

The Jewish Problem in U.S. Medical Education, 1920–1955

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IN 1959 Saul Jarcho conceded: “it must be admitted that the evidence of discriminatory admission practice by medical schools [directed against Jews] is not of the precision or concreteness which the historian requires.”¹ In this essay I argue that, on the contrary, the nature and extent of U.S. medical school admission quotas during the first half of the twentieth century can be thoroughly documented. Leaders of U.S. medical schools rationalized their objections to the admission of Jewish students on the grounds of proportional representation as well as the classic anti-Semitic canards of Jewish defensiveness, bookishness, poor manual dexterity, and avarice. The Jewish community, in response, was divided between those who accepted the quota and those who vigorously fought back. Here I examine the historical evidence concerning the quota, how it was justified, and the nature of the Jewish community’s response.

A QUOTA IS PUT IN PLACE

Twentieth-century United States quotas restricting the access of Jewish students and physicians to medical school and postgraduate training

1. Saul Jarcho, “Medical education in the United States—1910–1956,” *J Mount Sinai Hosp.*, 1959, 26, 339–85, p 358

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were a response to the massive wave of Russian Jewish immigrants at the beginning of the twentieth century and the interest of these immigrants and their children in medical education. From 1880 to the beginning of the First World War in 1914, two million Russian Jews immigrated to the United States, joining about 400,000 Jews already in the country. Following World War I and the Red Scare, the United States saw a rise in nativist feeling and a growth in organizations like the Ku Klux Klan that targeted population groups with foreign roots.² Overt anti-Jewish prejudice in the academic community in the United States reached its zenith when the children of these eastern European Jewish immigrants began to enter college in large numbers. By 1902, for example, 90% of the undergraduates at City College of New York were Jewish.³

From 1900 to 1922 the proportion of Jewish students at Harvard College rose from 7 percent to 21 percent. President A. Lawrence Lowell, along with some members of Harvard's governing boards, alumni, and faculty, noted this increase with grave concern. Lowell disapproved of immigrants who failed to merge into his image of mainstream America. Lowell had been an officer of the Boston-based Immigration Restriction League and was concerned that superior Anglo-Saxon culture might be undermined by excessive Jewish representation in the college.⁴ In 1922 Lowell told Harvard's graduates that "if every college in the country would take a limited proportion of

2 Cecil Roth, *A Short History of the Jewish people* (Hartford, U.K.: Hartmore House, 1969) pp 386–89; Abraham Leon Sachar, *A History of the Jews*, 5th ed (New York: Alfred A Knopf, 1967), Bernard Martin, *A History of Judaism*, 2 vols (New York: Basic Books, 1974), II, 319–48; Seymour Rossel, *Journey through Jewish History The Age of Faith and the Age of Freedom* (New York: Berman House, 1983), pp. 95–97; Rufus Lears [pseud for Israel Goldberg], *The Jews in America A History* (Cleveland: World Publishing Co., 1954), p 125; Paul Borchsenius, *The History of the Jews*, 5 vols (New York: Simon and Schuster, 1965) IV, 149–76

3. Sherry Gorelick, *City College and the Jewish Poor* (New Brunswick, NJ: Rutgers University Press, 1981), p. 85; Heywood Brown and George Britt, *Christians Only A Study in Prejudice* (New York: Vanguard Press, 1931), p. 72; Kenneth Collins, *Go and Learn The International Story of Jews and Medicine in Scotland* (Aberdeen: Aberdeen University Press, 1988), p. 100

4 Seymour Martin Lipset and Everett Carl Ladd, Jr., "Jewish academics in the United States," in Marshall Sklare, ed., *The Jew in American Society* (New York: Berman House, 1974), pp. 255–89; Marcia G. Synott, "Anti-Semitism and American universities: did quotas follow the Jews?" in David A. Gerber, ed. *Anti-Semitism in American History* (Urbana-Champaign: University of Illinois Press, 1986), pp. 233–70; Henry Aaron Yeomans, *Abbott Lawrence Lowell 1856–1943* (Cambridge, Mass.: Harvard University Press, 1948), p. 209; Leonard Dinnerstein, *Antisemitism in America* (New York: Oxford University Press, 1994), p. 85.

Jews we should go a long way toward eliminating race feelings among students and, as these students passed out into the world, eliminating it in the community.”⁵ Lowell suggested a quota and rationalized his views by arguing that a large Jewish presence on the campus would increase anti-Semitism in the student body and cause Gentile students not to attend Harvard.⁶

Harvard’s Board of Overseers appointed a committee to consider the quota proposal. A faculty committee recommended that “in the administration of rules for admission Harvard College maintains its traditional policy of freedom from discrimination on grounds of race or religion.”⁷ The faculty committee voted against a formal quota, as did the board.⁸ An unofficial program of educational access restriction was, however, adopted and spread to many colleges, universities, and professional schools. Nicholas Murray Butler, president of Columbia University, also supported a policy of “selective admissions” to limit the admission of Jews in favor of his perception of an elite “natural constituency.”⁹ Butler said that he had “not eliminated boys because they were Jews and do not propose to do so. We have honestly attempted to eliminate the lowest grade of applicant and it turns out that a good many of the low grade men are New York Jews.”¹⁰

The pressure of Jewish applicants was particularly strong among potential medical students. In 1927 Dean Hugh Cabot of the University of Michigan advised University President C.C. Little that, because new medical students were admitted based on academic qualifications and because there were so many Jewish applicants of European origin with high qualifications, the school was going to be overrun with undesirables. Cabot responded by imposing racial and religious quotas. He put this into practice by requiring that applicants appear in Ann Arbor for an interview or for an alumni or faculty interview in New

5 *New York Times*, 17 June 1922, pp. 1, 3. For a detailed discussion see Synott (n. 4) and Marcia Graham Synott, *The Half-Opened Door: Discrimination and Admissions at Harvard, Yale, and Princeton* (Westport: Greenwood Press, 1979), pp. 58–80.

6 Yeomans, (n. 4) Lowell, pp. 209–18.

7 Quoted in Jarcho (n. 1), p. 358.

8. *New York Times*, 1 June 1922, p. 6; 2 June 1922, p. 1, 5 June 1922, p. 1, 19 September 1922, p. 3; 10 April 1923, p. 1, *Report of the President and Treasurer of Harvard College, 1922–1923* (Cambridge, 1924), p. 32ff., Synott (n. 4), pp. 234–60.

9 Broun and Britt, (n. 3) *Christians Only*, pp. 102–4, T. Bender, *New York Intellectual: A History of Intellectual Life in New York City from 1750 to the Beginning of Our Own Time* (New York: Alfred A. Knopf, 1987), pp. 289–292.

10 Harold S. Wechsler, *The Qualified Student: A History of Selective College Admission in America* (New York: Wiley, 1977), pp. 161–62.

York, Denver, or Los Angeles.¹¹ This personal interview was used at Michigan and other schools to exclude Jews on the basis of their having an unacceptable personality. One medical school dean concurred on the usefulness of this technique in justifying Jewish exclusion: "It is a fairly tenable fact that . . . personal acceptability and magnetism . . . is less prevalent among the Jewish class, from which by far the large number of Jewish applicants is being recruited, than among the entire list of applicants as a whole."¹²

Cabot's new policy included the addition of an admissions test as well as a short essay on a nonmedical subject along with the interview. In the first year of the new policy, 49 percent of Michigan's initial applicants did not present themselves for interview and examination. The reduction was particularly noticeable in New York, the major source of Jewish applicants.¹³ A 1946 review of thirty-nine U.S. medical school application forms showed that all asked the applicant's religious preference or affiliation, ten asked for the religion of the applicant's parents, fifteen asked the parents' race, and eleven inquired if the family name had ever been changed. Similar questions were also used on college applications to screen for Jews, Catholics, and African Americans.¹⁴ Ernest Hopkins, president of Dartmouth College, summed up the reason for these questions: "Any college which is going to base its admissions wholly on scholastic standing will find itself with an infinitesimal proportion of anything else than Jews eventually."¹⁵

At some institutions, the system of discrimination was less subtle. At Yale Medical School, for example, Milton Charles Winternitz, dean from 1920 to 1935, instructed his secretary to mark applications with an "H" for Hebrew and a "C" for Catholic. Winternitz told his admission committee: "Never admit more than five Jews, take

11 H. W. Davenport, "Not Just Any Medical School" *The Practice, Science, and Teaching of Medicine at the University of Michigan, 1850-1941* (Ann Arbor: University of Michigan Press, 1999), pp. 29-30. [A preprint of this material was graciously provided by Howard Markel, MD, Ph.D., Director of the Historical Center for the Health Sciences of the University of Michigan.]

12. Quoted in Max Danzic, "Jewish hospitals and facilities for graduate training," *Med Leaves*, 1940, 4, 65-74, p. 66.

13. Davenport, (n. 11) *Not Just Any Medical School*, p. 30.

14. Jarcho, (n. 1), p. 358; W. R. Hart, Report of the special investigating committee of the council of the City of New York, adopted December 23, 1946; Leon Sokoloff, "The rise and decline of the Jewish quota in medical school admissions," *Bull NY Acad Med.*, 1992, 68, 497-518.

15. Quoted in Dinnerstein (n. 4), p. 86.

only two Italian Catholics and take no blacks at all.”¹⁶ A letter of rejection to a Jewish applicant to the medical school of Loyola University in Chicago read simply: “I am sorry to have to inform you that your application for admission to the School of Medicine cannot be acted upon favorably because the quota for Jewish students has been filled.”¹⁷

Additional confirmation of the implementation of Jewish quotas can be found in documented events at other medical schools. In the early 1930s Arthur Bernstein, an undergraduate at the University of Pennsylvania, applied for admission to the university’s medical school. He described his meeting with Dean William Pepper:

The dean said to me: “I might as well tell you right now that you do not have a chance here because we took in the ten Jewish boys that we always take in and that is our quota. We also take ten Catholics and the rest are Protestants.” I said, “That’s not fair,” and we got into an argument and he said: “Why is it that Jewish mothers always want their sons to be doctors?” I said: “Dr. Pepper, you’re wrong. That’s not true. My father wants me to be a cantor, my mother wants me to be a rabbi. I want to be a doctor.” Finally, after about forty minutes, he said, “My God, this was supposed to be a fifteen minute interview. Get out and don’t ever come back.”¹⁸

Bernstein did not give up without a fight, however. He took his case to the president of the alumni association, a non-Jewish physician, who said, “‘What! With these grades they didn’t take you?’ He sat down and dictated a letter in which he said, among other things: ‘I had no grades anywhere near this good when you took me in. I can assure you that if you don’t take him in, you will never get another penny from the alumnae of the Newark area.’” Bernstein was admitted, and attended the school.¹⁹

Among the most dramatic demonstrations of the quota occurred at the University of North Carolina at Chapel Hill (UNC). The UNC Medical School was a two-year program under the direction of Dean Isaac Hall Manning from 1905 to 1933. Manning faced constant difficulty sustaining UNC’s two-year medical college. The

16 Dan A. Oren, *Joining the Club. A History of Jews and Yale* (New Haven, Conn: Yale University Press, 1985), pp. 136–58, 249–57, p. 148.

17. Quoted in Broun and Britt (n. 3), p. 130.

18. Quoted in William B. Helmreich, *The Enduring Community: The Jews of Newark and Metrowest* (New Brunswick, N.J.: Transaction Publishers, 1999), p. 92.

19. *Ibid.*

tightening of standards for medical education substantially reduced the total number of medical schools in the United States between 1906 and 1931. By the 1930s, the eleven remaining two-year medical colleges in the United States found it difficult to attract and hold faculty.²⁰ With no hospital facilities or sites for clinical training, the two-year schools were dependent upon four-year medical schools to accept their students for the final two years of clinical training. Manning labored hard to place his graduates. For Manning, the success of his transferred students was a measure of the success of his school.²¹ "It is vital to the existence of this school to transfer only such students that can and will hold their own in the schools to which they are transferred," he wrote.²² The problem of the Jewish student was, in Manning's view, serious:

Shortly after the World War large numbers were applying for admission — enough as a matter of fact to practically swamp the schools. Many were exceedingly objectionable students. Very few were North Carolinians and in no instance had a North Carolina Jewish student been refused admission to the Medical School if he met the entrance requirements. There is no prejudice against Jews as such in a medical school. A number had been admitted and on the whole were acceptable students. Nevertheless, they had to be admitted in couples as in several of the laboratories the students worked together in couples and only rarely would a Jew and a Gentile work at the same table.²³

Being fearful that he could not place Jewish students in four-year schools and that the inability to transfer students would reflect poorly on UNC, Manning restricted the admission of Jewish students at the UNC Medical School to 10% of the total class (i.e., no more than four out of the forty entering students per year).²⁴

In 1933 a Jewish UNC undergraduate named Morris Krasney

20 A discussion of Abraham Flexner's role in this process is found in his autobiography, *I Remember The Autobiography of Abraham Flexner* (New York: Simon and Schuster, 1940).

21 W. Reece Berryhill, William B. Blythe, and Isaac H. Manning, *Medical Education at Chapel Hill: the First Hundred Years* (Chapel Hill: University of North Carolina School of Medicine, 1979), p. 28; Edward C. Halperin, "Frank Porter Graham, Isaac Hall Manning, and the Jewish quota at the University of North Carolina Medical School," *N C Hist Rev*, 1990, 67, 385–410.

22 Isaac Hall Manning, "History of the UNC School of Medicine, 1879–1937," unpublished manuscript (ca. 1940), Isaac Hall Manning Papers, 1866–1946, Southern Historical Collection, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina.

23 *Ibid.*

24 *Ibid.*

applied for admission to the medical school and was refused by Manning. Manning wrote that "the refusal was entirely on the ground that 4 Jewish boys had already been admitted, and in the judgment of the Dean, this was as many as he could hope to transfer."²⁵ Krasney's attorney contacted the president of UNC, Frank Porter Graham. Graham was a man of strong character with an uncompromising belief in democratic and Christian ideals and a strong commitment to human rights.²⁶ He reviewed Manning's policy and decided it was a matter of institutionalized anti-Semitism which could not be tolerated at UNC. He felt that any state citizen who was qualified for admission to medical school was entitled to a place irrespective of his religion. When Manning refused to admit Krasney, Graham ordered Krasney's admission and accepted Manning's resignation. This appears to have been the only episode of a U.S. medical school Dean losing his job over the issue of Jewish quotas.²⁷

By 1941 the medical historian Henry Sigerist concluded that Jewish medical school applicants were subject to an effective quota. Sigerist noted that the medical faculties of European universities admitted all students who could satisfy the entrance requirements. If the number of students increased, then the medical school was supposed to respond by enlarging its faculty and facilities. In contrast, according to Sigerist, U.S. schools limited the number of students according to the facilities available.

While there undoubtedly are advantages in having a small, carefully selected body of students instructed in small groups by a large faculty, the system has led to serious discriminations, and has provided an easy pretext for racial and other prejudices. . . . colored students are segregated into two colored schools (Howard, Meharry) and only very few of them are admitted incidentally to northern schools where their position is far from enviable. . . . Jewish students are subject to a tacit, but nevertheless highly effective, quota-system and in most schools the number of Jewish students admitted rarely exceeds 10 per cent of the total enrolment [sic].²⁸

25. Ibid

26. Warren Ashby, *Frank Porter Graham A Southern Liberal* (Winston-Salem, N C : John F. Blair, 1980).

27. Halperin (n. 21)

28. Henry E. Sigerist, "Trends in medical education. a program for a new medical school," *Bull Hist Med*, 1941, 9, pp 177-198, p 181

Women suffered discrimination as well. Sigerist did not comment on the obvious exception to European liberalism, the absence of Jewish students in German medical schools.

A long essay on "Jews in America" appeared in the January 1936 issue of *Fortune* magazine that summed up the situation in the United States. The unsigned article observed that in medicine

Jews do not occupy a position of power corresponding to their abilities or their numbers in the profession. Hospital medical boards and the like are apt to be controlled by non-Jewish doctors. . . . of approximately 14,000 young men and women attempting annually to enter the seventy-six reputable U.S. medical schools 50 percent are Jews while of the 6,000 more or less who get in only 17 percent are Jews.²⁹

The article cited opposing explanations for this phenomenon:

Non-Jewish doctors cite these figures as proof of the danger of Jewish aggressiveness and commercialism in the profession while Jewish doctors cite them as proof of discrimination, arguing that if there are a disproportionate number of Jews in medical schools the reason may be that Jews are brighter than non Jews³⁰

The article's author doubted this latter assessment.

The truth seems to be that medicine is merely the most obvious point of collision between forces set in motion by the peculiar development of Jewish life in America. Given the desire of Jews to see their sons in the learned professions, and given their urbanization and hence their access to free college education, and given the assiduity of Jewish children, a clash was inevitable. There is no occasion to explain it by an alleged Jewish intellectual superiority.³¹

We may conclude from contemporary accounts that there is strong anecdotal evidence for the existence of Jewish medical school admission quotas.

STATISTICAL STUDIES OF MEDICINE'S "JEWISH PROBLEM"

Jarcho argued that documentation of anti-Semitic medical school quotas in the 1930s was difficult.³² He was probably unaware of

29. "Jews in America," *Fortune*, February 1936, pp 79-85, 128-130, 133-144; pp 136-141

30. *Ibid*, p 141.

31. *Ibid*, p 141.

32. Jarcho (n. 1).

contemporary statistical studies of medical student ethnicity that conclusively established systemic rejection of Jewish medical school applicants. In the early 1930s Harold Rypins, M.D., secretary of the New York State Board of Medical Examiners, calculated that there were approximately 6,000 new medical students per year who were selected from 12,000 applicants. He estimated that about 3.5 percent of the U.S. population was Jewish and about 17 percent of U.S. medical students were Jewish.³³ Rypins's calculations were consistent with studies conducted at about the same time by Fred C. Zapffe, M.D., secretary of the Association of American Medical Colleges, William Pepper, M.D., dean of the Medical School of the University of Pennsylvania, Dr. Max Danzis of Newark, New Jersey, and Dr. A. Rongy of New York City.³⁴

Rypins's data showed that the probability of a Jewish applicant gaining admission to a New York City medical school was 15 percent versus 63 percent for a Gentile. In spite of this data, Rypins argued that there was no religious discrimination against Jews. He felt that, insofar as Jews were admitted to medical school at a rate higher than their representation in the population (17 percent of U.S. medical students vs. 3.5 percent of the U.S. population and 43 percent of New York City medical students vs. 30 percent of the city's population), any assertion that there was a restrictive Jewish quota fell short. The essence of the problem, he concluded, was that "Jews were concentrated in New York City, that New York City's medical schools could not accommodate all of the Jewish applicants, and that those students

33 Harold Rypins, "The Jewish Medical Student," undated typescript, in the Morris S. Lazaron Papers [hereafter Lazaron Papers], American Jewish Archives, Cincinnati, Ohio.

34 Max Danzis, "The Jew in medicine," *Am Hebrew Jewish Tribune*, 23 March 1934, pp. 372-401; Fred C. Zapffe, "Report of applicants and applicants made for admission to the 1933 freshman class of seventy-nine medical schools," *J. Assoc. Am. Med. Coll.*, 1934, 9, 93-106. Dr. F. A. Mass, Secretary of the Committee on Aptitude Tests for Students of the Association of American Medical Colleges made "as careful a count as we can of the Jewish students who took the Aptitudes Test" (Mass to Lazaron, 1 March 1934, Lazaron Papers, [n. 33]). Rongy's work is quoted in Broun and Britt, (n. 4) *Christians Only*, pp. 147-50. See also A. M. Kaplan, "Are medical colleges unfair to Jewish students?" *The Jewish Tribune*, 1 August 1930; "Medical schools fair to Jews," *The Literary Digest*, 13 September 1930. Both articles may be found in the Lazaron papers (n. 33). William Pepper extensively studied Jewish admission rates to medical schools. See Pepper to Lazaron, 13 February 1934; Pepper to Dr. Alfred Stengel, 13 February 1934; Lazaron to Pepper, 15 and 16 February 1934; Pepper to Lazaron, 30 January and 16 February 1934, Lazaron Papers, (n. 33).

who were not accepted in New York City rarely found a place elsewhere in the United States."³⁵

The most detailed study of the quota was performed in 1934 by Rabbi Morris S. Lazaron of Baltimore (1888–1979).³⁶ Concerned about the allegation of excessive Jewish medical school applicants and an oversupply of Jewish physicians, Lazaron wrote to the deans of U.S. medical schools and directors of residency programs. His letters asked the deans to provide data concerning the proportion of Jewish students in their schools and their assessment of Jewish medical students. Lazaron similarly asked residency program directors to supply information on the number and quality of Jewish house officers. This extraordinary survey was never published.³⁷

Lazaron surveyed the deans of sixty-five medical schools. He received fifty-seven responses including thirty-four with definite data, ten with approximate data, and thirteen which he discounted because they came from two-year basic science schools or the dean was unable to provide sufficient data. Lazaron calculated that, in 1924, about 11 percent of U.S. medical students were Jewish. By 1933 that number had risen to 20 percent, consistent with the calculations of Rypins, Pepper, Zappfe, and Rongy. Reviewing the last names of students taking the medical college admissions test, Lazaron calculated that about 32 percent of applicants to medical school in 1933–1934 had "Jewish" names. Pepper did a similar review of names at the same time. His estimate was 50 percent.³⁸

Lazaron's data indicated that in 1933–1934, 26 percent of Jewish applicants to U.S. medical schools obtained a place versus 46 percent of Gentiles.³⁹ A 1939 study by the B'nai B'rith found that about 25 percent of Jewish applicants to medical school were admitted versus 50 percent of Gentiles.⁴⁰ Other reports indicated that in 1927 69 percent of Gentile medical schools applicants who were graduates of the City College of New York obtained admission to medical school

³⁵ Rypins, (n. 33)

³⁶ Kevin Proffitt, "A biographical sketch of Morris S. Lazaron (1888–1979)" in "An Inventory to the Morris S. Lazaron Papers," Lazaron Papers, (n. 33).

³⁷ Morris S. Lazaron, "The Jewish student in medicine," unpublished typescript, ca 1934, Lazaron Papers, (n. 33).

³⁸ *Ibid.*, Pepper (n. 34).

³⁹ Lazaron (n. 37)

⁴⁰ Lee J. Levinger, "Jewish medical students in America," *Med Leaves*, 1939, 2, 91–95
Sachar, (n. 2) *A History*, pp 255–58

versus 50 percent of Jews. In 1930, the disparity had widened, with 80 percent of Gentile City College of New York students succeeding versus 20 percent of Jews.⁴¹ An October 1945 article in the *American Mercury* magazine reported that 75 percent of Gentile applicants to medical school in the United States were successful versus 25 percent of Jews.⁴² From 1920 to 1940 the percentage of Jews in Columbia University's College of Physicians and Surgeons fell from 47 percent to 6 percent.⁴³

There was wide variation in the percentage of Jewish medical students in U.S. schools in 1933. Many schools had no more than 4 to 10 percent of Jews in the class. Other schools, which had a more liberal policy concerning the acceptance of Jews, such as Chicago Medical School, New York University, New York Homeopathic Medical College, the University of Illinois, and Wayne University–Detroit College of Medicine and Surgery, had student bodies in which 50 to 60 percent of the class were Jewish. There can be no doubt that Jewish medical school applicants faced discrimination in their attempts to gain a medical education.⁴⁴

WHAT'S WRONG WITH JEWS?

We find a window into the thinking of medical school deans in the written comments that accompanied their responses to Lazonon's survey. Many of the responses decried discrimination. For example, Dean G. E. Bethes of the medical branch of the University of Texas at Galveston wrote, "I feel that the Jewish medical students in the University of Texas are no different from the Christian medical students so far as scholastic ratings are concerned, so far as their ability to do work is concerned, so far as failing students are concerned, and so far as other conditions are concerned."⁴⁵

Dean Frank Vincenhaler of the University of Arkansas School of Medicine agreed:

41. Broun and Britt, (n. 3) *Christians Only*, pp. 143–47, *New York Times*, 28 August 1946, p. 29; 23 January 1946, p. 1.

42. F. Kingdom, "Discrimination in medical colleges" *Am Mercury*, 1945, 56, 394

43. "Discrimination charged," *New York Times*, 15 March 1956, p. 23, "Bias at Columbia denied at hearing," *New York Times*, 18 May 1946, p. 39, Natalie Berger, ed., *Jews and Medicine: Religion, Culture, Science* (Philadelphia: The Jewish Publication Society, 1997), p. 225

44. Lazonon (n. 37)

45. Bethes to Lazonon, 23 February 1934, Lazonon Papers (n. 33).

I do not believe that any restriction should be placed on any man regarding his religious beliefs. The field of practice is and ought to be open and restriction should only be placed to the degree that men are sufficiently prepared in their premedical studies to enable them to appreciate and take advantage of their medical studies. My observation after a long life of medical practice has been that the Jewish physicians as a rule are high grade men.⁴⁶

The majority of deans, however, were opposed to an increase in Jewish admissions. This opposition was couched, by some, as a question of proportional representation. Many state-supported medical schools, particularly those in the South, Midwest, and West, based their discrimination against Jews on the low proportion of Jews in the local population. These schools often limited the number of out-of-state applicants accepted. If a disproportionate number of out-of-state applicants were Jews, then it followed that few of them were accepted. This was not, these schools argued, the result of anti-Semitism but rather the result of a desire to serve the state's taxpayers. Were a Jewish state resident to apply, the deans of these schools claimed, he would have every reason to expect admission if qualified. The dean of the University of Alabama School of Medicine stated in 1934, for example, "If we should accept all the Jewish applicants from the Northeast who offer three or four years of preparation and whose references as to character, etc., seem satisfactory, we should fill up our freshman class twice over and exclude all our own native sons. Obviously this would be unjust to the people who support the state university."⁴⁷

A large proportion of the letters objected to Jewish medical students on the grounds that they were more suited for book work than for working with their hands and thus did not do well at clinical work. This objection hearkens back to the restrictions directed against European Jews, from the Middle Ages on, regarding membership in trade guilds. Jews were restricted from participating in skilled trades, were confined to money lending and dealing in used clothes, and then were criticized for not being good at working with their hands.⁴⁸ This anti-Semitic characterization is typified by the comments of Dr. J. T. McLintock of the State University of Iowa College of Medicine,

46 Vinchenhaler to Lazaron, 30 January 1934, Lazaron Papers (n 33)

47 J. N. Simpson to Lazaron, 22 February 1934, Lazaron Papers (n 33)

48 Sachar, (n. 2) *A History*, pp 255-58.

who wrote that the Jewish students “have difficulty in handling the practical angle of the medical course, but they do very well on the didactic or so-called book work which is required.”⁴⁹ McLintock’s views were echoed by Dean C. R. Bardeen of the University of Wisconsin Medical School who stated that “the chief weakness of the majority of them [Jews] seems to be a tendency to memorize than show the ability for practical work in the laboratory and wards.”⁵⁰

There were an equal number of letters complaining that some Jewish students were unethical or generally ill suited for medicine. Some letters hinted at Jews being politically radical or overly interested in money. Some deans merged their views of Jews into a general concern about immigration. Dr. A. C. Curtis, secretary of the University of Michigan Medical School, believed,

Those Jewish students who come from families in the United States for two or more generations are usually well bred, well cultured, and distinctly high class people. . . . Those students who are born in Europe, or whose parents have recently migrated from Europe, are apt to be an entirely different type, sometimes radical, sometimes asocial, often unstable. I do not feel that they can compare with the American born Jew any more than the native Pole can compare with the Pole who has lived in this country for three or four generations.⁵¹

Dr. H. R. Wall of the University of Kansas School of Medicine felt that “the Jewish student does not have as high ethical standard as the average Christian student that is, he is more apt to be commercially inclined, and yet we have had exceptions to this general impression.” These views were supported by Dr. Worth Hale, Assistant Dean of the Harvard Medical School who felt that “as a member of the committee of admission I am inclined to believe that it is more difficult to be sure what the Jewish applicant will develop into than the average Christian applicant.” Dr. H. G. Whitecotton of the College of Medicine at Syracuse University likewise felt that “a proportionately large number of students who we find generally unfitted for the practice of medicine are Jewish rather than Gentile.”⁵²

Some of the deans thought that the problem of the Jewish medical

49 McLintock to Lazaron, 7 February 1934, Lazaron Papers (n. 33)

50 Bardeen to Lazaron, 23 February 1934, Lazaron Papers (n. 29).

51 Curtis to Lazaron, 6 March 1934, Lazaron Papers (n. 33).

52 Wall to Lazaron, 27 February 1934, Hale to Lazaron, 30 January 1934, Whitecotton to Lazaron, 29 January 1934, Lazaron Papers, (n. 33).

student might be attributed to psychopathology. Illustrative are the comments of Dr. W. J. Moss, dean of the University of Georgia School of Medicine: "My general impression is that the Jewish students, who are admitted to this and other schools with which I have been connected, stand high on scholarship. I believe that relatively a high percentage of Jewish students are of a neurotic temperament."⁵³

Others criticized the Jewish students for their alleged arrogance. A. R. Loraine, acting dean of the Chicago Medical School, reported,

It has been my experience that Jewish students, on the average, compare favorably with the Nordic type. The only criticism I have is their tendency to develop a superiority complex which at times make them appear to be disrespectful to their superiors. On the average, I may say that ten per cent of the Jewish students in this college suffer from the above anachronism.⁵⁴

But he was less worried about Jews than about other undesirable groups. "Certainly from a social and political point of view we have far greater problems to contend with in the immediate future, such as the procreation and education of the biologically unassimilable races such as the Negro and Asiatic."⁵⁵

THE QUOTA AND RESIDENCY TRAINING

Discrimination in obtaining internship and residency positions was also widespread. An early incident occurred in Brooklyn, New York, at the Kings County Hospital. In 1916 a Jewish intern was overpowered in his room, bound, gagged, and taken by force to a train station and told not to return. That same intern became an Army medical officer in the first World War and died in the line of duty.⁵⁶ In 1927, at the same hospital, an estimated twenty Gentile interns kidnapped, physically intimidated, and warned three Jewish interns to leave the "Christian institution." Jewish interns were subjected to other insults including segregation from the dining hall and at the tennis courts. A subsequent investigation resulted in the temporary suspension of six Gentile interns and the hospital superintendent. All were eventually reinstated.⁵⁷

Jewish medical school graduates had considerable difficulty during

⁵³ Moss to Lazaron, 2 February 1934, Lazaron Papers (n. 33)

⁵⁴ Loraine to Lazaron, 7 March 1934, Lazaron Papers (n. 33)

⁵⁵ *Ibid.*

⁵⁶ Bruno Lasker, ed., *Jewish Experiences in America* (New York: Inquiry, 1930), pp. 72-75.

⁵⁷ *New York Times*, 21-30 June 1927, 1-3 July 1927, 5-8 July 1927

the interwar period acquiring internship and residency positions. In 1923 Dr. B.E. Greenberg of Boston noted that

Out of the twenty-five to thirty [Jewish] men who graduate from medical schools [in Boston] each year, practically all of them are compelled to go into general practice, to become the sort of practitioner who does not carry much weight, who is not considered at the head of his profession, because they are not given the opportunity to get into hospitals to procure hospital experience.⁵⁸

Others found a less pessimistic situation, but emphasized the concentration of Jewish house officers within Jewish institutions. Lazaron surveyed 1000 U.S. hospitals with 100 beds or more in 1934, receiving 421 responses. He found that, consistent with the fact that approximately 20 percent of medical students were Jews, approximately 22 percent of interns in the United States were Jewish. The majority of these Jewish interns were concentrated at Jewish hospitals, however, where 90 percent of the interns were Jews.⁵⁹

Responding to Lazaron's survey, many directors of medical education and teaching hospitals were as frank as the deans. Dr. William G. Turnbull, superintendent of the Philadelphia General Hospital, reported

I find rather a large number of Jewish boys graduated from Philadelphia schools this year who have not been able to secure an internship. Some of these boys are splendid students who undoubtedly will make excellent physicians . . . I have not the least doubt that Jewish boys are docked on account of unacknowledged prejudices on the examination.⁶⁰

Turnbill believed this was neither due to "antagonism to the individual or antagonisms to the Jews as it is to the fear and feeling that the Jew is beginning to dominate the profession."⁶¹

Harry G. Dunham, superintendent of the Newport Hospital, Newport, Rhode Island, had other grounds for explaining his hospital's discriminatory practices. He admitted that "there are three applicants from Jewish doctors to every one Gentile doctor that we receive. Whether this is due to the fact that Jewish young men find difficulty

⁵⁸ Quoted in Arthur J. Linenthal, *First a Dream. The History of Boston's Jewish Hospitals, 1896-1928* (Boston: Francis A. Countway Library of Medicine, 1990), p. 211

⁵⁹ Lazaron, "The Jewish Student in Medicine," p. 3, chart IV, Lazaron Papers (n. 33)

⁶⁰ Turnbull to Lazaron, 10 February 1934, Lazaron Papers (n. 33)

⁶¹ *Ibid.*

in securing internships in the larger hospitals I do not know." Dunham commented that physicians on the intern selection committee "have found by past experience that the average Jewish interne is so zealous in his desire to learn, and so aggressive in his demands for hospital opportunities to learn, that they have been prejudiced with the preference to engage a Gentile interne whenever possible."⁶²

Dr. Lloyd Nolan, the chief surgeon of the Tennessee Coal, Iron & Railroad Company, Birmingham, Alabama, responded to Lazonon that the patient population he served was generally not suitable for Jewish physicians:

Because of the fact that we handle a large proportion of native whites of the laboring class and Negroes, we have made special effort to select interns from this particular part of the world, and consequently we have had few applications from Jewish medical students. As a matter of fact, we have not had an intern of the Jewish faith for a number of years, although we have appointed one for work to begin July 1, 1934.⁶³

Other physicians observed no difficulty in placement of Jewish house staff. Dr. John O'Hanlon, medical director of the Jersey City Hospital, Jersey City, New Jersey wrote that: "Individual aptitude for the practice of Medicine should . . . be a determining factor for the practice of the profession, rather than whether one is or is not Jewish."⁶⁴ Dr. A. A. Herald, president of the North Louisiana Sanitarium, Shreveport, Louisiana, expressed his

humble opinion [that] there is no cause for alarm in the fact that so many Jewish boys wish to study medicine; we certainly have no surplus here, for in our Parish (county), out of about 175 doctors there are only three Jews in practice; I note also that in the large cities, especially in the East, a large percentage of the leaders are Jews and there can certainly be no objection to a surplus of them in the profession if they continue to excel.⁶⁵

RATIONALIZATION, ACCOMMODATION, ASSIMILATION, AND FIGHTING BACK: JEWS RESPOND TO DISCRIMINATION

The response of the Jewish community to discrimination in medicine ran the gamut from active support to vigorous public opposition.

62. Dunham to Lazonon, 13 February 1934, Lazonon Papers (n. 33).

63. Nolan to Lazonon, 14 February 1934, Lazonon Papers (n. 33)

64. O'Hanlon to Lazonon, 17 February 1934, Lazonon Papers (n. 33)

65. Herald to Lazonon, 15 February 1934, Lazonon Papers (n. 33)

Some Jewish doctors, such as Dr. A. Rogny of New York, rationalized restrictions against Jews in medicine and argued that Gentile patients simply preferred Gentile physicians. This being the case, the quota fulfilled a societal need to avoid an oversupply of Jewish physicians.

It is quite commonly known that the facts of medicine make it an intimate profession. Doctors are particularly aware that the lines of practice are sharply divided. Seldom does a Jewish physician acquire a clientele among non-Jews while the number of non-Jewish patients who consult the average Jewish physician is so small that—allowing for the inevitably rare exceptions they must be discounted entirely as a source of professional revenue. Naturally if the supply of Jewish doctors were to increase too far in excess of the demand, an economic problem would arise not dissimilar to the problem of thousands of Jewish lawyers. We shall not touch upon the question of ethics here, but experience has taught us—too often to pardon any further risk in this direction—that a condition of severe competition [between physicians] is conducive to a lowering of ethical standards.⁶⁶

Other prominent Jewish physicians argued that there were no anti-Semitic Jewish quotas. They said, instead, that Jews, being a predominantly urban population in the United States, were disinclined to become country doctors and therefore were not being selected for medical school because they would not improve medical care in rural areas.⁶⁷ In this way, they echoed the proportional representation argument of some of the medical school deans. Danzis, a Jewish surgeon practicing in Newark, New Jersey, argued that a tendency for Jewish physicians to gravitate to urban centers contributed to Jewish physicians serving a largely Jewish clientele:

The tendency of the medical graduate is to gravitate to the large centers of population, where the educational and clinical facilities for practice are better than those in the smaller cities . . . The Jew, being a city dweller . . . is most likely to continue his practice there for the same reason as the non-Jew does, and also because of the Jewish community group life which he may lack in the small town or rural district.⁶⁸

Rabbi Lazaron and some other Jewish leaders thought that an appropriate response to discriminatory quotas was accommodation to their existence and improved vocational counseling for young Jews.

66 Rogny, quoted in Kaplan (n. 30).

67. Kaplan (n. 34)

68. Danzis (n. 34)

They hoped that students would select alternative careers. In fact, Lazaron never published his data which illustrated discrimination against Jewish students so clearly. In a letter to magazine publisher Morris A. Beale dated 21 May 1936, Lazaron explained his reluctance to allow Beale to publish the report.

Publicity to the facts in the article has already been given through a number of the medical colleges in the country, and it is an open question whether it would be advisable at the present time to make the material in the article a matter of public discussion. Difficulties of the sort considered in the article can be much better solved through education in those quarters where education is necessary.⁶⁹

Lazaron was proud of his Sephardic Jewish heritage and felt very much a part of American culture. He was at home in the upper levels of Gentile and Jewish society and counted Irving Berlin, Eddie Cantor, the Schulzbergers of the *New York Times*, and actress Irene Dunn among his friends. His brother-in-law was the famous Zionist Abba Hillel Silver. Lazaron "did not want to upset the apple cart" within his perceived social circle by making a public protest. He counseled Jewish students to do the same.⁷⁰

But many Jews were not persuaded by calls for accommodation. Unable to obtain places in U.S. medical schools, they matriculated in European schools. By 1932–1933 the Council of Medical Education and Hospitals of the American Medical Association reported that 1911 Americans were studying medicine in Europe. The most popular sites were Great Britain (452), Italy (222), Germany (337), and Switzerland (403). By the mid-1930s it was estimated that 95 percent of Americans studying medicine in Europe were Jews.⁷¹

In February 1933 the Federation of State Medical Boards of the United States began to require that Americans matriculating in European medical schools obtain a license to practice medicine in the country in which the medical school from which he/she graduated

⁶⁹ Lazaron to Beale, 21 May 1936, Lazaron papers (n 33)

⁷⁰ Author interview with Clemantine Lazaron Kaufman, 3 February 2000. For a discussion of the differences between German-Jewish Reform society in Baltimore and Russian-Jewish Orthodox society, see Gilbert Sandler, "Becoming American," *Baltimore*, 2000, 93, 36–41.

⁷¹ Danzas (n. 34); "American students abroad," *J. Assoc Am. Med. College*, 1930, 5, 117; "Report of committee on foreign medical students," *J. Assoc Am. Med. College*, 1933, 8, 360–66, Collins, (n. 3) *Go and Learn*, p. 109; F. C. Zapffe, M.D. to Lazaron, 19 November 1935, Lazaron Papers (n. 33); Sokoloff (n. 14), p. 505.

was located as a prerequisite to sitting for any U.S. state licensing examination.⁷² Since Great Britain had no citizenship qualifications for licensure, and because of the absence of language barriers and the rise of Nazism in Germany, England and Scotland became the favored sites for training.⁷³ When the English General Medical Council, in collaboration with U.S. medical education authorities, made it more difficult to gain entrance to medical school, Scotland became the preferred site for American Jews. Scottish medical schools tended to have more flexible entrance requirements, and there were many historical links of Scottish medical schools to the United States. Almost 90 percent of Americans studying medicine in Great Britain did so in Scotland.⁷⁴

The medical schools of Scotland welcomed large numbers of Americans in the 1930s. Some studied at St. Andrews University, the University of Glasgow, and Edinburgh University. Particularly popular were the extramural medical colleges: Anderson Medical College of Glasgow and the School of Medicine of the Royal Colleges of Edinburgh. Ninety-six percent of American Jewish graduates of Scottish medical schools from 1925 to 1940 were from New York and New Jersey. The academic performance of the Jewish students was, by and large, excellent.⁷⁵ The entry of Jewish refugee doctors in significant numbers and the matriculation of U.S. Jewish medical students in England in the 1930s were generally opposed by the English medical establishment. Organized English medicine wished to offer economic protection to British medical students and physicians. Pressure was brought to bear against the Scottish medical board by English medical organizations to adopt restrictions against foreigners. The Scottish board rejected such pressures, arguing that these restrictions were designed to protect the medical profession, not the public. Scotland remained relatively open to Jewish medical students and refugee physicians throughout the 1930s and 1940s. The pass rate of Scottish medical school graduates for the New York State Board Medical examinations for 1937–1938 was 83 percent.⁷⁶

72. "Report of committee" (n 71), p 360

73. Collins, (n. 3) *Go and Learn*, pp 109–32, Jarcho (n 1), p 360

74. Collins, (n 3) *Go and Learn*, pp 109–32, Sokoloff (n 14), pp 504–505

75. Kenneth Collins, "American Jewish medical students in Scotland: 1925–1940," meeting abstract, *Am Assoc History Med*, 1987; Collins, (n 3) *Go and Learn*, pp 120–21. For comparison, see Harold Rypins, "The foreign medical graduate," *J Assoc Am Med College*, 1933, 8, 92–96.

76. K. E. Collins "The Jews in medicine in Scotland, part II," *Proc Roy Coll Physicians Edinburgh*, 1989, 19, 225–30, Collins, (n. 3) *Go and Learn*, p 121

Some U.S. Jewish physicians and community activists began calling for the establishment of medical schools in connection with Jewish hospitals as a response to restricted Jewish access to medical schools. Jewish-sponsored medical schools, it was argued, would offer educational opportunities to those students barred from existing schools by discrimination. Within the Jewish community, objections to the proposal were voiced by those who feared that new medical schools would lead to further overcrowding of the profession, would promote Jewish "clannishness," and would demonstrate tacit acceptance of discrimination by the existing schools.⁷⁷

Three U.S. medical schools, Middlesex College of Medicine and Surgery in Massachusetts, Chicago Medical School in Illinois, and the Essex College of Medicine and Surgery in New Jersey, were particularly known for being open to Jews. They were poorly ranked by the American Medical Association's Council on Education, were intermittently in conflict with state medical societies, and frequently on the verge of closure. Middlesex did close in 1947—an event strongly applauded by the editorial page of *The New England Journal of Medicine*.⁷⁸ The remains of Middlesex's campus are now occupied by Brandeis University. At its founding in the late 1940s, Brandeis considered but chose not to establish its own medical school. The dean and president of the Chicago Medical School from 1932 to 1966 was a Jewish physician, Dr. John Jacob Shenin. According to the Lazonon study, in 1933–1934 about 35 percent of the school's students were Jewish.⁷⁹ Clinical instruction took place at Cook County Hospital. The school became fully accredited in 1948 and is now known as the Finch University of Health Sciences/Chicago Medical School.⁸⁰

In September 1942 the Essex College of Medicine and Surgery received a license from the New Jersey Board of Medical Examiners and enrolled its first class in 1945.⁸¹ The school, however, was never able to obtain permission from the New Jersey Board of Education

77 "Medical school proposed for Jews," *New York Times*, 14 May 1932, p. 4; "Medical school for Jews rejected," *New York Times*, 7 December 1931, p. 14.

78 "Standards of medical education," *N Engl J Med*, 1945, 232, 146–47, Sokoloff (n. 14), pp. 506–8.

79 Sokoloff (n. 14), pp. 508–9, Larrain to Lazonon, 7 March 1934, Lazonon Papers (n. 33).

80. Finch University of Health Sciences/Chicago Medical School website (<http://www.fincms.edu>). Accessed 2 March 2001.

81 "Medical School Planned," *New York Times*, 27 September 1942, p. 27.

to grant the M.D. degree. The school acquired equipment from the recently closed Oglethorpe College of Medicine in Georgia.⁸² In its statement on admissions, Essex proclaimed that, "Women are admitted on the same terms as men and all well qualified candidates are given equal consideration without reference to race, color or creed."⁸³ At a 1946 fund-raising dinner for the college, a school official proclaimed the school was created as an answer to "the anti-democratic challenges presented to schools that subject medical schools to discriminatory practices."⁸⁴ The roster of Essex's first two admitted classes included graduates of historically African-American colleges (Fisk University, Lincoln Memorial University), the University of Puerto Rico, many graduates of Catholic universities, several women, and a significant number of students with traditionally Jewish surnames. Essex was unable to secure an affiliation with any of New Jersey's universities, only taught a two-year basic science curriculum, did not readily establish clinical training sites, and closed in its second year of operation after its charter was revoked.⁸⁵

In 1945 Dr. Samuel Belkin, president of Yeshiva University, proposed the establishment of a Jewish-sponsored medical school. One of the early promoters of a medical school at Yeshiva, Dr. Elihu Katz, argued that "a Jewish sponsored medical school is a powerful force that will go a long way towards destroying racial and religious bigotry . . . and combat existing quota systems so prevalent in many medical schools."⁸⁶ The Albert Einstein College of Medicine of Yeshiva University was chartered in 1951. From its inception, admission to the school was intended to be nondiscriminatory. Einstein was persuaded to lend his name to the enterprise in 1953 after he was shown evidence of Cornell Medical School's restrictive practices.⁸⁷ Affiliations of Ye-

82. "Moved equipment from Oglethorpe College of Georgia," *New York Times*, 25 February 25, section IV, p. 9

83. The "Essex College of Medicine and Surgery" file in the Special Collections/Archives of the University of Medicine & Dentistry of New Jersey Library. George F. Smith Library of the Health Sciences, Newark, New Jersey. This file contains the announcement for the first and second sessions of the college, 1945-1946, and a few letters and newspaper clippings.

84. "\$500,000 Sought by Essex Medical," *New York Times*, 23 May 1946, p. 27

85. Additional reports concerning Essex College can be found in the *New York Times*, 12 January 1943, p. 8; 8 July 1943, p. 8; 22 July 1943, p. 11, 27 September 1943, p. 21, 15 October 1943, section IV, p. 9, 5 November 1943, section IV, p. 9

86. Quoted in Ernst R. Jaffe, "The early history of the Albert Einstein College of Medicine," *Einstein Q J Biol Med*, 1996, 13. Available at <http://www.aecom.yu.edu/oeo/whoiswho/aecom%2Dhistory.html>. Accessed 2 March 2001

87. H. M. Zimmerman, "The naming of the Albert Einstein College of Medicine," *Surg Neurol*, 1976, 6, 92, Sokoloff (n. 14), p. 513

shiva's new medical school with New York's largest Jewish hospitals, Montifiore Hospital and Mount Sinai Hospital, were considered. Ultimately, Montifiore and the Bronx Municipal Hospital Center became major teaching sites for Albert Einstein College, while Mount Sinai went its own way.

Mount Sinai Hospital in Manhattan was founded in 1852. Supported by local Jewish philanthropy, the hospital provided care for indigent Jewish patients, a training site for Jewish interns and residents, and hospital privileges for Jewish physicians. With many internship and residency positions closed to Jewish medical school graduates from the 1920s to 1950s, and because house staff positions at Mount Sinai were awarded based on competitive oral and written examinations, Mount Sinai had excellent house officers (although not all were Jewish; between one-quarter and one-third were Gentile).⁸⁸ In 1934 the director of the hospital, Dr. Joseph Turner, advised Rabbi Lazaron that house staff "appointments are made on a strictly merit and non-sectarian basis. Since none of the applicants are asked about their religious beliefs (religious affiliation is not [a] test of qualification for appointment), it will be impossible to indicate definitely the number of Christian and Jewish internes, but it is accurate to say that the great majority of internes are Jews."⁸⁹

The decline in institutional anti-Semitism after World War II opened opportunities for Jewish medical students to seek post-graduate training at non-Jewish hospitals. Bright, young staff physicians and clinical researchers were less likely to pursue careers at Mount Sinai because they were now able to locate positions at medical schools. Out of a desire to continue to compete for the best and brightest physicians, and to augment its clinical research program with close links to departments of basic medical sciences, Mount Sinai Hospital established its own medical school in the 1960s.⁹⁰ The school ultimately became the medical school of The City University of New York.

88. Kenneth M. Ludmerer, "The origins of Mount Sinai School of Medicine," *J Hist Med Allied Sci*, 1990, 45, 469-89. For a general history of the Mount Sinai Hospital and the other Jewish hospitals of New York City, see Tina Levitan, *Islands of Compassion: A History of the Jewish Hospital of New York* (New York: Twayne Publishers, Inc., 1964).

89. Turner to Lazaron, 16 March 1934, Lazaron Papers (n. 33).

90. Ludmerer (n. 88).

GOVERNMENT AND PRIVATE INVESTIGATIONS OF THE QUOTA

Leaders of medicine and the press took note of the quota soon after its introduction, although no effective action against quotas was taken until after World War II. Dean A. M. Schwitella of the St. Louis University School of Medicine expressed his concern about restricted Jewish access to medical schools at a meeting of the American Association of Medical Colleges in 1928.⁹¹ In a 1932 speech to the National Conference of Jewish Social Service, Dr. Israel Strauss, a New York neurologist, told his audience "we know that there is discrimination against the Jews because of their race or religion. High [academic] rank does not admit them."⁹² A report in 1931 to the executive committee of the American Jewish Committee observed that U.S. medical schools failed to accept Jews in the same ratio as their proportion among the applicant pool.⁹³ At a 1935 meeting of the National Conference of Jews and Christians, Jewish quotas in colleges, universities, and medical schools were condemned as "un-American."⁹⁴ In a 1940 article, two prominent New York Jewish physicians, Nathan Ratnoff and Isidor Held, denounced the argument for proportional representation.

One of the commonly advanced justifications for the small percentage of Jews admitted to medical schools . . . is that Jews are already more than adequately represented in the medical profession according to their numerical proportion in our population. Doubtless the latter statement is correct, but the argument is deplorable. Favoring a quota in medicine or any other branch of education, according to nationality, seems to us a regress to medievalism.⁹⁵

Near the end of World War II, Mayor Fiorello H. LaGuardia of New York City established a committee to investigate racial and religious discrimination.⁹⁶ Called the "Mayor's Unity Commission," the group received, in January 1946, a "Report on Discrimination

91 "Review of the Year 5690" *Am Jewish Year Book*, 1930-1931, 32, p 78.

92 "Medical school proposed for Jews," *New York Times*, 14 May 1932, p 4

93 "Medical school for Jews rejected." *New York Times*, 7 December 1931, p 14 The report advised, however, that this was "not altogether traceable to anti-Jewish discrimination, as other factors are taken into account "

94 "Faith parley bans atheistic groups." *New York Times*, 31 August 1935, p 11.

95 Nathan Ratnoff and Isidor W Held, "Some problems of the Jewish medical student," *Med Leaves*, 1940, 4, 146-51

96 B Fine, "Curb is demanded on bias in colleges," *New York Times*, 24 January 1946, p. 18.

in Institutions of Higher Learning” authored by Dr. Dan W. Dodson, an educator on leave from New York University. Dodson’s report described a fall in the average number of Jewish students in grade A medical schools from 12.16 percent of the student body in 1933 to 6.29 percent in 1938. From 1925 through 1943, the percentage of City University of New York graduates who applied for admission to medical school and were admitted fell from 58 percent to 15 percent.⁹⁷ The Unity Commission was told that not only did local private colleges and professional schools limit the numbers of New Yorkers admitted, but that out-of-town schools “give priority to their local populations and that they believe that New York City institutions should provide for the educational requests of its student population. As a consequence, all New Yorkers and especially Jews, Catholics and Negroes, find themselves discriminated against both in the New York and out-of-town institutions.”⁹⁸

In March 1946 the noted Reform rabbi, social activist, and Zionist leader Stephen S. Wise (1874–1949) filed an application before the New York City Tax Commission to cancel the tax exemption of Columbia University.⁹⁹ Acting in his capacity as president of the American Jewish Congress and as an individual taxpayer, Wise asked the commission to cancel Columbia’s exemption for violating the antidiscrimination clause of New York State tax law. Wise argued that Columbia’s College of Physicians and Surgeons had discriminated against Jews and “betrayed the democratic purposes for which public subsidy for education is granted.”¹⁰⁰ Wise showed data provided by Dr. Alexander H. Pekelis of the New School for Social Research documenting that, in 1920, 47 percent of the College of Physicians and Surgeons’ newly admitted study body was Jewish versus 19 percent in 1924, 12 percent in 1938, and 6 percent in 1940. From 1941 to 1946 the number never exceeded 12 percent.¹⁰¹ Julius L. Goldstein, an attorney, sued Columbia on similar grounds. New York State Attorney General Nathaniel Goldstein also brought legal action against

⁹⁷ B. Fine, “Bias in colleges against city youth charged in report,” *New York Times*, 23 January 1946, p. 1.

⁹⁸ *Ibid.*

⁹⁹ “Discrimination charged,” *New York Times*, 15 March 1946, p. 23. Wise’s autobiography is Stephen Wise, *Challenging Years: The Autobiography of Stephen Wise* (New York: G. P. Putnam’s Sons, 1949).

¹⁰⁰ S. S. Wise, Letter to the Editor. “Discrimination in Schools,” *New York Times*, 26 March 1946, p. 30.

¹⁰¹ “Bias at Columbia denied at hearing,” *New York Times*, 18 May 1946, p. 91.

the Tax Commission to compel it to move against Columbia.¹⁰² The acting president of Columbia University, Frank D. Fackenthal, and the medical school dean, Williard C. Rappleye, publicly denied that Columbia discriminated based on race, color, or creed.¹⁰³ At a public rally attended by Eleanor Roosevelt, Wise denounced Columbia stating that "as a result of its racially and religiously discriminatory practices, it has ceased to be an educational institution."¹⁰⁴ Ultimately, New York Supreme Court Judge James B. M. McNally held that, although the tax law did prohibit discrimination, the legal remedy must be exercised by the person aggrieved (i.e., a student who allegedly was denied admission). Because of the Supreme Court's ruling, the Tax Commission rejected Wise's petition.¹⁰⁵

Wise's approach to discrimination was diametrically opposed to that of Lazon. Lazon never published his study of discrimination, was cautious about its release, and felt that the best response of young Jewish students who were denied admission to medical school was to seek alternative careers. Wise, on the other hand, had no hesitancy about public protest and publicity. Some have characterized the spectrum of responses of the American Jewish community as following the lines of the Sephardic and German-Jewish community on the one hand and the Russo-Polish community on the other. Many in the Sephardic and German-Jewish community such as Lazon, whose ancestors immigrated in the eighteenth and early nineteenth centuries, viewed public protests and the establishment of separate Jewish medical schools and hospitals as opposed to their notion of Jews being as American as any other group. Often the attitude of Sephardic Jews and upper-class German Jews toward the recently arrived Russian and Polish Jewish immigrants was somewhat distant. Lazon and his circle did not favor protest and agitation.¹⁰⁶ Wise and many in the Ashkenazi Jewish community of New York City, in contrast, saw nothing wrong in publicly demanding equal access to educational opportunity.

Egged on by Wise and others, political pressure in New York City mounted for direct action against educational institutions practicing discrimination. In July 1946 representatives of the NAACP, Order of

102. "Case in court bias action on Columbia," *New York Times*, 26 March 1946, p. 30.

103. "Bias at Columbia denied at hearing" (n. 101).

104. "Unity ideal hailed by Mrs. Roosevelt," *New York Times*, 30 May 30, p. 18.

105. "Case in court bias action on Columbia" (n. 102).

106. Kaufman interview (n. 70); A. J. Rongy, "Half a century of Jewish medical activities in New York City," *Med. Leaves*, 1937, 1, 151-63.

the Sons of Italy, Jewish War Veterans, the American Jewish Congress, and the American Jewish Committee called on the New York City Council to investigate racial and religious discrimination in colleges, graduate schools, and professional schools. Mayor O'Dwyer agreed.¹⁰⁷ In September 1946 the New York City Council created a special committee to investigate why graduates of New York City's public schools and the branches of the City University of New York had difficulty in obtaining admission for graduate and professional education. The investigation was chaired by Councilman Walter R. Hart of Brooklyn.¹⁰⁸

Hart's committee documented a decrease in the admission of graduates of the City University to the five private medical schools in the city: New York Homeopathic Medical College, Long Island College of Medicine, New York University, Cornell, and Columbia.¹⁰⁹ In public hearings, Hart's committee uncovered the existence of a 1940 letter from Dean William S. Ladd of Cornell stating that "we limit the number of Jews admitted to each class to roughly the proportion of Jews in the population of the state."¹¹⁰ Since Cornell took 80 new students from an applicant pool of roughly 1200, and since Ladd estimated that about 700 of the applicants were Jews, no more than 8 to 12 Jewish students matriculated at Cornell each year. Cornell's application asked for the "racial origin or lineage" of the applicant, the "maiden name of the applicant's mother," and the "birthplace of the applicant's parents." Under questioning, Dr. Dayton J. Edwards, assistant dean of Cornell and member of the admissions committee, admitted that these questions had no bearing on an applicant's qualifications or ability to succeed in medical school but denied "it ever occurred to him the data could be used to guess at an applicant's race or religion."¹¹¹ The committee reported that about 5 percent of Jewish applicants to Cornell were accepted compared to 15 percent of Catholics and 25 percent of Protestants.¹¹² Hart's commission charged that while New York City medical schools denied, publicly, that they have quotas, many admitted to having them off the record. The commission favored

107 "Bias investigation in colleges urged," *New York Times*, 11 July 1946, p. 26, "O'Dwyer supports bias inquiry here," *New York Times*, 28 August 1946, p. 29

108 "City inquiry voted on bias in colleges," *New York Times*, 11 September 1946

109. Sokoloff (n. 14), pp. 503, 510.

110. Quoted in "Race bias charged at Cornell school," *New York Times*, 23 October 1946, p. 24; see also Wise (n. 100).

111. "Race bias charged at Cornell school," (n. 110).

112. Sokoloff (n. 14), p. 511.

legal action against discrimination by the city's medical schools as well as the establishment of a city or state university, with professional schools, to offer equal opportunity for education.

In 1946 New York State governor and two-time republican presidential candidate Thomas E. Dewey established a temporary commission on the need for a State University. Headed by Owen D. Young, the state commission, along with investigative efforts of the New York State Board of Regents, further documented discrimination by New York's medical schools.¹¹³ In 1948 the New York legislature passed the Educational Practices Act, which stated that "the American ideal of equality of opportunity requires that students, otherwise qualified, be admitted to educational institutions without regard to race, color, religion, creed, or national origin."¹¹⁴ In 1952 a study by the American Jewish Committee and the New York State Committee on Equality in Education showed a reduced probability of Jewish winners of the state medical scholarship getting into one of the state's nine medical schools. Overall, Gentile scholarship winners had a 76 percent admission rate versus 36 percent for Jews.¹¹⁵ A separate 1957 study by the American Jewish Committee continued to report considerably lower acceptance rates of Jewish applicants to medical school as well as Roman Catholics of Italian descent.¹¹⁶ A 1957 report by the Philadelphia Fellowship Commission indicated that Jewish graduates of Temple University and the University of Pennsylvania also fared less well than their Gentile classmates in obtaining admission to medical school.¹¹⁷

Institutionalized anti-Semitism in the United States declined appreciably after World War II. Hitler and the European Holocaust drove home the consequences of anti-Semitism and made anti-Semitic comments and overt practice less socially acceptable in the United States. Returning Gentile veterans seemed less tolerant of discrimination, and Jewish veterans were unwilling to accept it. A strong economy removed some of the fear of economic competition targeting Jews. President Harry S. Truman's Commission on Higher Education recom-

113 B. Fine, "State university asked at hearing," *New York Times*, 21 October 1947, p. 25.

114. Quoted in Jarcho (n 1), p. 371.

115. "Study finds Jews face medical bar," *New York Times*, 6 June 1952, p. 19, "Jewish bias report is expected in fall," *New York Times*, 17 June 1952, p. 12.

116. "Hospital found lacking doctors," *New York Times*, 2 June 1957, p. 65.

117. Sokoloff (n 14), p. 512.

mended that colleges and universities remove questions on applications pertaining to religion, color, or national origin. Supreme Court decisions and civil rights legislation mandated equal opportunity.¹¹⁸ In 1950 a national conference on higher education called the quota system "undesirable and undemocratic."¹¹⁹ Little of the liberalization of medical school admissions policies directed toward Jews can be attributed to the leadership of organized U.S. medicine such as the AMA or AAMC. Most of the change was induced by societal change and political pressure exerted by concerned laymen.¹²⁰ By the mid-1950s the proportion of Jewish medical students in many schools rose. Currently, overt Jewish quotas are unknown, although subtle discrimination may still exist in some schools and residency programs.

CONCLUSION

Following a period of rapid immigration of eastern European Jews to the United States from 1880 to 1914, Jewish applications for admission to medical school increased sharply in the 1920s and 1930s. While the proportion of Jewish medical students rose, this was not commensurate with the increase in Jewish applicants. The discrepancy between the proportion of Jewish applicants and the proportion of Jewish matriculants was justified, at some medical schools, by a stated belief in proportional representation of in-state applicants. This proportional representation, of course, was invoked only for Jews and not for women, African Americans, or any other group that the medical schools wished to exclude. Many schools clearly established a "gentleman's agreement" of restrictive quotas. Many medical school deans and directors of post-graduate medical education programs harbored anti-Semitic views.

Individual Jews and the Jewish community responded to discrimination in a variety of ways. Some urged assimilation, acceptance, and accommodation. Others flocked to schools that did not discriminate, went abroad to medical school, or started their own medical schools and post-graduate programs. Ultimately, through political channels, particularly in New York state, pressure was brought to bear against discrimination. The quotas began to wane after World War II.

¹¹⁸ Dinnerstein (n 4), pp 150-74.

¹¹⁹ Quoted in Frank K. Shurtleworth, "Discrimination in college opportunities and admissions," *School and Society*, 1951, 74, 398.

¹²⁰ Jarcho (n 1), p. 371.