

January 16, 2015 – Carolyn Parry Decker (JMC 1965) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken
CP: Carolyn Parry Decker
{CG} cough
{LG} laughter
{BR} breath
{NS} noise
- partial words
-- restarts

KD: So, if you could start off by telling me your name and just a short synopsis of your life, your background.

CP: {LG} OK, my name is Carolyn Elizabeth Parry Decker. Um, I practiced in my maiden name, which was Parry, so that all the records at Jefferson would be under Parry. Um, I had a rather sickly childhood in that I had asthma and as you can imagine, fifty to sixty years ago medicine for asthma was not like it is today. The biggest thing that happened as far as asthma goes is inhalers. Because, uh, the acute episodes were, um, very uncomfortable and I spent a lot of time in the hospital. So, I think that's where my interest in medicine started.

KD: OK.

CP: Um, especially -- not so much when I was um a small child, when I spent months in the hospital, but when I was a teenager uh in tenth grade and twelfth grade, then kind of seeing how medicine evolved in the hospital and seeing what the doctors did, I thought that was really cool, so {LG}.

KD: {LG}

CP: I got interested in that. I had, um, a brother and a sister and we grew up on, um, a farm, um, without animals but with lots of land and lots of creeks.

KD: Mm hm.

CP: Places to explore. So it was a pretty -- in between my asthma episodes it was pretty interesting.

KD: Yeah.

¹ Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines: http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf

CP: I did well in high school however my physician felt that a New England college would not be in my future. And so I spent two years at Arizona State University in Tempe, Arizona. Then I came back and I finished at Beaver College, which has become Acadia.

KD: Mm hm.

CP: Um, I applied to multiple medical schools in Philadelphia, and I was granted interviews at three of them. Um, the one at the University of Pennsylvania was the most depressing because the dean who interviewed me there said, um, "Well, this is, this interview is really a waste of time because we already have our quota of six women."

KD: Oh no!

CP: {LG} My interview at Jefferson with, um, Andrew Ramsay was the, the best.

KD: OK.

CP: And I was accepted at Jefferson, which I was thrilled about. It was the first year with women. Um, it was interesting to me that there were nine women. There were three Protestants, three Catholics, and three Jewish girls. I do not think that was a coincidence.

KD: OK. {LG}

CP: {LG} I think there was a quota here too! But, nevertheless, um, that was, that was good. Um, I, I did my medical school training here at Jefferson and then, uh, in those years we had to do a separate internship. So I did an internship at Chestnut Hill Hospital and then I went back, uh, then I came back to Jefferson and did my residency at Jefferson.

KD: OK.

CP: One year on the staff at Jefferson and subsequent to that I worked at Pennsylvania Hospital for twenty-seven years.

KD: OK. Right, wonderful. So you mentioned briefly how you got into medicine, at least how you got interested in medicine, um, once you'd grabbed onto that idea, did you face any obstacles, um, socially, in your family, in terms of making that dream a reality?

CP: No, um, initially, even when I was at Ariz- Arizona State University I planned to be a medical technologist.

KD: Mm hm.

CP: And my parents insisted that I would have to finish college before I made that decision. So they wanted me to have the four years.

KD: Mm hm.

CP: When I was in my fourth year at, at Beaver, I asked my father if there was going to be enough money for me to go to medical school because my brother was at that time was at Harvard and my sister was in private school as well. So he said yes {LG} so.

KD: That's great!

CP: I went for it! {LG} I went for it. And then just to find out that Jefferson was going to take women. That was kind of an interesting wrinkle to the whole thing. So there were no real obstacles for my doing that and I felt that my health was under control enough that I could.

KD: Mm hm.

CP: Go ahead and, and pursue this.

KD: Yeah. Um, so could you tell me a little bit about your time here as a student? So what it was like being in the first class that included women, what your general experiences were as a medical student in the nineteen sixties?

CP: It was interesting in the sixties, um, it, people were smoking then, so even when we, the first day when we went in and we received our cadavers and we were put into our partnerships with the group around our cadaver table. Everyone was looking for the break that we could go and have a cigarette outside {LG}.

KD: {LG}

CP: So that was, it was kind of a bonding situation then. Um, no, there were -- they were very welcoming to women and very welcoming to the medical students. And I, aside from some of the surgeons who liked to tell off-color jokes and things like that, there really weren't any problems. It was really great. Everyone was really, um, receptive. And that's very interesting because I did not feel any prejudice or any problems during medical school. It was during my residency here at Jefferson where there was a lot of, mm, uh, friction.

KD: Yeah. Do you remember any specific moments?

CP: I don't remember any specific comments, I just remember that the radiologists -- I did radiology -- the radiologists, um, there were, not exactly against women but they were not super-supportive of them. Although, I think there was a trend at that time so that they accepted me into the program and when I went to Pennsylvania Hospital my bosses there were just totally welcoming and totally supportive of women being in radiology. They felt that women had a better eye than men {LG}.

KD: {LG}

CP: And they were -- And I think radiology as a whole was very supportive of women as well.

KD: OK.

CP: So that was a really good choice of specialty for me.

KD: Mm hm.

CP: It's interesting that the women in my group chose very diverse fields. One was in anesthesiology, one in pathology, two went into surgery, one into dermatology, one into psychiatry. So, it, it's interesting to me that with nine women only two of them picked the same specialty. You know, it's kind of, it's, interesting.

KD: Yeah. It is interesting.

CP: Yeah.

KD: So, how did you end up choosing radiology?

CP: Two years during medical school, during the summer when we actually had some time off, um, I did, um, work for radiation therapy. You know, it was one of the research projects that medical students could get involved in and earn some money. So, I did that and, uh, I got very interested in radiation oncology. Um, in fact, that's how my residency started, was in radiation oncology. But I had to take um multiple courses, particularly physics, um, with the diagnostic radiology residents, and then they started saying, "Well, why don't you come to some of our other conferences?" So I came to some of their other conferences and I thought, "Man, this is really something I really enjoy."

KD: Mm hm.

CP: And, in radiation oncology the first year residents are the ones that take care of the patients who are in the hospital, which were really, really depressing patients. And I thought, "You know, I don't really want to do this. I'd really like to have the excitement and fun of, you know, what all these guys are doing in diagnostic radiology."

KD: Yeah.

CP: So then I was able to transfer into diagnostic radiology. And at that time radi- -- there was a required radiation oncology one year because my boarding is in radiology, not in specifically diagnostic radiology, which has changed since I originally had my boarding. Now you can either be in diagnostic radiology or diag- radiology, you know, oncology.

KD: OK.

CP: So, it's, it's changed, and I was lucky. {LG}

KD: {LG} Seems like a good choice. Um, so while you were at Jefferson, were you involved in any student groups, uh, extracurricular activities? Any other things you remember about being on campus?

CP: No, um. There weren't that many groups at that time. Um, three of us lived together, two of the other women and I lived together in a house. Uh, so we sort of did things together.

KD: Mm hm.

CP: Um, which was, we really didn't get involved in much, that much with the other women, or.

KD: Yeah.

CP: Or.

KD: What two other women did you live with?

CP: I'm sorry?

KD: What two women did you live with?

CP: Um, I lived with Joyce Price.

KD: Mm hm,

CP: And Mary Knepp.

KD: OK.

CP: Both of these women have passed away, unfortunately. Um, I think I've had such a lucky life. You know, I just. During my residency in um, the third year of my residency I got married. And, I had, um, my son, in the fourth year of my residency. No, in the third year of my residency. I think I got married, well I guess I must have gotten married in my second year of my residency and then uh, had my son in the third year of my residency. Um, but I didn't have my daughter until, um, I went to Pennsylvania Hospital.

KD: OK.

CP: So that was pretty interesting too, when I went there, because I was already, uh, four months pregnant, and so I- I had to tell the guy, say "Look, I'm going to have a baby, you know, two months after I get here." He said "Fine, that's fine. You know, whatever." But in those days you really didn't have a long maternity leave so I was back at work in a month.

KD: OK.

CP: {LG} I mean, just, it's just one of those things they really -- I mean they supported women, but you still had to pull your weight and you still had to be there as much, as much as possible. I think women today have a lot better time, um, when they have kids and, maybe not so much fun getting health- you know, childcare, but nevertheless I think they have a little bit easier time then when I first started out.

KD: Yeah, um, so could you expand on that? Kind of how having kids affected your practice and your time in medicine? In your residency and onward.

CP: Well, I think, I think that having kids, um, makes it so that you really have to practice in a group, you can't be just a solo practice. Um, because you do need to uh have people cover for you if you have emergencies, if your kids are really sick, or if you really need to go to get them. You have to have somebody, you have to have somebody else in the group that can pick up

your slack. Obviously you're going to do the same for them. But, I don't think you can be in a solo practice and have kids and have a family and, you know, try to take care of everything at once. Um, in those days I think you had to take care of everything yourself. Do you know what I mean? You had to make sure that everything was -- and I did not have live-in help. I had a woman, um, who took care of multiple children, before daycare centers, and um, near where I lived, and I could just drop the kids off when they were really little. And when they went to school they could take the bus back to where she lived.

KD: OK.

CP: So I had a system worked out that worked really well for me. But I think in today's world it's, it's a lot harder -- that part of it is harder because, you know, just like this daycare center not too far away where the five-month old baby died. I mean, you just, you really worry about that.

KD: Yeah.

CP: You really worry about that, and worry about your daycare for your kids. But I, I think in those, in those days you, and that's how I felt about it, that you really needed to be in a group practice if you're going to have a family.

KD: Mm hm.

CP: And that worked out really well for me. And also, also, my husband was, um, had a, was, had his own business and so he had a little bit of flexible time too, so that if the kids had a problem getting out of school or whatever he could take care of that, because that, that was pretty far for me to -- being downtown.

KD: Sure.

CP: It was hard for me to, um, you know, take care of that situation.

KD: Yeah, that's great. Um, so going back to just after graduation, can you tell me, in a little bit more detail where you worked and what you did for your residency and, uh, where you went after that?

CP: OK. After uh, I finished at Jefferson I went to Chestnut Hill Hospital and did a one year internship, which was a rotating internship, doing um, I guess it has to be, four months of medicine, four months of surgery, and four months of O B -- O B G Y N.

KD: Mm hm.

CP: Um, and then, at the end of that, I came back to Jefferson and started in radiation oncology for a year and then transferred into diagnostic radiology and finished my residency, which was a four year residency at that time. Uh, at the end of that I started working part-time, um. Actually, after -- yeah, at the end of my residency, when I was a fourth year resident and after I went on the staff at Jefferson for the first year, after I finished, um, I worked part-time at uh, a private office in Chestnut Hill, which was near Chestnut Hill Hospital and I sort of made that association before I had left Chestnut Hill Hospital and um, I, I read um, films for, uh, a private guy who was

a solo practitioner in radiology. I did -- ran his office for one day a week. Um, and then, through that man I found out that there was an opening at Pennsylvania Hospital at Eighth and Spruce. So I went and interviewed for that and got that job. And um, in that job I uh started -- I was the youngest radiologist there. And so I was the only one trained in angiography and interventional radiology. So I started doing that, despite the fact that I was pregnant and had to wear two aprons {LG}.

KD: {LG}

CP: {LG} Two aprons to do all this, this -- two lead aprons to do all these procedures. But I started doing that. And then that progressed -- radiology, diagnostic -- I'm sorry, interventional radiology progressed tremendously. And uh, so did mammography, and I uh was involved in a mammography project here at Jefferson, which was thermography.

KD: OK.

CP: And um, I read thermograms for this research project, and I managed to talk my boss at Pennsylvania Hospital into getting a mammography machine, which was one of the -- outside of the teaching institutions of Jefferson and Penn, was one of the first mammography machines in Philadelphia. And we had a thermography machine as well. So, I started that. Um, the interventional radiology progressed and eventually we had uh, another recently trained resident who was two years behind me in the residency at Jeff, who did his time in the service and then came back and started working at Pennsylvania Hospital. So he and I split the angiography, interventional radiology, uh, responsibilities. We, while were there we bought, picked out, and organized about three new angiography rooms, which were really nice. In, um, late, I guess the mid, late eighties, um, we opened a women's center, called the Breast Imaging Center, at Pennsylvania Hospital, which was remarkable in the fact that mammograms were done, they were read immediately, and the results were discussed with the patient. So this was the first one in Philadelphia where the results were actually discussed with the patient.

KD: OK.

CP: And what we did was we triaged the patient as well. So if the patient needed to have a biopsy, we saw suspicious findings there, we would call the referring physician and kind of orchestrate an approach before the patient came in. So if the patient came in and we said, "Look, you need a biopsy, I've talked to your doctor, he has recommended this surgeon, I've spoken with this surgeon, the surgeon will come and see you or you can go and see the surgeon." So that we kind of orchestrated the initial care for this patient, which the patients really appreciated.

KD: Of course.

CP: They , I mean, and if we had to do extra views or whatever, they were done immediately. If we had to do ultrasound, that was done immediately. So that this center kind of became a model for other centers around Philadelphia, including Jefferson {LG}.

KD: OK.

CP: Eventually, and financially, it became not possible to do that. And so that's what's happened everywhere. You know, you can't really have online, basically readings, uh, but it was, it was a good thing then. So that progressed. Um, in nineteen, um, ninety eight, nineteen ninety seven, my boss said that he was going to retire in a year and uh they wanted -- he wanted a replacement, um, chosen.

KD: Mm hm.

CP: And, of course the hospital did not come up quickly enough to develop one by the time he wanted to retire so he asked me if I would be the acting chairman for a year, which I was, I was the acting chairman of that department for a year as well as the residency program director. So, by the time I retired in nineteen ninety nine, December of nineteen ninety nine, uh, I'd had a year, a little over a year of being the chairman and being the program director, which was, um, pretty tough. So I was ready to retire. Six months later I got a call from Lehigh Valley Hospital because the non-medical director of our department at Pennsylvania Hospital had left Pennsylvania Hospital and gone to Lehigh Valley to organize their department and she knew that I knew mammography and they needed a mammographer. So I went to Lehigh Valley Hospital and worked part-time for the next four years. {LG}

KD: OK.

CP: And then I retired again! {LG}

KD: {LG} Did it stick that time?

CP: That, that st-

KD: OK.

CP: That was the end {LG}. So it was -- I've had a, a really great career, one that was very rewarding and uh, it was har- very hard to leave. So, you know, when I got that call in six months after I had retired, I thought, "You know, this is really great. I really like this." {LG}

KD: That's wonderful.

CP: Plus the fact when I went to Lehigh Valley Hospital I had no administrative responsibility.

KD: Nice!

CP: I went in (fist thump against table) and I did my job and I went home. That was it! {LG}

KD: That's excellent.

CP: So, that was good.

KD: Yeah. So looking at radiology as a field, did you notice any changes from when you started in the sixties and when you left in the late nineties, early two thousands?

CP: Yes. Tremendous, um, technical advancements to C T and the M R I, um, tremendously advanced. Um, now mammography, um -- we did not have um, digital mammography, but that certainly has become, um, a great resource. Um, and all the um, digital imaging and the transfer of information via computer, all of that is, you know, way beyond what, what I did, you know, so that, that's really great. As far as, um, women go in radiology, there's been a tremendous influx of, of women into radiology, into not just, um, local departments as in Jefferson has a head of radiology who is a woman, but in all of, um, organized radiology as well. You know, in American College of Radiology, um, there are many women in very responsible positions, and many very well-recognized women in radiology, which there weren't at the time that I started.

KD: Yeah.

CP: So this has been a tremendous change as well.

KD: Mm hm.

CP: Which, you know, I'm totally in favor of {LG}.

KD: Oh, of course! So, when you started there weren't very many women in radiology.

CP: Weren't. There weren't very many women in, in medicine!

KD: Well that's what I was going to ask you about, did you have any mentors or role models?

CP: No.

KD: Women you knew who were doctors?

CP: No.

KD: OK.

CP: No. So we just, just started and did it {LG}.

KD: Yeah. That's exciting though!

CP: {LG} But I think, I think the women that were in my class were all pretty outstanding women.

KD: Yes.

CP: Pretty, you know -- because I don't know if you know, um, Carol, who became a pathologist.

KD: I don't know her.

CP: She's an amazing woman. And Amilu Martin, who's an amazing surgeon. Joyce was an amazing person too. Um, Joyce and I and Mary lived together and um Joyce was actually physically attacked in her senior year. And her hands were bound together so tightly that she had nerve damage in her hands starting her internship, so, which she did at Pennsylvania Hospital. So they, they knew that in a certain amount of time the feeling was going to come back

in her fingers, so that they changed her internship rotation so that her surgery rotation was when the feeling came back into her fingers.

KD: OK.

CP: So um, that was wonderful. So, Joyce -- I had moved out of the house when Joyce had this attack and so she came to live with me in a one room apartment {LG} that we lived in in about seventeenth street. So that was, that was pretty interesting. We, we got through that too.

KD: Yeah. And she went on to become a surgeon, correct?

CP: Yes.

KD: Yeah, that's wonderful.

CP: Yeah, she was -- her mentors were um, John Templeton and Stan Smullins. You probably, I don't know if you know Stan Smullens.

KD: I don't.

CP: He's -- I don't know if he's just passed away or not, but I, I don't think so, but he's one of the alumni bigwigs at Jefferson. And um, she, she really looked up to him. And his -- he was a semi-contemporary. I think she was -- he was only a couple years ahead of her, but he was, um, a, a light, a light. And then I don't know if you know David Paskin who is also, um, just, I think just retired here. They just presented his portrait, um, last year, and he was at Chestnut Hill, just ahead of me. He was, um, at Pennsylvania Hospital and he was, uh, here at Jefferson, so you know, just some of these people you know you just keep seeing again and again.

KD: Yeah.

CP: But he -- they were, they were definitely mentors for, for Joyce.

KD: OK. So are you still in contact with a number of the people who you met through Jefferson?

CP: Not really.

KD: OK.

CP: Not really. Um, I -- my husband and I, um, bought a farm in Chester County when, when the kids were just like nine and eight years old.

KD: Mm hm.

CP: And living so far away made social life a lot more difficult.

KD: Yeah.

CP: But it made my kids very independent. Which is good {LG}. So, I really, I really don't have that much contact. Um, I've talked to Nancy several times.

KD: Mm hm.

CP: Um.

KD: And she's in Florida now. Right?

CP: Yeah. Oh did she move there permanently?

KD: I don't know. I know she's there right now though {LG}.

CP: Yeah, right now I'm sure she is {LG}. I think they go there in the, in the winter, yeah. Um, I've talked to her several times. Um, but we're not close. You know, we were never -- we weren't close in medical school and we've never really been that close, um, since then. It was more the people in my residency group and the people that I worked with for twenty-seven years that I'm closer to.

KD: Of course. So are there any other topics you'd like to talk about that we haven't brought up yet?

CP: Um, no. I just think that, um, things are so much different today. It's hard, it's hard for me to -- to figure out how these people's lives can go on {LG}. Do you know what I mean? I don't know how women today can balance all of this because um, it's, it's very difficult. It's very difficult to have a family, to have a full-time career and to manage all this when you're, when you're in thirties I think you can, you can do that pretty well. Um, but it's still, there are still, it's still hard and I'm just so thrilled to see so many women in medicine, so many women with full-time jobs. Um, because their brains are not being wasted.

KD: Yeah.

CP: {LG} I, I think you know what I mean about that {LG}.

KD: I do.

CP: Obviously you're here, so, you know, you feel that you, you really want to do something with your life other than just um, you know, just stay at home.

KD: Mm hm.

CP: Um, I was having some trouble in my first year in histology, and I remember my professor just looked at me and he said "You know Miss Parry, there are other things besides medicine. You can stay home and have a family." I thought "Ah kay." So that galvanized me to work harder {LG}.

KD: Definitely!

CP: That was a very -- not a very sensitive thing to say. Ha, but.

KD: So did you take any time off or work part-time at all when your kids were young? Or did you work full-time?

CP: I just worked full-time. Full-time the whole time, yeah.

KD: Mm hm.

CP: So, it's, it's like my daughter said, "Mom, we turned out OK even though you didn't get to our games." {LG}

KD: That's alright.

CP: Yeah {LG}. I, I really don't have any, um, advice, or, um, other observations except that, um, I'm so happy to see the class be so diversified. To see how much people, the medical students today are involved in, um, good work in helping people who are less fortunate. Charity work, basically.

KD: Mm hm.

CP: When I was in my internship at Chestnut Hill Hospital there were, there were wards where people who couldn't pay were taken care of.

KD: OK.

CP: That doesn't happen anymore. Today you have to go through social service or they have to go through Medicaid and all the rest of it so someone pays for it. But I think part of that is because medicine is so expensive now.

KD: Sure.

CP: Which it wasn't quite as expensive back in the sixties and seventies {LG}.

KD: Any other thoughts or comments or memories you'd like to bring up?

CP: No, no.

KD: OK.

[End of recording]