

First in Their Class: Wisconsin's Pioneering Women Physicians

They saw patients in their kitchens and made house calls on snowshoes. Wisconsin's first female doctors battled discrimination to make their mark in medicine, serving with particular distinction in rural areas.

BY EARL R. THAYER

WITH PROFILES BY STEVE BUSALACCHI

Dr. Lillie Rosa-Minoka Hill—who in 1899 became the second Native American in the United States to get a medical degree—set up a clinic in the kitchen of her home near Green Bay.

Photo courtesy *Milwaukee Journal*, 1947

“Educated physicians ... would not be afraid of compromising [their dignity] by association with a learned woman ... If women have brain and perseverance enough to go successfully through the five year course of study ... they should become practitioners. In my opinion, only a limited number of women will become doctors ... the life and destiny of women lie in another and equally useful direction ... it is not worth our while to make a stupid raid on the sex.”

Orlando W. Wight, M.D., 1870
Chairman of the Wisconsin State Medical Society's
Committee on Medical Education

Dr. Wight was playing medical politics with the gender issue. His remarks were made at the first meeting of the State Medical Society after Dr. Laura Ross Wolcott and several other women physicians had been granted admission to the local society in Milwaukee. It seems likely that he was pandering to the many male

physicians who had voted against Dr. Laura's joining “their” medical society.

Dr. Wight's expression of promise and prejudice came 21 years after Elizabeth Blackwell became the first woman to graduate from an American medical school. It was a dual message that women across the nation heard for at

least another century before they gained equity in the medical profession.

Dr. Laura was more energized than deterred by Dr. Wight's words. A deeply compassionate as well as skilled physician and surgeon, she threw herself into the struggle for women's rights. She fervently believed that women M.D.s would gain only if all women profited from activism for social justice, equality, and human dignity.

Despite what she called "aggravating persecutions," Dr. Laura took to the

stump in Wisconsin and on the East Coast on behalf of women's suffrage, equal education for women, temperance, and better health care for the underprivileged. She became a member of many organizations devoted to her causes, including, in 1878, the Wisconsin Academy of Sciences, Arts and Letters, which had been founded eight years earlier. Dr. Laura died in 1915, a model for the woman physician in Wisconsin.

Over the course of Dr. Laura's career, the medical profession saw the dawn of

true science with major advances in anesthesia, radiology, antiseptic surgery, and vaccines to control deadly epidemics. Physicians of every stripe (regulars, homeopaths, botanics, and eclectics) were plentiful even though of doubtful credentials. Few medical schools were worthy of the name, and fewer still admitted women.

A Wisconsin woman seeking medical education went out of state until 1893, when two four-year medical colleges were formed in Milwaukee. Only 19

"I'm not dead yet!"

Laura Ross Wolcott, M.D.

You know you're despised when a colleague places your obituary in the local paper before you've passed on. That's exactly what happened to Wisconsin's first woman physician, Laura J. Ross Wolcott, M.D., who came to Milwaukee in 1857.

Her real obituary, listed in the January 1916 edition of the *Wisconsin Medical Journal*, states that she was only the third woman in the United States to receive a medical degree. Laura Ross graduated from the Women's Medical College of Pennsylvania in 1856. A year later, she moved to Milwaukee.

"It appears she was the first bonafide (woman) medical school graduate practicing in Wisconsin," notes Earl Thayer, author of *Seeking to Serve*, a 150-year history of the Medical Society of Milwaukee County. But the local medical community was less than enthusiastic about her arrival. At the time, women doctors were considered "quacks" and not real physicians.

She remained "despite some of the attempts of the male physicians to get rid of her—one even published a false obituary of her in one of the Milwaukee papers hoping that her patients would leave her because she's now dead," Thayer says. But a rival paper rode to her rescue, confirming that Ross was very much alive and a reputable doctor.

Even so, she was initially rejected for membership in the Medical Society of Milwaukee County in 1868, despite her popularity among patients. "The Society cannot survive the presence of a woman," claimed one report Thayer dug up.

But again, help was on the way. One of the heaviest hitters in Wisconsin's medical community went to bat for Dr. Ross. It was her friend Erastus B. Wolcott, M.D., who was surgeon general of Wisconsin during the Civil War. Greatly respected, his endorsement paved the way for her acceptance into the Society. Wolcott and Ross may have been more than friends because they later married.

"The minute she married him, she became a major figure professionally and socially," says Thayer. Laura Ross Wolcott used her prominent place in the community to fight for the admission of women to hospital medical staffs, allowing women to attend med-



Laura Ross Wolcott, 1882

Wisconsin Historical Society Image WHI-2461

ical school in the same classes with men, and advocating for civil rights. For example, she paid for and arranged the first women's suffrage convention in Milwaukee, bringing in Susan B. Anthony.

Dr. Laura Ross Wolcott died at age 82 on December 8, 1915, at her home in Ravenswood, Illinois. The only need for an obituary this time was the fact that she had indeed passed away.

by Steve Busalacchi

women were among the 745 men graduated from these schools over the next 20 years. Meanwhile, the University of Wisconsin, which had offered a two-year pre-medical course starting in 1887, converted this to a two-year “half-school” in 1907. The four-year medical school authorized by the legislature in 1848 languished with indecision.

Nonetheless, women physicians educated elsewhere found Wisconsin an attractive place to live and practice. One of these was Margaret Caldwell, a farm girl from Pewaukee whose father favored her early marriage over a college education. On her own in Chicago, she graduated from Woman’s Hospital Medical College (Northwestern University) in 1876. Within a few years she set up practice in Waukesha, where,

In 1901, Dr. Morris Fishbein, then the powerful editor of the *Journal of the American Medical Association*, helped fuel the fires of medical anti-feminism.

according to her biography (Waukesha County Historical Society), the “locals eyed the lady doctor with unfriendly glances, thinking she ought to be at home doing more womanly work.” Dr. Caldwell, an imposing six feet and 200 pounds, soon became widely recognized as a specialist in women’s diseases. She was the first woman presenter of scientific papers at the Wisconsin State Medical Society’s annual meetings.

In 1901, Dr. Morris Fishbein, then the powerful editor of the *Journal of the*

American Medical Association, helped fuel the fires of medical anti-feminism when he wrote in the June issue:

“Women will never hold a strong place [in medicine]. The normal woman does not have nor is she expected to have the virile courage of a man when confronted with a critical case that demands independent action and fearless judgment.”

Leaping with Lindy

Bertha Reynolds, M.D.

So you thought your college days were tough? For a young woman named Bertha Reynolds, getting her homework done in the early 1900s meant having male friends smuggle cadavers so she could dissect them in a barn by lantern light.

That kind of dedication earned her the affectionate nickname “Doctor Bertha” in Lone Rock, where she practiced medicine for 40 years. Reynolds was among the state’s first licensed female physicians. Dr. Bertha was so dedicated to her community, says *The American Woman’s Gazetteer*, that she would often take elderly patients into her own home until they were well enough to care for themselves.

“This pioneer woman physician, who invaded a male-dominated profession, made her calls on horseback and by boat, automobile, and airplane, and once made an emergency call with Charles Lindbergh,” proclaims an undated press release from the State Historical Society of Wisconsin.

The Lindbergh story goes like this, according to *A Life of Service*, by Judith Redline Coopey. It was spring of 1923 and Dr. Bertha received two emergency calls from small nearby towns: one from Clyde, the other from Plain. The roads were impassable and the Wisconsin River was too rough to cross. Luckily, she had heard that a young pilot had flown into Lone Rock the day before and was able to arrange for plane transport.

As the pilot helped her into the cockpit she asked: “What’s your name, young man?” the story goes.

“Charles Lindbergh,” the pilot replied.

“Well Charles, I’m in a hurry. Let’s be off.”

Thanks to the doctor/pilot duo, both patients were saved. And while Lindbergh was waiting for Dr. Bertha to finish tending her

Bertha Reynolds receiving a 50-year certificate honoring her practice of medicine.



Wisconsin Historical Society Image 2463

patient, he gave free plane rides to pupils at St. Luke’s School in Plain, where he landed.

In 1940, she retired to Avoca at age 72. “But when World War II broke out, leaving the town without a physician, she took up her stethoscope again and practiced for another thirteen years,” notes *The American Woman’s Gazetteer*. The publication also related the aforementioned story about the smuggled cadavers in her barn. Women students in her day were forbidden to see certain bodies, presumably male ones.

Bertha Reynolds, M.D., was 93 when she died on Halloween, 1961.

by Steve Busalacchi

This is your life, Dr. Kate Newcomb!

The pennies that built a desperately needed hospital in northern Wisconsin may not have come from heaven, but local residents insist an “angel” was responsible nonetheless. Because enough pennies from around the world flowed into tiny Woodruff, the hospital opened debt-free in 1954.

That success may be credited to a beloved physician named Kate Pelham Newcomb. Known as the “angel on snowshoes” and also as “Doctor Kate,” she frequently trekked through impassable roads to make emergency house calls. Dr. Newcomb covered 250 square miles around Boulder Junction.

Born in Kansas in 1886 and raised in upstate New York, Kate Pelham enjoyed a comfortable life as her father was president of the Gillette razor company. He initially refused to allow Kate to attend medical school, so she became a teacher instead. Her father later relented, and Kate graduated from medical school at age 31 and practiced for a short time before marrying Bill Newcomb.

Dr. Kate soon gave up her medical career to care for her ailing husband, moving to northern Wisconsin in 1926 because clean air became increasingly important to his health. Her hiatus from medicine didn’t last long; a local doctor demanded that she tackle an emergency situation he couldn’t attend to. It was the first visit of many Dr. Newcomb would make in northern Wisconsin over the next three decades.

“Her office was just a block from school and many of the kids in school were known as ‘Doctor Kate babies’ because she deliv-

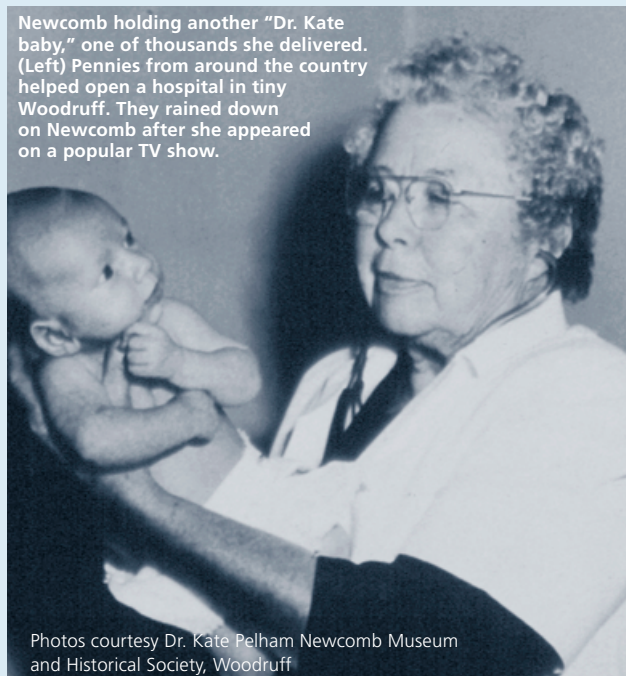
ered probably 4,000 babies in this area in her lifetime,” says Marsha Doud, a former patient and a volunteer curator at the Dr. Kate Pelham Newcomb Museum in Woodruff.

Since there was no hospital in the area, Dr. Newcomb made room for patients in two cabins on her property in Boulder Junction. “They stayed up there in those little cabins and she took care of them right there,” says Helen Schlecht, another former patient and the museum’s treasurer (and Doud’s mother).

Even an all-expenses-paid trip to California one March wasn’t enough to lure Dr. Newcomb away from the people she served. “Kate felt flattered by the invitation, but she decided she could not spare the time from her busy schedule,” writes Adele Comandini, author of *Doctor Kate: Angel on Snowshoes*, a 1956 biography now being reprinted.

It turned out that the invitation to the “medical convention” was a ruse by producers of the hit television show “This is Your Life.” They needed to get her into the studio without her knowing she was the subject of the program.

Assistance from the Wisconsin Medical Society made it happen. Both Comandini’s book and the April 1954 *Wisconsin Medical Journal* state that a representative from the Society traveled from Madison to Woodruff to personally urge Dr. Newcomb to attend the “convention.” Dr. Newcomb was told that she was selected to represent Wisconsin in a ceremony honoring a famous doctor from London who perfected penicillin and made it available to the world. That was enough to convince Dr. Newcomb to hop on a train from Woodruff to Los Angeles.



Newcomb holding another “Dr. Kate baby,” one of thousands she delivered. (Left) Pennies from around the country helped open a hospital in tiny Woodruff. They rained down on Newcomb after she appeared on a popular TV show.

Photos courtesy Dr. Kate Pelham Newcomb Museum and Historical Society, Woodruff

Kate Pelham Newcomb, M.D.

While she was sitting in the studio on March 17, 1954, host Ralph Edwards approached her with a leather-bound book and asked her to read what was printed on it. Then he announced the show's trademark words: "This is your life, Dr. Kate Newcomb!"

Completely flabbergasted, she still had no idea what was going on.

"You've been a minister to wounded hunters and trappers, treated injured lumberjacks and Indians, revived half-drowned vacationers, trudged miles on snowshoes through frozen woods to deliver babies by the light of a kerosene lantern ..." Edwards continued.

During the program, the host also mentioned Newcomb's dream of building a desperately needed hospital and the fact that a local high school class was in the process of collecting a million pennies to help defray the cost. Edwards asked viewers to send pennies to Dr. Kate Newcomb in Woodruff, Wisconsin.

"Pennies came here by the tons—\$105,000 worth of pennies," says Doud. A Hollywood screenwriter named Adele Comandini showed up, too. But after spending time with Dr. Newcomb, she decided to write a book instead.

Lakeland Memorial Hospital opened in 1954, shortly after Dr. Newcomb returned from the incredible California trip that concluded with her first airplane ride. "She arrived in time to attend the formal opening of the hospital, but missed part of the ceremony because she was called away to Tomahawk to deliver a baby," noted the *Wisconsin Medical Journal*.

Dr. Newcomb died two years later, but her name and folk hero status live on throughout northern Wisconsin as various health care facilities there still carry her name.

"Doctor Newcomb was Woodruff's only claim to fame," says Schlecht.

by Steve Busalacchi

In urban areas, hospitals were reluctant to admit women physicians to their staffs. Thus many of Wisconsin's early women doctors took their talents to small towns, where they blossomed in appreciation and worth.

Against this deeply entrenched male hierarchy in American medicine, women simply went about proving their own case for equality in the profession. It was slow, even demeaning at times, but their philosophy for progress was best expressed by Dr. Caldwell: "Once I decided ... to become a doctor, I decided to devote all my time toward being a good one."

Being a good physician didn't guarantee success, especially in urban areas where hospitals initially were reluctant to admit women physicians to their staffs. Thus, many of Wisconsin's early women doctors took their talents to small towns, where they blossomed in appreciation and worth. Typical was Mary Sorenson, born in Denmark in 1837. She went to medical school in Chicago and settled in Milltown (Polk County) when "lady doctors were unheard-of." She is remembered by older settlers of the area as "one of the finest persons ever to have lived there."

Other examples include Helen Binnie-Zank, who graduated from the Wisconsin College of Physicians and Surgeons in Milwaukee in 1911. While practicing in Portage and Kenosha she worked to improve the lot of women in medicine as a longtime officer in the Wisconsin Medical Women's Society. And Elizabeth Baldwin was the first woman physician at the Marshfield Clinic and in 1957 the first woman doctor to be named to the State Board of Health.

And then there was Lillie Rosa-Minoka Hill, who in 1899 became the second Native American in the United States to get a medical degree. When she married a farmer from the Oneida Reservation near Green Bay, he insisted it would not be proper for his wife to practice medi-

cine. She gave it up to help tend the farm and raise six children. But she could not conceal her medical degree. Patients just appeared at her house, and her kitchen served as a clinic. The entire reservation benefited from her persistent efforts to improve sanitation and nutrition. Finally, and with pride, Charlie Hill accepted his wife's practice. Dr. Hill died in 1952 amid honors from her medical college, the UW agricultural school, the American Medical Association, and many other organizations. She had made it undeniably clear that women physicians could successfully manage practice, marriage, family, and community service. In doing so she had helped widen the opportunities in medicine for women (and men) from ethnic minority backgrounds.

Few women did more to demolish the myths perpetrated by Drs. Wight and Fishbein than Dorothy Reed Mendenhall. With a medical degree from Johns Hopkins in 1900, she won international acclaim when she discovered that a certain blood cell (now known as the Reed-Sternberg cell) was present in every case of Hodgkin's disease. After moving to Madison with her new husband, physicist Charles Mendenhall, she stayed at home for eight years to raise four children. When she returned to medicine in 1914 it was to study infant and maternal mortality in Wisconsin. Her *Wisconsin Medical Journal* report in 1917 showed that when women in childbirth were attended by physicians they were more likely to suffer puerperal fever (then an often deadly infection) than when attended by midwives. She argued that the cause was physicians' use of anesthesia and forceps as well as the "low standard of obstetrical practice in Wisconsin." She called for a ban on

deliveries by general practitioners, the training of more obstetricians (there were none outside Milwaukee), and statewide education of women in prenatal and infant care. Dr. Mendenhall's studies shook the medical establishment to its core but paved the way for improved obstetrical care in Wisconsin.

Good fortune likewise came to Wisconsin when Amy Louise Hunter arrived in 1935. Denied family financial support for her education (they wanted her to be a housekeeper), she worked

her way to doctorates in medicine and public health. With her family, her gender, the Great Depression, and the advice of her Yale professors working against her, Dr. Hunter got a job as head of the new Bureau of Maternal and Child Health in the Wisconsin Board of Health. At a retirement event in 1961, a tribute to her declared that "a legion of children and young adults living in Wisconsin today simply would not have survived" had it not been for her pioneering work in maternal and infant care, nutrition,

nurse and physician education, and school and mental health.

In the early 1900s women constituted no more than 5 percent of the M.D. population in the nation. This did not start to change until the late 1960s. Meanwhile, national standards for medical schools were established in 1910. The two Milwaukee schools were found to be "utterly wretched." Their remains were purchased by Marquette University in 1913 and became its School of Medicine, quickly earning a

Climbing Many Mountains

Maxine Bennett, M.D.

Medicine and mountains. The two went together well for Maxine E. Bennett, M.D., of Madison.

"Every vacation, we went mountain climbing," says Dr. Bennett, who in 1953 became the first woman to be named chairman of a department at a major American medical school (otolaryngology, or ear-nose-throat, UW-Madison).

Her voice is clear and strong, she has no trouble hearing, and her memory is almost as awe-inspiring as the mountains she's climbed.

"In 1949, after I had taken my specialty boards in New York, we left in August and went to Switzerland and we climbed the Monch, the Jungfrau, the Eiger, and then the Matterhorn on August 12th and 13th in 1949," she states immediately and without pause.

Doctor Bennett's exploits as a climber were featured with more fanfare in the *Milwaukee Journal* on October 2, 1949. The headline reads: "Two Madison Women Doctors Rest From Their Work by Climbing the Matterhorn." Above the article, she is pictured alongside her medical school friend and climbing partner, Margaret Prouty, M.D., perched atop the mountain with big smiles on their faces.

"The final stretch is almost a perpendicular wall of solid rock. The climbers hold onto what are called 'fixed' ropes, which really swing free in the cold wind, and they 'walk' up," the article explains. "Most of the [final] two hours is spent in grueling, nerve-racking work."

Dr. Bennett describes the 6,000-foot ascent this way: "You got up at around 2 a.m. to avoid the glacier melt. We started out and we were on top at 11 o'clock."

When asked if there were ever any close calls, she replies simply, "No."

Her interest in mountain climbing began while she attended the University of Nebraska Medical School, where she was one of three women students. That's where Bennett met Prouty, who also practiced in Madison. The two of them became licensed Rocky Mountain guides, according to the newspaper story. Throughout the years they spent their vacations climbing all of the peaks in



Maxine Bennett

Photo courtesy Wisconsin Medical Society

Colorado, the Grand Tetons, Mount Rainier and Mount Adams, as well as peaks in Mexico.

In 1967, Bennett reached a professional peak by being the first woman physician admitted to the prestigious American Triological Society, an organization of ear, nose, and throat specialists.

When asked about her achievements, she replies modestly: "There weren't many women in medicine at that time and there weren't many in ear, nose, and throat."

There probably weren't too many climbing the Matterhorn, either.

by Steve Busalacchi

fine reputation. In Madison, the four-year University of Wisconsin Medical School was not established until 1925, graduating its first class two years later with 19 men and, surprisingly, six women.

Mabel Garden Masten, a graduate of Rush Medical College in Chicago, took advantage of this new medical school by signing on as its first woman intern. She then became its first woman resident in 1926, and almost immediately joined the UW Medical School's department of neuropsychiatry, serving as chief of the department from 1944 to 1954. Dr. Masten opened the door for many distinguished women physicians at the University of Wisconsin.

One of these was Madeline J. Thornton, a Johns Hopkins Medical School graduate who took her obstetrics and gynecologic residency at Wisconsin in 1929-31. The soft-spoken Thornton carried a heavy workload. She

Two events in the 1950s and '60s helped women entering medicine. Health planners foresaw a shortage of doctors, and the civil rights and social reform movements carried women's issues into mainstream thinking in business and the professions.

usually saw patients from 7 a.m. until 5:30 p.m. In between she conducted groundbreaking research on oral contraception and internal sanitary protection for women.

Thornton's view of women in medicine in those days was reported by the *Milwaukee Journal* in February 1996:

"Any young woman who wants to make a go of the practice of medicine must have a genuine interest ... aptitude ...

and possess unlimited ambition and industry. A physician's work is hard work. She performs her duties for the love of it and not for material gain."

Whether "love of medicine" will be ample reward for 21st-century women physicians is an unanswered question.

Two events in the mid-1900s prompted major changes benefiting women seeking to enter the medical profession. First, health planners in the



A role model at home: Anna Thomas Standard, shown here with her physician father, Edgar Thomas, in 1954 is believed to have become the first female African American physician to practice in Milwaukee.

Photo by George Koshollek, *Milwaukee Journal*

1950s perceived a developing shortage of physicians. Second, the civil rights and social reform movements of the 1960s carried women's issues into mainstream thinking in business and the professions. As a consequence medical schools abandoned their quotas and female enrollments jumped.

For women physicians, Helen Dickie could not have become part of the University of Wisconsin Medical School at a better time. First in her graduating class at the UW in 1937, she returned after a residency to become a full professor of medicine (1955) and head of pulmonary diseases. She was a leader in every phase of tuberculosis care and a pioneer in the disease of farmer's lung. She was a "giant in Wisconsin medicine ... smart, wise, direct, earthy, outspo-

ken," according to colleague J. D. Kabler, who offered a tribute in a 1984 issue of the *Wisconsin Medical Alumni Quarterly*. In 1974, *Wisconsin State Journal* reporter William Wineke described her staunch advocacy for women colleagues and students as achieved without personally experiencing "any great criticism, since the only way you can be put down by criticism is to have a spirit willing to be put down."

Whether in academia or private practice, stories of smarts and grit marked the growing acceptance of women physicians by the profession and the public. For example, Patricia Stuff and Bill Grover, both family physicians, married one day and started practice in Bonduel (near Shawano) the next. Within two years they had constructed a

house and a clinic, had three children (including twins), and built a loyal base of patients.

How did they do it? "We had a wonderfully understanding relationship, got up very early every morning, had great full-time help, and tried to work smart," Dr. Stuff recalls. "At medical school I was taught, if pressured, to just stand up and take it, and get on with doing the job better than anyone else if you can."

Even when gender and race raised the odds, women doctors succeeded. Anna Thomas Standard grew up in Milwaukee's inner city, went to medical school, became a pediatrician, married, had two children, and upon returning to Milwaukee in 1954 may have become the first African American woman physician to practice in that city. Dr. Standard

The Right Stuff

Patricia Stuff, M.D.

Patricia Stuff, M.D., of Bonduel, may be the only AMA candidate to have received a standing ovation after delivering a concession speech.

Stuff, who in 1973 became the first woman officer (vice speaker, State Medical Society House of Delegates) in the 132-year history of the Wisconsin Medical Society, also made a historic national run 11 years later. In 1984, she became the first woman to run for speaker of the American Medical Association House and is believed to have paved the way for other female physicians. Her campaign slogan was "Pat Stuff Has the Right Stuff."

"She lost by 6 or 10 votes," recalls Earl Thayer, then executive vice president of the Wisconsin Medical Society, who ran her campaign. After the loss, Stuff told the 353 AMA delegates: "I surmise you rebelled at the possibility I would be the first madam this house has ever had." The House erupted in laughter and her mostly male colleagues gave her a standing ovation.

Dr. Stuff remembers that her three male opponents had more experience than she and were more politically astute. "I was shot down, so to speak, but considering the candidates, that was not too bad," she says.

"That campaign projected a woman from Wisconsin in a national high position—no woman had ever been speaker of the House of Delegates at AMA. She was a person whose skills and abilities as a leader were apparent," says Thayer. Had she sought the office two years later, Thayer is

sure Stuff would have won easily and been on track to become the first woman president of the AMA.

But Dr. Stuff chose not to run again for national office after reflecting on the time commitment she would have had to make to fulfill the responsibilities of the job. "I was in solo practice and too young to retire, and if I took that much time out I would find that when all was said and done, I wouldn't have had a practice to come back to," she says.

Dr. Stuff began her family practice in Bonduel, in northeastern Wisconsin, in 1957, and remains there in retirement. A self-described "farmer's daughter," she loves the rural area and now spends more time tending her garden.

by Steve Busalacchi



Patricia Stuff in early and in more recent years



Photos courtesy Wisconsin Medical Society

recalls the 1950s and '60s when "most of the profession was respectful of my talents ... despite some little areas of discrimination."

But the toll of solo practice was heavy. At one point, she came home from hospital rounds near midnight to

find her children still up. "When I asked why they weren't asleep, they said: 'We just want to see you.'" That's when she decided to move to the Food and Drug Administration in Rockville, Maryland, where she had a distinguished second career.

As the 21st century opened, the nation's medical schools were brimming with women students. At the UW they comprise nearly 55 percent of the enrollees; at the Medical College of Wisconsin they are at 40 percent. Nationally, women now make up 25 per-

Doctor in the Court

Pauline Jackson, M.D.

Although a medical school professor once told her she might be better off staying home and having babies, Pauline Jackson became the first woman physician in 151 years to become president of the Wisconsin Medical Society. The La Crosse psychiatrist was elected to that office in 1993.

Dr. Jackson attributes the long wait for a woman to take the helm at the WMS more to the practicalities of motherhood than to an overt glass ceiling. In her medical school days, women bore the vast majority of family responsibilities, making a demanding career as a physician challenging enough without taking on a professional leadership role. What's more, daycare services were neither common nor as socially acceptable as they are today.

Dr. Jackson started her career in La Crosse in 1972, initially taking care of children and then settling on a general adult psychiatric practice. A small part of her practice—forensic psychiatry—led to her biggest criminal case, that of Bryan Stanley, who in February 1985 used a shotgun to kill a priest and two other men at St. Patrick's Church in Onalaska.

"I met with Bryan within three hours of him committing the crime," Dr. Jackson recalls. The chief public defender asked her to judge Stanley's mental state and offer a judgment on what it might have been at the time of the murders.

It was the first time she had been on the scene so quickly with a defendant who had not had medication and who still had the crime freshly in mind.

"It was just fascinating because here was this young man, clearly psychotic, delusional, and believed that what he had done was a call from God," says Jackson. Two weeks later, after court-ordered medication, Dr. Jackson remembers that Stanley was functioning fairly normally and "realized he had done something terrible."

In addition to her more common, less-publicized practice work, Dr. Jackson served on numerous boards and in leadership positions during her career. But she can't recall any instances where her gender made it more difficult to work with male colleagues. She does believe, however, that being a woman probably opened a few doors for her.

"If anything, it might just have been my small stature that bothered me at times because I had to look up to most of the people around me," she says.

Being just one of two women in her 62-member medical school class at Stanford, she had to get used to working with men from



Pauline Jackson

Photo courtesy Wisconsin Medical Society

the beginning. Jackson recalls being treated well by the male students, even to the point of being looked out for because of her minority status.

Such consideration seemed less apparent with the faculty, however. In her second year of training, Jackson tells of a "humiliating" experience when she and other students were standing around the bedside of patients at a county hospital. The surgical professor asked Jackson who discovered that hand washing between delivering babies could prevent disease transmission from one mother to the other. When she was unable to answer, he shot back: "Well, if you don't know that, you'd better stay home and have babies."

Before she left medical school, Jackson says she came to realize that this "really tough" professor, in his own way, was just trying to prepare her for becoming a woman doctor in a very challenging, male-dominated profession. And she later thanked him for that.

"He was really dishing out to me the same stuff he dished out to the fellows, but he phrased it in a way that would hit me fairly hard," says Dr. Jackson.

by Steve Busalacchi

cent of all physicians, and their numbers are rising fast.

So what do women physicians today think about the future? Dr. Ernestine Willis, pediatrician and associate dean for multicultural student affairs at the Medical College of Wisconsin, sees unbounded opportunity for women in medicine. Yet she perceives a challenge for medical educators who need to “bring greater equity to women physicians in academia and train physicians, including persons of color, to be better

tuned to the changing diversity and cultures of our country before they can expect to achieve quality care for their patients.”

Dr. Pauline Jackson, La Crosse, believes that “women, by our very nature, will not need the sometimes excessive incomes aimed for by many men.” She suggests this will be a factor in future health care reforms, as women become the majority of America’s practicing physicians. Dr. Jackson also sees an accelerating trend in women physi-

cians marrying non-physician men who “recognize what they are getting into and enjoy assuming a larger role in family and household while their wives are full-time practitioners.”

Leslie v.H. Taylor, a Madison psychiatrist, executive director of the Dean Foundation, and a lead investigator in pharmaceutical medicine (one of only a few in the U.S.), sees “fabulous” times ahead for women physicians. She warns, however, that the “greatest concern for women (and men) is not so much equity

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Fighting with Laughter

Diana Lampsas, M.D.

To Manitowoc psychiatrist Diana Lampsas, mental illness has become a laughing matter. Not because it’s funny per se, but because mental health insurance coverage has become so absurd.

Dr. Lampsas uses humor and music to educate the public about what’s happening to patients who desperately need help but are denied insurance. She wrote a song called “Suicide Is Cheaper” after receiving a letter from a frustrated patient.

“She was disgusted with the fact that her health insurance wouldn’t pay for her treatment,” Lampsas explains. “She said: ‘What do they want me to do? Maybe I should just commit suicide. It would be cheaper.’”

That comment led to Dr. Lampsas’s song, which was featured in a musical benefit for the Manitowoc County chapter of the National Alliance for the Mentally Ill (NAMI). Here’s a verse:

“For 20 long years I’ve been helping people chase their blues away. Showed them how to love, taught them how to get through the day. Then one day a man came, he says he’s gonna manage my care. Said he’d save some money, but he didn’t say for who or where.”

The chorus line reads: *“Now if you’re gonna get sick it better not be in your head. In case you’re feelin’ low, some folks rather see you dead.”*

Lampsas has chosen to express her frustration with the health care system this way because she believes many people don’t realize what’s happening. For example, she says some insurance plans allow only two sessions for the treatment of depression. What’s more, she says there is a lot of pressure on doctors to “medicate and medicate only.”

“You feel sometimes like you’re supposed to help somebody blindfolded with your hands tied behind your back these days. It’s really gotten to the point of absurdity,” says Dr. Lampsas.

Susan Golding, a member of the board of directors for the Manitowoc chapter of NAMI, praises Lampsas for helping to bring



Diana Lampsas

Photo courtesy Wisconsin Medical Society

mental illness out in the open. “It shouldn’t be under the covers. It should be talked about just like we talk about diabetes or any other illness,” says Golding. And she adds that if humor and music can help do that, all the better.

“Diana’s committed to the area, committed to her patients, to the point that she should be committed!” Golding says with a hearty laugh.

by Steve Busalacchi

A Force of Nature

Dolores A. Buchler, M.D.

Ask Madison's Dr. Dolores Buchler to provide a recipe for young women seeking to become physicians, and she will use her own life as an example: energy, attitude, excellence "and damned hard work." Then she will add, "As with most issues, there are choices. No problem, just make a decision and get on with enjoying what you like to do most."

Dr. Buchler started making choices and decisions earlier than most. As a child in Casper, Wyoming, she was interested in two things, science and people. "By age 12 I knew I wanted to be a physician."

After graduating from the Medical College of Pennsylvania in 1957, Buchler interned at Philadelphia General Hospital. It was a 1,000-bed "nightmare of an institution, with two jails inside its walls ... my first night on duty I had a patient with an axe in his sternum."

She then became the second female resident in obstetrics and gynecology (Ob-Gyn) at Kansas City and went on to Oklahoma for a fellowship in general surgery and radiation oncology. This seems to have set the tone for the rest of her life: boundless energy; a tough, gutsy, in-your-face attitude; and a drive for perfection in her field.

Example: When a woman in labor was presenting as a breech birth, Dr. Buchler proposed a cesarean section. The department chairman, a nationally recognized Ob specialist known as Big John, insisted the case be handled by manipulation with forceps.

Buchler defied Big John, saying, "Your advice stinks. We weren't taught that way." She proceeded with the C-section and all went well.

In July 1969, Dr. Buchler accepted an invitation to join the University of Wisconsin's Ob-Gyn department under Dr. Ben Peckham. She was double board certified in obstetrics-gynecology and radiation oncology, along with extensive surgical training—a rare bird in the profession at that time.

The feisty Buchler went head-to-head with Peckham and other physicians on many occasions, but over the next 26 years she helped bring national recognition to the UW's Ob-Gyn service.

Dr. Buchler became the first in the nation to combine Ob-Gyn, medical oncology, and radiation oncology into a single clinic for women. When in 1990 it was discovered that high-dose radiation therapy could safely treat gynecologic cancer with a course of 15 minutes rather than two or three days, Buchler adapted that program to her department and made it a national model. At the same time, she became the first to convert a medical school Ob-Gyn program from an inpatient to an outpatient service, a major change.

Almost unnoticed among those achievements was Dr. Buchler's pioneering work in women's health. Going against the standard practice in gynecologic surgery, Buchler had the goal of using



Dolores A. Buchler

Photo courtesy Wisconsin Medical Society

whatever successful treatment left a woman with the least loss of tissue. This compassionate approach, along with her high competence, brought her a reputation as the doctor of choice among Madison doctors' wives.

As for tomorrow's women in medicine, Dr. Buchler reiterates the importance of choices. "Women, like men, must balance the time requirements of medicine with what they want to do with their private lives. No one can do everything—so make your choice."

However, Dr. Buchler offers an important caveat: "Women have one disadvantage in the equity equation: they get pregnant. This requires time off, flexible scheduling, and sometimes it results in slower advancement." To which she adds her usual advice, "No problem, just make your choice."

Dr. Buchler retired in 1995 as professor of obstetrics-gynecology and human ecology at the UW, having rejected an earlier offer of department chair as "not my cup of tea."

A former dean of the UW Medical School calls her a "treasure." A former student says, "I will be forever indebted to her." Local colleagues call her "brilliant," "exceptionally skilled," "outspoken," and "a unique people person."

Retirement? "No problem," according to Dolores Buchler, as she turns her seemingly boundless energy to golf, travel, and talking with the people she loves.

"I enjoyed every minute of my education and my practice. I'm still enjoying every minute of my life."

by Earl R. Thayer

“The greatest concern for women (and men) is not so much equity as economics,” says Leslie v.H. Taylor. We must ask whether “the current emphasis on bottom line corporate medicine ... is leading America toward better physicians and better health care.”

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as economics. With the current emphasis on bottom-line corporate medicine we need to ask whether this is leading America toward better physicians and better health care.”

Perhaps the most compelling assessment comes, ironically, from a man. Dr. Gerald Kempthorne, a former Spring Green family practitioner and a benefactor of the arts, writes, “Maybe we should ask ourselves, why did we keep women out of medicine for so long? I suspect that men considered medicine their domain and didn’t want to see encroachment by women, who might just have had better brains and warmer hearts.”

To which Dr. Laura Ross Wolcott whispers down, “I told you so, more than 140 years ago!” z

*Earl R. Thayer worked for the State Medical Society of Wisconsin (now the Wisconsin Medical Society) for 40 years, the last 15 of them in the position of secretary-general manager. He has also served on numerous state and national medical and health-related boards and committees, including serving as president of the American Association of Medical Society Executives. He is an active member of the William Snow Miller, M.D., Medical History Society at the University of Wisconsin Medical School. His publications include the books **Seeking to Serve: A History of the Medical Society of Milwaukee County 1846–1996** (Vilar Arts, 1996), **The Men of Company B** (Odana Press, 2002), and many articles and papers on Wisconsin medical history.*

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A complete history of women physicians in Wisconsin medicine has yet to be written. Innumerable books, papers, and manuscripts containing bits and pieces on the subject are located at the Wisconsin Historical Society. Many additional papers and personal records of women physicians are located in the Wisconsin medical history files of the author. A complete bibliography for this article is available from the author upon request.