied this right when I had appeared before the Board in January 1950, only five weeks earlier.) The applicant would have the burden of proof to demonstrate that "he was trained under the same general conditions as are required of those attending the medical school of the University of Wisconsin."

This statement gave me some hope. Ironically, during that time many European and American medical academics were critical of the quality of institutions such as the University of Wisconsin Medical School. For instance, at Wisconsin the Department of Pediatrics was part of Internal Medicine and did not become independent until 1957. Similarly, the Department of Psychiatry did not become independent from the Department of Neurology until 1956. In contrast, the Department of Pediatrics of my medical school at the University of Zurich was headed by the world-renowned Professor Guido Fanconi. I had also been privileged to study under Professor W. R. Hess, Director of the Physiological Institute of the University of Zurich, who received the 1949 Nobel Prize in Medicine and whose work greatly enhanced physiologic and psychiatric thinking throughout the world. American physicians used to come to Zurich for postgraduate training and to work with such other famous department chairpersons as Professor Guido Miecher (dermatologist and venereologist), Professor Hans Rudolf Schinz (roentgenologist), and Professor Otto Naegeli (hematologist). The departments of pediatrics in which I had trained in this country for ten years prior to seeking the Wisconsin medical license were also independent; the Department of Pediatrics at Johns Hopkins had been independent since 1914.

One other hopeful note in the Medical Society release was its endorsement of a proposal that the Board consider "such additional training as an applicant may have acquired since coming to this country." (The Board never acted on this endorsement in my case.)

In response to this press release, the Milwaukee Journal printed an editorial entitled "Whitewash for Doctors' Fence" on 20 February 1950. It attacked the policy of the Board in protecting its selfish professional interests: "Doctors of unquestioned ability and repute have been arbitrarily barred from examination in Wisconsin by a policy of the Board which was never imposed by the legislature, courts or public. Communities and institutions in need of those doctors have been denied them—by the Board and by nobody else."

Yet Mr. Crownhart, secretary of the Medical Society, defended the Board's actions in
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a letter responding to this editorial which was published in the Milwaukee Journal and reproduced in the Wisconsin Medical Journal, March 1950. It seems impossible to reconcile this public statement with his letter sent to Dr. Christofferson in November 1949.

A steady source of encouragement

While battling what seemed a no-win situation, I contacted my former teacher and mentor, Dr. Edwards A. Park, recently retired and former chairman of the Department of Pediatrics of the Johns Hopkins Medical School. Though others helped, I am convinced that his tireless one and one-half year interventions with the AMA were crucial to my obtaining my license to practice medicine in Wisconsin.

Dr. Park, a nationally and internationally renowned pediatrician, became my steady source of encouragement. At age seventy-one he took it upon himself to fight my battle with youthful vigor. He wanted to know every detail of my dealings with the Board. I wrote lengthy letters to him to which he always responded promptly, frequently after consultation with individuals who he thought might help. This correspondence became a useful reference for documenting my case (and was recently accepted by the Johns Hopkins Medical Archives to broaden the profile of Dr. Park).

In his comforting letter to me after the Board’s second refusal to recognize my application, Dr. Park wrote on 25 January 1950: “May I say that I was incensed at your treatment by the examining Board in Wisconsin. . . . I am sure you will receive your license, the examining Board will not dare refuse it after their exposure by the press. They will probably wait long enough to save their face.”

Dr. Park wrote me on 8 March 1950: “The whole affair makes me ashamed of my country and particularly ashamed of the medical profession.” In a letter dated 22 March 1950 he informed me: “Time [magazine] has written that they will accept a letter from me on your case in Wisconsin.” At the urging of Dr. Donald G. Anderson, secretary of the Council to the House of Delegates of the AMA, Dr. Park postponed sending this letter in order to allow Dr. Anderson to intervene in my behalf. On 11 April 1950 Dr. Park wrote to me again noting his request to Dr. Anderson and further explained, “I hesitate to take too open a part for the reason that I am anathema, having headed the protest against organized medicine. By some I am regarded as having communist leanings.”

Round II

In response to the Board’s statement that it would accept new evidence from the applicants as to the reputation of their medical schools, I resubmitted my credentials on 5 April 1950 to Dr. Dawson, secretary of the Board. It included the enumeration of every lecture, every course and laboratory exercise, certified by the Zurich Medical School. I also sent a money order for fifty dollars to cover the reciprocity fee with Maryland, for which, as I was told by Dr. Dawson, I was to be eligible, once the reputation of the Zurich Medical School was established. I also asked him to consider my application at the forthcoming meeting on 19 April 1950.

I accompanied my application with a letter from Dr. Marion Sulzberger, an American-born U.S. citizen, a world-renowned dermatologist and allergist who was at the time professor and chairman of the Department of Dermatology and Syphilology at the Post-Graduate Medical School, New York University. He had graduated from the University of Zurich Medical School in 1926, just eleven years prior to my graduation. He had written several textbooks and more than a hundred articles and had contributed greatly to his fields of expertise. I could not have had a better testimony to the reputation of the University of Zurich Medical School. Indeed, some of my teachers were the same as those of Dr. Sulzberger. At the time I was a student, Dr. Sulzberger had returned to Zurich for postgraduate training. How could the Board ignore these facts?

Providing another written testimony was Professor Karl Meyer, a Swiss native and
Professor of Experimental Pathology at the University of California Medical Center—San Francisco.

My application, dated 5 April, was acknowledged by Dr. Dawson on 10 April 1950. His letter stated that although the one-day meeting of the Board on 19 April would have a heavy agenda, "I shall present your application in its entirety to the Board at that time." When I did not hear from Dr. Dawson within the following two weeks, I wrote him on 6 May to inquire about the action the Board had taken in my case. Dr. Dawson replied on 10 May saying that the matter of foreign graduates had not been considered. He added, "The fact of the matter is that no change in the policy regarding foreign graduates is possible at this time inasmuch as no addition has been made to the list of the approved schools issued by the AMA." This statement reversed the Board's alleged public change of policy that it would honor the right of the applicant to prove the reputability of the school of graduation. It became clear to me that the Board's intention was not only to stall but to deny me the license permanently.

Dr. Dawson also mentioned in his letter that the next meeting of the Board would be held in Milwaukee on 11–13 July 1950; if I wished to appear I should let the Board know, and they would notify me as to place and time of my appearance. On 17 May I wrote Dr. Dawson to confirm my interest, adding: "Undoubtedly, you have by now reviewed the standing of the Medical School of the University of Zurich in the prewar period [on the basis of documents I submitted]. . . . If there is any further evidence that you would like to have presented to prove that . . . the University of Zurich Medical School . . . provided training equivalent to the Medical School of the University of Wisconsin, I will make every effort to obtain such evidence."

I had been warned by my confidential source at the Medical Society that since Dr. Dawson withheld information and communication from other members of the Board, I should distribute a copy of each communication to every Board member. This was still a world without photocopy machines. If I did not advance my medical career during this interim, I certainly did advance my secretarial and paralegal skills.

The warning was not idle. I did not hear from Dr. Dawson until I wrote him again on 3 July, this time sending a copy to each member of the Board. The time constraint was nerve-wracking and intimidating. Had I missed the semiannual meeting, I would have had to wait another six months. Dr. Dawson responded with a letter dated 5 July 1950 giving me an appointment for 12 July at 2 P.M. at the Pfister Hotel in Milwaukee. There was no response to my inquiry as to whether the Board wished to have additional documents to prove the reputability of my medical school.

Approval of Swiss medical schools

By 1949, the year my fight for licensure began, the problem of licensing foreign graduates had assumed national and political dimensions. A report by the Council on Medical Education and Hospitals to the delegates of the AMA on 6 June 1949 recognized these dimensions: "In the past fifteen years more than 10,000 foreign trained physicians have migrated to the United States and it may be expected in the years ahead that at least 1,000 foreign medical graduates will be coming to this country annually." The Council recognized that the state licensure boards had no way by which to evaluate foreign medical schools, and consequently some excluded all foreign medical graduates, while others admitted all foreign graduates to their examination for licensure. (In 1949 only twelve state medical examining boards admitted foreign graduates to examinations for licensure.) The Council proposed that the House of Delegates empower it to evaluate foreign medical schools, which it did.

In preparing to appear before the Board I learned that on 24 June 1950 the Council on Medical Education and Hospitals of the AMA approved five Swiss medical schools, including that of the University of Zurich. Again my confidential source told me that Dr. Dawson would try to suppress this infor-
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In order to prevent me from obtaining the license and to justify his original refusal.

I contacted Dr. Donald G. Anderson, Secretary of the AMA Council, and asked him to notify Dr. Dawson about the Council’s decision. Dr. Anderson kindly obliged on 8 July by letter. On 7 July I received a wire from the Council of the AMA informing me of the Board’s notification. Dr. Park’s correspondence with Dr. Anderson on my behalf had paved the way to this unprecedented cooperation.

But there was a problem lurking in the Council decision. In its evaluation of the Swiss medical schools, the Council of the AMA had reviewed their status after 1940, at which time a new degree was introduced for non-Swiss citizens: Akademische Zeugnis or the Certificat d’Études Médicales (Certificate of Medical Studies). The only degree available to non-Swiss citizens like myself at the time of my graduation in 1937 had been the M.D. degree, which the Council of the AMA did not approve. The Council also approved a second degree, the Swiss Federal Diploma, for which only Swiss citizens were eligible. At the time of my study in Switzerland I was a Polish citizen, although I later became Swiss through marriage.

The AMA recommendation specified that the requirement for both approved degrees was at least eight semesters of study. I was in my tenth semester when I passed the examination for my M.D. degree and thereafter completed three additional semesters of postgraduate study. I took the same courses and lectures required of the Swiss students eligible for the Federal Diploma.

Immediately following my degree in 1937 I was granted a position as Assistant in Pediatrics at the Children’s Hospital of the University of Zurich, working under the renowned pediatrician, Professor Guido Fanconi. I performed the same duties as my Swiss colleagues holding the Federal Diploma. I held this position for two years before coming to the United States in March 1939, and I had a statement from Professor Fanconi attesting to these facts. In spite of this evidence of my training, I surmised that the Board would use the AMA evaluation as a weapon against me. I did not err.

On the advice of my confidential source, I engaged a lawyer. My fortunate choice was James Doyle, who later became a federal judge and was married to Assemblywoman Ruth Doyle.

The date of my appearance before the Board on 12 July to defend my case was fast approaching. On 8 July an important letter was written by Dr. Kenneth McDonough, Associate Professor of Pediatrics, University of Wisconsin, to Dr. J. W. Smith, president of the Board:

Dr. Ris has made rounds and attended staff meetings at the Wisconsin General Hospital in Madison during the past year. I have been impressed with her intelligence, her knowledge of medicine in general, and her understanding of pediatrics, the field in which she is particularly interested and for which she has excellent training. We also have the opportunity to know her professionally and believe that she will make a fine practitioner. She will render a valuable service to the community and state.

On the crucial day, I drove with my attorney to Milwaukee. I did not plan to have him appear with me at the meeting unless there was nothing further to lose. Dr. Park feared that having me represented by a lawyer might antagonize the Board. Members of the press representing major Wisconsin newspapers were also present.

I spoke and supplemented my oral presentation with two concise written statements. One addressed itself to the reputability of the University of Zurich Medical School and the other to the approval of the Swiss medical schools in general. I specifically explained why I could not possess the Certificate of Medical Studies. It seemed so simple. This particular degree was introduced in 1940, and I had graduated in 1937.

The Board at first denied knowledge of the AMA’s approval of the University of Zurich Medical School. When I showed them the wire from the AMA stating that the Board
had been notified, its response was that the AMA’s letter was not official, because the approval had not yet appeared in print in the Journal of the American Medical Association.

Though some members of the Board asked questions during my forty-five-minute appearance, the attorney for the Board, John W. Davison, questioned me most often. After the futile battle, I asked to be represented by my counsel. Davison agreed. Though the presence of James Doyle appeared not to antagonize the Board, it simply continued to stall. My attorney suggested that the Board should send my credentials for evaluation to the Council on Medical Education and Hospitals of the AMA and that the Board afford me opportunity to present my case personally to the Council. The Board appeared to accept this suggestion. When my attorney asked for a written confirmation of this agreement at the conclusion of the meeting, the Board’s attorney stated that this request might anger the Board. There is no evidence that the Board ever sent my credentials to the AMA. This is no surprise since my attorney told me after the meeting that he had never seen such a disorganized state body as the Board of Medical Examiners. Most of the time, he observed, they did not seem to know what they were discussing.

The following are the “postmortem” minutes of the 11-13 July 1950 Board meeting as they relate to my case:

The Dr. Hania Ris case was reviewed briefly by Mr. Davison, having been announced by the President as the first order of business. Dr. Ris had previously requested permission to attend the meeting, and she was admitted to it at this time. Mr. Spaulding of the Milwaukee Journal, and a reporter from the Milwaukee Sentinel, were also present. Dr. Ris made a short statement to the Board and answered several questions put to her by the members. Dr. Ris then requested that her attorney, Mr. James Doyle, Madison, be admitted to the meeting, and her request was granted. Mr. Doyle attempted to clarify Dr. Ris’ position on the matter of recognition of Swiss schools, particularly the University of Zurich, and the matter of her diploma.

The Board did not take any formal action on the matter of Dr. Ris’ application, and indicated to her that nothing further could be done until a decision had been reached by the Council on Medical Education of the American Medical Association. Dr. Ris and Mr. Doyle left the meeting.

Following the meeting, Dr. J. W. Smith, Board president, spoke to me privately. He said he had tried to convince the members of the Board to grant me a license but they would not listen. He apparently wanted me to reassure him that he had been fair to me.

The Council on Medical Education and Hospitals of the AMA and the Executive Council of the Association of American Medical Colleges officially reported their approval of the University of Zurich Medical School on 14 July 1950, three days after my appearance at the Board meeting. My attorney, James Doyle, sent a written reminder on 25 July to Davison, the Board’s attorney (as well as precautionary copies to all members of the Board), to send my credentials for evaluation to the AMA Council as per agreement. In the letter Mr. Doyle pointed out that the language of the AMA report of 14 July was almost identical to the language of the letter from Dr. Anderson of the AMA Council that had been in the possession of the Board at the 11 July meeting.

It was not certain that the Board would honor its agreement even after an article appeared in the Milwaukee Journal on 30 July 1950 stating that the Board intended to send my records to the Director of the Swiss Health Bureau for evaluation. The article added that the Board might consider it necessary to send my records to the AMA Council for interpretation after the Swiss director’s reply had been received. In order to avoid further unnecessary delays, my attorney requested, in a 31 July 1950 letter, that the Board send my credentials simultaneously to Switzerland and the AMA Council. Mr. Doyle also asked to receive a copy of the letter the Board was to send to the Swiss Health Bureau and requested to be informed which of my records had been sent. There was no response to Mr.
Doyle’s letters of 25 July and 31 July until he sent a written reminder on 7 August.

The Board’s attorney responded on 9 August: “The case of Dr. Ris has been brought to the attention of the Director of the Swiss Health Bureau. To date none of the records has been sent to Switzerland. It may be necessary to do so in the future. At the present time I am not able to furnish you with a copy of the Swiss correspondence.” We were at a loss to understand what objection there could be to our request to see the Board’s correspondence with the Director of the Swiss Health Bureau. The disconcerting explanation was that the Board had not included my records, even though the basic controversy centered around the duration and character of my study.

The delays continued. On 17 November the Board requested a copy of the regulation sent me by the Dean of the University of Zurich Medical School, defining the eligibility for obtaining the Certificate of Medical Studies introduced in December 1940. “If I find it necessary to obtain this information from Switzerland,” warned the Board’s attorney, “it may take several weeks.” I had, however, already submitted this six-page, single-spaced document in the original and with a translation at my 12 July 1950 appearance before the Board!

I learned not to underestimate the Board’s creative stalling tactics. This same letter from the Board requested certified copies of my marriage license. Records from 20 November 1950 show that the Board’s attorney requested the marriage certificate “in order to definitely establish the identity of the applicant.” This request was made sixteen months after my original application for the license and after my two appearances before the Board! I found it insulting. My attorney was appalled.

The 1950 document spelling out why the Board needed my marriage license epitomized the Board’s tortuous rationale against licensing me. It referred to a new course introduced by the Swiss Medical Schools in 1940 leading to a Certificate of Medical Studies, equivalent to the course leading to the Federal Diploma. Noted the Board’s attorney: “Dr. Ris would have been eligible for this course had she been attending school at the time. The fact that she was not able to enroll in this course for the reason that it was not offered at the time can in no way be held against her, but neither can the Board be criticized because of her inability to do so.” However ridiculous the reasons, it became clear that the Board hoped above all that its rationalizations would preserve its credibility with the public over this issue.

The reply of the Swiss Director of Health to questions submitted by the Board was necessarily general in nature, because the Board had not included my individual records despite our urging. Later, after I had sent the records myself and the Swiss director had reviewed them, he concluded that I had taken more courses, lectures, and clinics than required for admission to the examination for the degree of Doctor of Medicine; that, in fact, I had received the same training as Swiss citizens then received; and that I would have been admitted to examination for the Certificate of Medical Studies, if such examination had existed at the time.

**Round III**

News of the Board’s refusal on 11 July to grant me the right to take an examination for licensure reached Dr. Park at his vacation cottage in Canada. In a letter dated 13 August this dignified and gentle human being expressed his profound outrage: “I am incensed over the action of the WI. Licensing B’d.

. . . I have again written to Dr. Anderson [secretary of the AMA Council]. If this does no good I shall consider getting Dr. Weech and Levine to unite with me in some publicity. [Dr. Weech was chairperson of Pediatrics, University of Cincinnati Medical School, where I worked in 1942–43. Dr. Levine was chairperson of the Department of Pediatrics, Cornell University Medical School, where I worked in 1948–49.] I shall not give up . . . I am filled with shame that you should be treated so.”
My other champions, the Wisconsin press, meanwhile continued to advocate my licensure. In fact, the source of our information about the Board’s contemplated action was often newspaper articles. An article of 6 October 1950 indicated that the Board said I would be notified of the meeting and permitted to present my case to the Board on 10 January 1951. I was glad to read this, since I had not been personally notified.

A *Capital Times* editorial on 9 October again defended my case: “Dr. Ris is a distinguished member of the profession . . . but here in Wisconsin the political fuddy-duddies who dominate the Board of Medical Examiners and whose competence is far inferior to that of Dr. Ris are allowed to sit in judgment of her case.” Referring to the critical shortage of physicians, the editorial urged the passage of a bill introduced by U.S. Representative Andrew Bemiller of Wisconsin to provide federal aid to medical schools, a bill which it accused the AMA lobby of “knifing in Congress.” This federal aid was deemed imperative by deans of the major medical schools “to insure even the barest minimum of doctors for future civilian and military needs,” noted the *Capital Times*. President Harry Truman had termed the bill “the most vital health legislation before Congress” (“Washington Merry-Go-Round,” syndicated column by Jack Anderson and Fred Blumenthal, *Capital Times*, 18 August 1950).

At the end of November I received a long letter from Dr. Park outlining a strategy to enlist the aid of Dr. Anderson of the AMA Council. Dr. Park intended to visit Dr. Anderson in Chicago and to “be guided of course by his advice, provided his advice appears to me in your interest and wise.” He planned to seek Dr. Anderson’s consent to send my credentials to the AMA Council for adjudication, and mailed him records of my educational qualifications and reports of the Board’s action. In late December Dr. Park counseled me to write Dr. Anderson directly asking for the adjudication before the AMA Council, if the licensing Board would be willing to refer my records. Warning me not to mention his name, Dr. Park suggested that I try to secure a wise physician-advisor in Madison to guide me step by step so as to avoid political mistakes. No one was willing to take an open stand in what had become a controversial issue.

In another letter from Dr. Park on 27 December, just two weeks prior to the Board’s meeting on 10 January 1951, he indicated that he had written Dr. Anderson “that if the Board did not grant your request at their approaching meeting, . . . I could no longer restrain myself. . . . I should not be surprised if Dr. Anderson exerted some pressure on the Board, for he said to me over the telephone, ‘Let’s wait and see what they do on January 10.’ . . . He expressed a belief that they would pass ‘Hania’ on that date . . . if they fail to pass Hania on that date, he [Dr. Anderson] would recommend some action.”

Dr. Park also wrote of the possibility of seeking publicity to expose the Board’s refusal to license me, perhaps consulting the *New York Times* or the *Washington Post*. In his strategy letter of 29 November, he had written: “It might be possible to create enough sentiment in Wisconsin so that the Board would be forced out.” I do not think Dr. Park realized the political power of the Board.

Meanwhile, the communications between my attorney, James Doyle, and the Board’s attorney, John W. Davison, accelerated. Between 12 July and 31 October there were seven such exchanges. In November they exchanged ten letters; in December thirteen, in addition to a number of telephone calls. There were always delays in Davison’s answers to my attorney’s letters, in spite of the fact that we were critically short of time. For instance, the letters from the Swiss authorities evaluating my credentials dated 15 August and addressed to the Board were not forwarded to us until 15 November, in spite of several earlier requests. And at this late juncture the Board asked me to translate the documents!

Another example of delay and harassment: On 29 November my attorney requested that the record of my two semesters (1942–43) in the Graduate School of the University of
Cincinnati, which was in the possession of the Board, should become part of my official record. Although the “record book” with entries constituted an “official transcript” as the term is commonly used, the Board’s attorney now insisted that we obtain a certified copy of the official transcript from the university. We complied.

On 12 December my attorney reminded Davison that the Board now possessed two documents verifying that my studies at the University of Zurich had included more semesters and more courses than required for the Certificate of Medical Studies, which was now approved by the AMA Council. (These were from Dean F. Schwarz, of the University of Zurich Medical School, and from Dr. P. Vollenweider, Director of the Federal Health Department.) My courses of study would have entitled me to examination for the Certificate of Medical Studies had such a certificate been offered at the time I completed my studies. Furthermore, Mr. Doyle reminded the Board that I had taken the same medical courses as those taken by Swiss citizens then entitled to examination for the Federal license.

Mr. Doyle wrote: “I assume that any previous uncertainty has now been dispelled by the AMA Council’s formal approval of the Medical School of the University of Zurich, coupled with the unequivocally favorable evaluation of Dr. Ris’ credentials. . . . Dr. Ris will very much appreciate your early advice as to the time and place in January at which she will be expected to appear before the Board on her application for licensure by reciprocity.”

But the Board was not yet willing to accept defeat. Davison stated in a 14 December reply that the two documents mentioned by my attorney were in the process of being translated. Translation was hardly the obstacle this implied. The records were, after all, in German, not Sanskrit, and were only two pages long.

Attorney Davison’s letter continued: “It appears to me that the facts which you anticipate being included in the letters from [the University of Zurich] . . . could be very easily established by procuring from the University of Zurich the course of study required for a Certificate of Medical Studies and an official transcript of Dr. Ris’s credits. If a comparison of these two documents reveals that she has taken all of the courses required for a certificate of medical studies, it would seem that that particular question would be definitely answered.”

They were asking for documents they already had! They had possessed, since 1949, the official transcript of my credits and had had the official documents from Switzerland concerning courses required for the Certificate of Medical Studies since 11 July 1950.

Previously the Board had agreed it was willing to rely on the direct evaluation of the Swiss authorities. Apparently it had intended to honor this only if the result was detrimental to my record. Now the Board was proposing a different procedure and adopting new criteria less than a month before the meeting where my professional future was to be decided; I could not interpret this in any way other than that the Board had been acting in bad faith.

On 26 December the Board’s attorney called my attorney to solicit his help in making a comparison of my courses with those required for the Certificate of Medical Studies. On 27 December Mr. Doyle made the comparison using two parallel columns. I came off with flying colors. Yet at this late date I still had not been granted permission to appear before the 10 January 1951 meeting of the Board.

On 27 December my attorney wrote a two-page letter to Dr. J. W. Smith, president of the Board (with copies to members of the Board and its Council), summarizing my one and a half year struggle for licensure. Mr. Doyle pointed out that I was entitled to be informed without delay whether the Board would grant me permission to appear at its upcoming meeting.

This was the last document in my own and attorney James Doyle’s files of my case. What followed must have been transacted over the
telephone because of time constraints.
   I was told I would be permitted to appear before the Board on 10 January 1951 to take
   the oral examination for licensure by reciprocity. Dr. Edwards Park, my advocate,
   awaited the outcome anxiously. Dr. Anderson
   of the AMA Council wired Dr. Park on 5 January:

   Your letter of January 3 just received. Have telephoned Dr. Christofferson, chairman of the
   Wisconsin Board, who assured me without reservation that Dr. Ris will receive exactly same
   type of oral examination as that given to all physicians seeking licensure in Wisconsin by
   reciprocity. Written examination was waived for her as it is for other candidates for reciprocity to spare unnecessary ordeal. I feel confident that Dr. Christofferson will insure Dr. Ris a fair examination. [signed:] Donald G. Anderson MD.

Round IV: I Am Finally Licensed

   My appearance before the Board was summarized in the rather anticlimactic language of the 10 January 1951 minutes of the Board: "Dr. Hania Ris, applicant number 25, was ushered into the room. Dr. Ris' application has been reviewed again in the light of letters from the school from which Dr. Ris graduated, giving information that she had received the same education and had taken the same examination as those students who had received the accepted degree following which she left the room."

   My name appeared later in the minutes among the list of candidates receiving the Wisconsin license by reciprocity. After one and a half years of painful negotiation with the State Board of Medical Examiners, I finally experienced one humane act. In mid-January 1951 I received a letter from Dr. C. A. Dawson (erroneously dated 13 January 1950 instead of 1951), stating: "Knowing you are naturally anxious as to the outcome of your examination, I am telling you confidentially that you were successful . . . The list of all newly licensed physicians will be furnished shortly." The first congratulatory call came from Mrs. Edwin B. Fred (Rosa),

the wife of the president of the university, who had kept in touch with me throughout the struggle. Her support was typical of the non-medical community.

   It is ironic, however, that the State Board of Medical Examiners likely was not following the 1937 law when they denied me a license to practice medicine in Wisconsin. In a February 1991 Legislative Reference Bureau legal opinion, Mr. Barry J. Stern, legislative attorney, indicates the following:

   In my opinion, while the board appears to have had the authority under the 1937 law to adopt a policy of accepting an application for examination for licensure to practice medicine from any graduate of a foreign medical school that was classified in the American Medical Association (A.M.A.) rating, the board did not appear to have the authority under that law to accept an application from a foreign graduate only if the applicant was a graduate of one of the A.M.A. classified schools. On its face, the 1937 law, which required an applicant to have a diploma from a "reputable professional college approved and recognized by the board," would appear to have required the board to provide a foreign applicant who was a graduate of a school that was not classified by the A.M.A. with an opportunity to show that his or her school was reputable. [Personal correspondence, 4 February 1991]

Of course, the saga of my quest for licensure in Wisconsin does not end on the date of 10 January 1951. I paid a considerable price for being a test case, in addition to the price of being a woman challenging the medical establishment. I had many experiences as a persona non grata; one incident stands out.

   While awaiting the decision of the Board, I attended clinical conferences held regularly at the University Hospital. At one conference, a prominent professor of gastroenterology approached me during a lecture and said: "You have to leave, you did not register." There were approximately forty participants in the room, which had a large capacity. I knew I was not displacing anybody by my presence, but I received a public rebuke because of my controversial status.
Four decades later, the professor's command still rings in my ears. However, at an Alumni Conference reception in 1981, some thirty years after the episode, the same professor, then approaching ninety years, came up to me, shook my hand and then kissed it (which was quite unusual for someone without a European background), and said, "I had to do what I have done." "I forgive you," I replied.

It is true that the struggle to be recognized for my professional credentials and expertise, to have the right to practice medicine in the state of Wisconsin, left some personal scars. But there were rewards in winning the battle, not just for me but for the many foreign physicians who followed.

**Aftermath: The Status of Foreign Graduates**

Since the conclusion of my personal battle, Wisconsin laws pertaining to foreign-educated applicants have been liberalized. The law of 1957 provided that if an applicant had graduated from a foreign medical school that was not approved or recognized by the Board, but had postgraduate training in this country substantially equivalent to training at the University of Wisconsin, the Board might admit the applicant to examination. However, this law allowed no more than twenty-five licenses a year to be granted under such conditions, and the ruling was to expire in 1961. After that date the fixed quota of foreign medical graduates who could be licensed each year was increased to fifty. In 1969 the Board started to rely selectively on examinations conducted by the Educational Council for Foreign Medical Graduates. Since 1970 Wisconsin law has governed the licensure of graduates of foreign medical schools under provisions similar to those of 1957 but without the limitation to fifty licenses annually.

In the opinion of Mr. Earl Thayer, who was employed by the Medical Society from 1947 to 1957 as public relations person, later serving as assistant secretary (1957–70) and as secretary of the Society (1970–87), my test case forced the Board to rethink and revise its policy and to accept the AMA Coun-

cil’s approval of some foreign medical schools. In the years 1930 to 1949, among active physicians in Wisconsin who were counted in a five-year period (Wisconsin Division of Health, Center for Health Statistics), the number of foreign graduates ranged between 6 (0.7%) and 44 (5.1%). Between 1950 and 1954 the number of foreign graduates increased to 140 (16.2%) (I was the first contributor to this increase), and in the years 1955–60 it increased to 218 (25.3%).

**The Woman Question**

What role, if any, did the fact that I was a woman play in the Board’s attitude? I have never been sure. My perception, no doubt, was colored by almost a decade of earlier positive working experiences in friendly, congenial atmospheres where colleagues, professors, and administrators had gone out of their way to be helpful. The first time I experienced discrimination was when I came to Madison.

One authority is persuaded that being a woman and being aggressive were pivotal factors. Being aggressive was a positive trait in the world of men, but it was negative when applied to women. Mr. Earl Thayer, the Medical Society’s respected secretary, recently told me that he had been appalled at the way the Board operated not only in my case but in general. He said I had been viewed as “aggressive” and the Board had hoped its tactics would discourage me.

The general lack of recognition and respect given to women in medicine was certainly a factor in my struggle to gain the right to practice medicine in Wisconsin, but perhaps it is illustrated even more clearly by a job offered to me in 1951 in Milwaukee. I was the mother of a fourteen-month-old infant at the time and had no private transportation, which prohibited my commuting. Nevertheless I was offered a position by the Bureau of Maternal and Child Health for the City of Milwaukee, which is about eighty miles from Madison. At first it was suggested that I hitch a ride daily with a truck driver at truck stops! Although I have never been conventional, I
rejected that idea. It was then suggested that I take a bus which left daily from Watertown, Wisconsin, at 6:30 A.M. and arrived in Milwaukee at 7:45 A.M. "In other words, it is only necessary for you to find transportation from Madison to Watertown [a distance of about thirty miles] to make your daily journey here possible." This kind of sacrifice was expected of a woman physician in the 1950s: a willingness to sacrifice her motherhood, her child, her personal life, for the privilege of having a position in the field of public health. These suggestions would have been less shocking and more amusing had they not come from a woman physician who was herself a promoter of maternal and child health.

Women have had to persevere in an arena and during times when medicine was considered male territory. Statistics bear this out. At the time I received my licensure, in 1951, there were 204 women physicians (5.5%) in Wisconsin, compared to 3,492 male physicians. In 1960 the percentage went down to 4.5% (3,833 males, 183 females). It has risen steadily since that time: 5.9% in 1978, 7.4% in 1980, and 9.9% in 1984, the last year for which statistics are available (Department of Health and Social Services, Center for Health Statistics).

But even today there are relatively few women in medical academia. In 1981 women constituted only 17% of all medical school faculty. Few women chair medical school departments, and few are in leadership positions in professional organizations. A case in point is the American Academy of Pediatrics, which was established in 1930, and now has a membership of 37,000 (25% of whom are women). Only in 1986 did a woman, Dr. Betty Lowe, become a member of the nine-person Executive Board. The Academy’s first woman president, Dr. Antoinette Eaton, became vice-president and president-elect in 1989, by a majority vote of the Academy membership.

"Living the Good Life"

While public health medicine appealed to me, I turned to a much more reasonable and agreeable alternative. My family and I looked for a house in Madison that could lend itself to combining living quarters with a physician’s office, where I could practice without outside pressures and spend as much time with each patient as necessary. We found such a house, surrounded by large trees, at 2306 Van Hise Avenue, across the street from West High School before its expansion. This work arrangement was rather unusual in Madison but quite common in the East. I would have preferred an academic position or an association with an obstetrician in an office, but this was unrealistic; I was still perceived as too controversial and too much a risk for close professional associations such as these.

Many of our friends, university teaching staff, people whom I came to respect and admire, entrusted me with their children. As a pediatrician, I later became a specialist in adolescent medicine, and then part-time medical director of a school for delinquent girls. I developed a comprehensive, multidisciplinary health program for the underprivileged young women, which led to clinical research in the field of sexually transmitted diseases and to the position of medical director of all Wisconsin state correctional institutions under the jurisdiction of the Department of Health and Social Services, Division of Health. Prevention of teenage pregnancy through sex education and the elimination of legal barriers to control of reproduction for teenagers and adults has been an important part of my activities.

Despite the dire predictions that I would be barred from academic medicine forever, since 1956 I have been a member of the University of Wisconsin Medical School faculty and am currently a Clinical Professor of Pediatrics. I have published a number of professional articles, mainly in the field of sexually transmitted diseases in young adults.

Of course, since Life magazine’s 1948 article about “The Good Life in Madison, Wisconsin,” many things have changed. Nevertheless, I have enjoyed my forty years as a Madison resident immensely and would still
contend that it is one of the best places in America to live. My fondness for Madison is probably even stronger because I had to fight for the right to make it my home, to be able to practice my profession without discrimination; I have always believed that is the right of every American citizen. My perseverance has been amply rewarded.

Acknowledgments

It should be obvious to the reader that I did not persevere without a great amount of encouragement and support. The press of Wisconsin championed my case with numerous articles, and without its airing of the issues my efforts would have been far more difficult. The late James Doyle, my attorney, exhibited incredible skill and patience in dealing with the machinations of the Board of Medical Examiners. He contributed greatly to bringing my case to a successful resolution.

I wish to reserve a special place to celebrate the late Dr. Edwards A. Park, physician, scientist, champion of medical care for the poor, early supporter of Medicare and Medicaid, and devoted friend. Dr. Park championed my cause out of his intense commitment to human decency, fairness, and justice. He was among the first to oppose the AMA’s conservative policy regarding social health issues. In his teaching and by the example he set, he instilled in people the importance of the search for knowledge, the pursuit of truth, honesty, and high standards in all aspects of life. He published over a hundred articles, and until his death in 1969 at age ninety-one, his expertise was sought by authors of scientific publications. Much of the material needed to reconstruct the events described in this article came from the voluminous correspondence I had with Dr. Park, who obtained confidential information and advice from many individuals.