

**March 27, 2015 – Bonnie Lee Ashby (JMC 1968) speaking with archivist Kelsey Duinkerken in Bryn Mawr, Pennsylvania**

*Guide to abbreviations:*<sup>1</sup>

KD: Kelsey Duinkerken

BA: Bonnie Lee Ashby

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

KD: OK. Could you start off by telling me a little bit about yourself, and your name?

BA: My name is Bonnie Lee Ashby, and I was born in nineteen forty two in Westchester Pennsylvania. And my father being a pilot, we lived in many cities, initially in Chicago and then New Jersey and then Colorado and then Long Island and then back to New Jersey. So I went to a number of different public schools. Graduated from Manhasset High School on Long Island, went to Wilson College in Chambersburg, and went to Jefferson Medical School. Graduated in nineteen sixty eight. Did my internship at Bryn Mawr Hospital, my medical residency at Bryn Mawr Hospital, and my fellowship in infectious diseases at Lankenau Hospital. I came back to practice in Bryn Mawr, and I've been here ever since.

KD: OK. What made you decide to go into medicine?

BA: When I was five my mother became pregnant and got German measles, and my brother was born with congenital heart disease. It was very difficult to understand, as a little girl, why my brother was blue. And as he grew up and I grew up I determined I needed to be on the side of the health care providers, 'cause I needed to know how to take care of my brother. And I did do that. He died having definitive surgery when he was thirty-five. In the meanwhile though, he didn't like male doctors, because his mental image of all physicians, they were women {LG}. And when he had to go see a cardiac surgeon who was a man, he didn't like it. But it was a just a different paradigm.

KD: Sure.

BA: You know, now that paradigm is normal.

KD: Mm hm.

BA: But back then there weren't many lady doctors.

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<sup>1</sup> 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](http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf)

KD: Sure.

BA: And you hunted all over the place for a female heart surgeon. There was no such thing. That was in the eighties.

KD: OK.

BA: When he had surgery.

KD: Did you face any obstacles once you decided to go into medicine?

BA: No.

KD: From your family, friends, anybody?

BA: Not any at all.

KD: OK.

BA: No. And going to Jefferson, I think I was the second or third class that had ladies. There weren't very many of us. But there was no issue. Everybody was very lovely. I don't remember any male-female adversities at all in medical school.

KD: Mm hm.

BA: And many of my classmates also were in practice in this area. I don't think any of them are still in practice, but.

KD: Sure.

BA: You know, a lot of my friends came here to practice. As a matter of fact, our internship, there were three from our class that were interns at Bryn Mawr, out of seven.

KD: Mm hm.

BA: So that was, that was good. I don't know what happened to everybody, but um mostly I think they're fine.

KD: Yeah. So could you tell me about your time at Jefferson? So starting off at medic- medical school, and then any memories you have about the professors, the students?

BA: Sure. I graduated from a, a woman's college in an idyllic, uh, Bible-belt of Pennsylvania. And, where we had -- we ate -- we dined on, uh, linen table cloths, we had to dress for class, we wore our cap and gowns as seniors to class, we had to go to chapel every day. And in the summer that I started medical school there were race riots in Philadelphia, and it was very hot. And I couldn't afford any housing in Center City because my allowance that my father could afford didn't afford, uh, the expense. So I, I rented an apartment in Mount Airy, with another Wilson graduate who was teaching school. And we lived in that apartment, which was a basement apartment, for all of medical school, and I commuted on the Reading Railroad. And I

do remember being poor {LG}. I definitely remember the, the culture shock going from that idyllic place where I had gone to college to the city of Philadelphia and riding the train every day and then walking five blocks to Jefferson, during a terrible time when it was very very hot. The Vietnam War was on and there was huge unrest. And nothing was air conditioned. And I remember being in the anatomy lab, with all those men, and all those dead people {LG}, and the smell, and the flies, and the fans, and the painted canvas floor covered with slime. I do remember that pretty well.

KD: {LG}

BA: {LG} It was kind of awful. Um, and the first day of anatomy I -- one of our -- there were four of us to a cadaver. And I was thinking, you know, am I going to faint, what's going to happen? Am I going to be the weak sister here? And I turned around and somebody said, "Don't tell me I have a female lab partner." And I turned around and my nose bumped into the belt buckle of my lab partner that I had not yet met. He was six eight.

KD: Oh wow.

BA: And I'm five four. We stayed together as lab partners throughout medical school, and he became an obstetrician. And he has retired. He lives out at Hershey's Mill. But, I was like, "Oh my god, are you tall."

KD: {LG}

BA: So he would do all the dissecting and he was very bossy and I would read to him. And {LG} it, it was fun. It was fun -- it was very different. It was just like, woah. And we dissected the whole body. We didn't have plastic or models or anything like that. We had a corpse. And um, you know, histology we looked at actual tissue in slides. It wasn't -- there were no computers. Hadn't been invented yet I don't think. Everything was a hands-on experience. And it was hard. The first two years were so hard. And they told us that we would have, have to have a seventy-five in each subject to go on. And they wouldn't send us our grades, they would post them on lists. And I could never see. Everybody would be in front of me.

KD: Sure.

BA: And I'd say, "Gil, what did I get?" And then we only got a, an H -- a high pass, a pass, or, or a fail. We didn't have like numbered grades. We didn't get them until the end of our second year. And man I went through by the skin of my teeth. I really -- 'cause I was short on money, so I would, I would, in the apartment house where I was, I would take in shirts and iron them while I studied for people and hang them on their door, and I would get a quarter for each shirt.

KD: Mm hm.

BA: So that I would have extra money. And during the summer, um, I got hired by the anatomy department to dissect babies that had, uh, that were, that had died at birth. And I dissected dead babies all summer. Well, that was like a standing joke. {LG} "How many babies did you cut up today?" But um, it you know, it was really, it was really fun.

KD: Mm hm.

BA: I can't -- it was just very hard. I remember being very worried that I wasn't going to be able to do it because it was hard. And you had so much to learn and so much to memorize and so much to reproduce. And where I had gone to school nothing was, um, an objective test. They were all subjective.

KD: Mm hm.

BA: You would write your blue book exam.

KD: Yup.

BA: Get to Jefferson, and everything's either true false or true true, false false or true false, not true. And I had, I just had a terrible time converting from being a, a fluent thinker to being a stop with the fact thinker. And, I still have a little trouble with that, on those kind of tests. 'Cause you can think of all the different parameters that might make it a different answer.

KD: Mm hm.

BA: Because that's the way I had been taught, to think of everything. So somehow I made it {LG}. The Internal Medicine Boards were fairly, fairly stiff. Um, but, we, because of -- I was sort of grandfathered in, we took one more recertification boards in the eighties. Now they have to do it every ten years. But they're not making us do that, which is probably good, because it would be hard for us to go back, and do it again.

KD: Mm hm.

BA: Last time I took board certification in both my specialties, uh, in the eighties, I passed, and I thought "This is it. I ain't doing this thing again." {LG}

KD: {LG}

BA: "No more of this!" 'Cause you're being tested all of the time anyway, and why the government and the powers that be feel necessary to torture, literally torture physicians with these exams is beyond me. 'Cause you, you can't work without being tested. Of course now everybody carries a P D R, Hippocrates, uh, Harrison's Textbook, in your phones.

KD: Sure.

BA: You can look it up all the time. And so you don't have to memorize it, if you don't, if you don't incline to. Sometimes you remember it anyway though. But I whip this thing out for the drugs all the time. 'Cause I can look up anything that I need to look up when I'm with a patient. And there are so many new medications. The one thing that my generation of physicians had no training in, zero training in, is genetics. And now that they are able to describe genes

KD: Mm hm.

BA: Understanding D N A and all that, I kind of wish I could take a two-month course to understand what they're talking about a lot of the time. And we get long consultations from genetics screenings and genet- genetic counselors and everything is referred to in letters and numbers. I have no -- I mean you might as well talk to me in, in Pig Latin. I don't understand it.

KD: Mm hm.

BA: And -- or Swahili. I just, it's beyond me. But, it -- there, there's nothing I can do about it. And I don't think anybody is going to retrain me at my age. Or offer to. However, still taking care of people is the best fun. And no matter how much the government sticks its nose in, and no matter how much the insurance company wants you to do this that or the other thing, it's still the same. The doctor and the patient.

KD: Mm hm.

BA: And I don't think, I don't think it's going to change. It's a little disconcerting to me know when I, when I see a younger doctor, who is more freshly trained, and I enjoy that fresh training, but they can't write. And they can't really express themselves very well because that's not what they do. And I have, I have a large, um, um -- C C R C, it's the Quadrangle in Haverford where I've been the medical director for a couple of decades, and I had the privilege of having a young Jefferson graduate come there to work a couple mornings a week. The charts there are the old fashioned charts without -- there's no computer.

KD: OK.

BA: They're hand-written charts. And, the young doctor said, "Do you mind if I just see patients with you for a little while? Just to see how the flow is and how we do it." And I said "Not at all. Why don't you just follow me around for a day or two." And um, she was very quiet. You know, she was listening, she was laughing, but she was very, very quiet. And after about five patients worth I said "What's wrong?" And she said, "Well, I've never seen a hand-written chart, and I'm not quite sure how to do that." And it took her a very, very long time to be able to not click a choice box.

KD: Interesting.

BA: But to write what was happening, because the way the electronic records are you pick.

KD: Mm hm.

BA: You don't -- you can free-text.

KD: Sure.

BA: But it's quicker to pick.

KD: Mm hm.

BA: And actually, she's now been there a couple of years, and she does fine. Her charts {LG} her charts are very nice. And she, she was taught to write. Even younger doctors can't write. I mean, they, they're not taught cursive writing, so they have to print.

KD: That's crazy.

BA: Yeah. Can you write?

KD: I can, yeah!

BA: Good!

KD: I learned cursive I think in third grade {LG}.

BA: Third grade yeah. They don't teach that anymore, in many school systems. And the people that are from the west, it's been longer without.

KD: OK.

BA: And if you go to Catholic school, or private school, you can still write.

KD: Mm hm.

BA: You know, but public school no.

KD: Interesting.

BA: Yeah. Um, and I think it's fine. But, you can't really probably imagine it, but to have the computer beca- become the thing after uh, you know, thirty-five years of practice, that was a little sticky to learn.

KD: Mm hm.

BA: That was hard! My biggest problem with the computer is it's boring. You know, the same pages, the same forms. Patient after patient after patient you have to fill in the same thing, all the time. And it's just like, I go "Ugh." It is just not very interesting.

[Recording paused to close door]

KD: Alright. So do you mind if we go back to Jefferson briefly?

BA: No.

KD: Do you have any other memories of students or professors?

BA: Yes, uh, I have lots of memories. I'm not sure what you're interested in.

KD: Anything you're interested in sharing.

BA: Well, I remember that the professor that was my boss, the summer that I was dissecting the uh, babies, was really quite a character. And they called him the velvet harpoon. I could never

quite figure out exactly what that meant {LG}, but that's what they, the gentlemen called him, the velvet harpoon. And he was handsome, and smooth. And you know, you were fascinated. And we'd sit in those big amphitheatres and look down at what they were teaching. Um, are you familiar with the famous Eakins painting?

KD: I am, yes. The Gross Clinic.

BA: Yeah, the Gross Clinic. Well, that's the room we sat in for our anatomy lessons, and, he, I think he was an older gentleman, I -- I'm not sure -- I don't even know what became of him, but he was a marvelous lecturer, but apparently a rather stern grade-giver. However, I do remember what a slick fellow he was. Um, when we went back -- when we left, um, the, the Clinton Building<sup>2</sup>, where we, I mean where we studied anatomy and we went to the College, I remember we had a microbiology professor who was brilliant, and it was his influence that made me want to become an infectious disease specialist. Because he made microbiology positively interesting. And, I, I, I, I can't quite explain. He had a, a charisma about bacteria that I won't forget. He explained how bacteria really are like plants. They have certain growth conditions, certain nutrients that they need. Uh, just like you wouldn't plant a tulip in the clay, you won't plant, um a, a bacterial culture in anything that it won't grow in, or you won't get to see it. And extrapolating that now to where they have just invented these tiny chip, computer chip forms where they can take soil and isolate one bacterium. And they're doing this now and this bacterium is found to elaborate a substance to which all microorganisms so far tested will be killed. And no chance of resistance. I don't know if you've read about that.

KD: I have not.

BA: Oh, it's fascinating. An- and it just took somebody figuring out how to -- 'cause the soil has everything in it.

KD: Sure.

BA: How to isolate what's in the soil. And the science, the computer science, has made that uh, not only a possibility but an actuality. And when we have those kind of antibiotics, I --will we still have disease? Well certainly we'll still have disease, but we won't have this horrible problem of resistant microorganisms that are occupying our entire environment and altering, you know, how we treat patients. We've gotten so we're afraid to give antibiotics.

KD: Mm hm.

BA: Because, A, they might not work, or B, we're gonna give them another disease. So that's coming. I won't be in practice long enough to see that happen. I probably won't even be alive long enough, but it will make a huge difference. I -- just amazing. And I often wonder if that professor, who taught so well, would, he would be -- I'm sure he's long dead -- but he would be so pleased that that kind of thing happened. I had the privilege of having my hematology professor from when I was in medical school become my patient.

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<sup>2</sup> Daniel Baugh Institute

KD: OK.

BA: Some years later. And he had gone blind. He was very hard of hearing. He was a brilliant man. And um, I was so flattered that he became my patient, I was just beside myself {LG}.

KD: {LG}.

BA: I didn't {LG} I didn't know what to do. I thought, "Oh, my god." And he -- we had a very good relationship. He's passed on now, but it, it was really lots of fun. And subsequently I have, as patients, seen a number of my teachers over the years. And it, it still gives me kind of, uh, heebie-jeebies. Be to -- to be treating, uh, uh, you know, someone that taught me, either basic science or um clinical science. I didn't have many clinical years at Jefferson. We were farmed out. We were a huge, huge class. And so, for example, I had obstetrics at uh, Cooper. I had uh, orthopedics at P G H, which is no longer existing. Um, my medical training was mostly at um, what's the hospital in Flemington, uh, Hunterdon Medical Center, and I did a lot of training at Chestnut Hill Hospital. But I didn't have any clinical rotations actually in Jefferson.

KD: OK.

BA: Um, none. They had us everywhere. And I think, th-, some, some kids were lucky enough to, to train at Jeff, but, if you can imagine, they had, what, six hundred medical students.

KD: Mm hm.

BA: I mean, it was a big school. We all smoked. We sat in lectures and there were ashtrays built into the arm of the auditorium chairs. And you, {LG}, studying histology in this big auditorium, the smoke! You'd go, "what is on that slide?"

KD: {LG}

BA: And um, you know, we didn't all die from cigarette smoking, and I don't think there is -- you'll find a doctor alive now that smokes.

KD: Yeah.

BA: But, at that time, everybody smoked. And all our parents smoked. And everybody in the world smoked. And thank god that era is over. But it was funny. I mean, you know, and they had the ashtray right there {tapping the arm of her chair}.

KD: Yeah, I didn't notice that.

BA: And of course my partner Gil, he never had a cigarette. He was -- we just called him the bum. He would bum cigarettes from everybody.

KD: {LG}

BA: And, you know, we were -- not anybody in, in med- -- when we were in medical school had any money. I mean we were all there, some of us under scholarships, some of us, some of us with loans, but just right across the board we didn't have any money so we couldn't do anything



that was big or expensive. A lot of us would go together to um, the concerts in the park. And sit out on the grass and enjoy that. Um. Didn't get -- we didn't have enough money to go to shows. Sometimes we had enough money to go to movies. Uh, the guys all had fraternities, and the women were not part of that.

KD: Mm hm.

BA: And you know, I did feel a little left out, not being in a f- -- I mean, they didn't have sororities or fraternities or anything.

KD: Sure.

BA: And um, I, I think that's all changed now. I mean, I don't know, but you -- sometimes, you know, they, the guys, it would be Friday night and everybody is going home, and I had to go catch the train, and they would be all going to a party. And I'd, I felt lonesome then.

KD: Yeah.

BA: Yeah. Um, and sometimes I didn't have enough money and I'd go through all, in the Reading Terminal, I'd go through all the phone booths looking for enough money to buy a paper. And I -- you could always find money.

KD: OK.

BA: {LG} You'd find a dime, and, or somebody'd drop it when they were making a phone call.

KD: Yeah.

BA: And so I'd often have a, have a paper. And then finally I made a friend on the train, because we always took the same trains. I -- I lived close enough to the train station I could get the seven thirteen if I got up at seven.

KD: {LG}

BA: {LG}

KD: Wow.

BA: I'd tear out there and grab that train. Um, and I found another medical student, who has since died, but he and I rode back and forth on the train for years. And when it came time to graduation and my parents had come and they were staying in a hotel and everybody was very excited and we were going to graduate and my father said "Why don't I drive you down for your graduation?" I said, "You know, Pop? I'm going to take that train one more time."

KD: Mm hm

BA: And it, it stopped, you know, all the way downtown, Tioga, Fishtown, deedeedee, deedeedee. And that was really fun. I never took it again. I took it on my graduation day, walked

over to the Academy<sup>3</sup>, graduated, and never saw that train, Fishtown, Tioga, or anything else ever again!

KD: {LG}

BA: But I was -- it was a fun thing. I graduated when I was twenty-five. And then we, we had uh, I think, two weeks off, and I moonlighted at uh Chestnut Hill Hospital with four other classmates. And we had a blast. And we were well-paid. And they gave us a place to stay out there in Chestnut Hill in an old house. We had more fun -- and you know, we were doctors.

KD: Yeah.

BA: Ooh. {LG} That was really very important. Um, and then when we started, you know, internship, that was just like uh -- it was the same as medical school. You're back to being a grunt. And you know, when you were a medical student, I don't know how it is now, but we did everything. Put in catheters.

KD: Mm hm.

BA: Put in nasogastric tubes, started I Vs. As senior medical students. Y- -- and I think now they, I don't know how much they actually get to do.

KD: Yeah, I'm not sure.

BA: I don't think they get to have quite as much fun as we did. 'Cause that was really -- when you finally got to be someone doing something to someone, whether taking a history, that was really fun. And Jefferson trained clinicians. I'm sure they still do. Uh, people who took care of people.

KD: Mm hm.

BA: When I started medical school my mother was so proud because I was going to a medical school that every doctor she had ever known in her whole life had gone to. 'Cause Jefferson made more practicing physicians than any other place. And it wasn't hard to find a Jeff graduate.

KD: Yeah.

BA: 'Cause it's such a big school. And even now, you know, if you start doing surveys, there are Jeff grads all over the world.

KD: Mm hm.

BA: Now it isn't Jeff anymore.

KD: That's true. They did change the name.

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<sup>3</sup> Academy of Music

BA: I have three or four uh patients over at the Quadrangle that went to Jefferson, and they are creating a stink about the change in names. Writing letters, coming together, having meetings.

KD: Mm hm.

BA: They are beside themselves. Now they are a generation older than I am, and they've been retired for a long time.

KD: Yeah.

BA: And they're really. Well, Gerry my partner and I say, "Well, OK, what name do -- it doesn't matter. It's the same place."

KD: It is the same place.

BA: And the, the gentleman that it's being named after certainly gave a lot of money.

KD: Mm.

BA: But I don't know, I don't know how the other students feel about it.

KD: I'm not sure how the uh, students now feel. The people I've heard from are from your generation and older who are communicating with the Archives. So.

BA: Are they?

KD: Yeah.

BA: Well I don't really care, but. And I don't think Gerry cares. Gerry's ten years younger than I am. But Dr. Magee and that crowd over there at the Quadrangle. Woo! {LG}

KD: {LG}

BA: They won't even -- I mean, I don't even want to bring it up.

KD: OK.

BA: Because they get so.

KD: So touchy of a subject.

BA: Oh my god in heaven. And I don't think -- I don't think it matters. We went to Jefferson. Every d- -- our diploma says Jefferson. So calm down.

KD: Yeah.

BA: You know, that diploma is enormous. I don't even know where mine is. It's too big to hang anywhere.

KD: Oh, is it one of the really big ones?

BA: {approximates size with her hands}

KD: Oh, that -- I haven't seen any that big! Wow!

BA: I don't think, I don't think it's, I don't think I don't think I don't know if I hung it. See, we moved into these offices relatively recently.

KD: Yeah.

BA: And see, this is the one that I hang.

KD: OK. The Alumni Association.

BA: Yeah, and that, that's the one I hang because the other one's just -- I try, I can't remember.

KD: Yeah, most of the ones I've seen.

BA: Are they better?

KD: I haven't seen any from the sixties, but at least the ones from the eighteen hundreds are about so big {approximates size with her hands}.

BA: Yeah, they're big. I think mine is the same size as the eighteen hundreds ones.

KD: OK.

BA: Um, and you had to pay extra to frame them.

KD: Yeah.

BA: {LG} Because they're, they're not a standard size. And it says, you know, it's in Latin, but it talks about this gent-, this fine gentleman.

KD: OK.

BA: And I thought, "Couldn't you have changed that? Changed it?" 'Cause there were a few fine ladies that graduated. I'm sure it's different now.

KD: Probably.

BA: You know, but um. And if you don't read Latin, you, it doesn't matter. Doesn't matter.

KD: Yeah.

BA: What else do you want to know?

KD: Could you tell me more about your internship and residency? You said those were both at Bryn Mawr, I think.

BA: They were at Bryn Mawr, and uh, at that time we did a rotating internship.

KD: Mm hm.

BA: As opposed to deciding what you want to do, you had to do everything. Um, and the rotating internship was really a lot of fun, and I think the younger doctors now miss, miss all that fun. I had like a, you know, a six week rotation in the emergency room. Uh, and a six week rotation, you know, in an I C U where I just sat in I C U all day long, and that was real neat. And you know, a two month of delivering babies. I mean, I loved that.

KD: Yeah.

BA: It was really fun. I didn't want to be an obstetrician, but I, I did like delivering babies. It was really fun. And the doctors let us deliver. We were there.

KD: Yeah.

BA: We got to do a lot. And of course they would drag their feet getting there if it was going to be a normal delivery so we could do it. And right now, this is interesting, I have uh a fellow over at the Quadrangle who is a retired obstetrician and when I was an intern, my housemate, who stayed my housemate all the way through medical school, and I lived in Bryn Mawr in a little apartment. And she was dating a young man and got pregnant. And so, uh, she got married by Justice of the Peace, and I -- the three of us then shared an apartment {LG}.

KD: {LG}

BA: But anyway, when it came time for her to deliver, the obstetrician let me deliver.

KD: Oh fun!

BA: My good friend. And, uh, sign the birth certificate, and it was just, it was just amazing. Susan was my very best buddy, and I delivered her first baby. And we just had our fiftieth college reunion.

KD: Mm hm.

BA: And she stood up in front of everybody and told them about it.

KD: Oh, that's incredible.

BA: Yeah. And he's, he's a lawyer now in Washington. Um, handsome guy, too. But I never really knew him. They moved away shortly after he -- the birth, but I was so flattered that Susan at our reunion talked about it happening. And David, of course, fainted.

KD: {LG}

BA: So I'm showing Susan the beautiful little baby boy and Dave is like fshhheww.

KD: Hahaha.

BA: But anyway, that was fun. And so anyway, Dr. Doyle, who is over at Quadrangle recovering from a hip fracture, remembers standing at the door, he didn't even scrub in.

KD: OK.

BA: And telling me that I could just do the whole thing. And I thanked him for it. And he does remember doing it. And he does remember David fainting.

KD: {LG}

BA: 'Cause, I guess at that time the- they didn't always allow fathers in the room. But Dr. Doyle was more uh, for- fore-thinking and he -- but, but, I wish he hadn't. Because then we had to figure out what to do with baby, mother, and this unconscious man on the floor.

KD: Yeah.

BA: {LG} The nurse caught him. He didn't hurt his head or anything.

KD: OK.

BA: But he went -- he did go down. And it was, it's funny. They ended up with seven kids. And I said, "David, did you faint with all of them?" He said "No, just the first." So anyway, um, some, some part of the, our rotation was fun too in that I got to see all of these surgeries.

KD: Mm hm.

BA: If I had done a straight medical internship I wouldn't have gotten to see -- I wouldn't really know in my head what open heart surgery looks like.

KD: Yeah.

BA: Or what the living innards of people look like. I do remember scrubbing with a rather famous surgeon down at Jeff, 'cause we had one scrub rotation at Jeff, and, you know, we were senior students, and we didn't have any role except to hold things.

KD: Mm hm.

BA: And I'm short and I don't have long arms. And I'm, you know, I couldn't see. Nothing. I could see the back of somebody. And they -- he'd go, "Pull harder. I can't see." And of course, I don't know what he's looking at! You've got this retractor in your hand and you can't see what he can't see. And he would hit the back of my hands with that hemostat. And I didn't like him. And he was the chief of surgery. Didn't like him at all. He was famous too. He was one of the first guys to do cabbage, um, very very famous man. I won't name him. But I didn't like him, and then he was my patient. And he didn't know me from Adam. This was, you know, this was years later. And he had bad heart disease, and he had bad everything else. And I, I liked him again. Even though my hand -- every time I looked at him I went "Ow." Whack whack. "Oooh." Most of the time that, you know, you didn't hit bad stuff. It was mostly really nice.

KD: Mm hm.

BA: I mean, I think they treated the ladies exceptionally well. As opposed to some of the guys. I think we were, they were, we were like little spoiled princesses. They always looked out for us. My walk back and forth to the train, on occasion, was not real safe, and they would always, one of them would always walk with me. Even if they weren't going there. Somebody from Nu Sig, or one of the fraternities, would always make sure the ladies got to wherever they were going. And, I don't think they do that anymore.

KD: Probably not, ha.

BA: No. Are there more ladies than men now, aren't there?

KD: There are.

BA: Well, I think it's, it's fine. If you can't adapt to change you might as well just die. Right? Um, my residency was just an extension of my internship.

KD: Mm hm.

BA: It just was -- I just kept doing what I was doing.

KD: Sure.

BA: Except I didn't get to do uh obstetrics or surgery. And at the end of a couple of years I wanted to get a fellowship. And right then they changed fellowships from being a year to being two years. And I had almost accepted the Penn fellowship in infectious disease when, I'm not quite sure how it all happened, but the, this area needed an infectious disease specialist, and they offered to subsidize me if I would take my training at Lankenau and immediately go into practice here.

KD: OK.

BA: So I agreed to do that. Because they needed one so badly. And so for years I was all by myself as the only I D person. Uh, for a lot of hospitals. And uh, so my first few years of practice I spent running around the hospitals doing consults. And there were three or four of us, uh, in the area, and that was all. Now it's a very common sub-specialty, but at that time it was not. It was so uncommon that when I took my I D boards I was taking it with the guy that taught me.

KD: Mm hm.

BA: Because there hadn't been no boarding before that. Um, I mean, that was good for me because I got to see how other hospitals -- I went to Roxborough, I went to Chestnut Hill, I went out to Paoli, I went out to Chester County. 'Cause -- and even out to Phoenixville because they didn't have somebody.

KD: Yeah.

BA: You know, for more complex cases. So I got to sort of know and see everybody in the area. Um, and then, as they, as more people came then I could just go into regular practice. But I had a Corvette and I loved the drive {LG}.

KD: Mm hm.

BA: I'd just zing out there {LG}. I really had a good time.

KD: Yeah.

BA: Um, I can't think of anything bad to tell you. Awful experiences I didn't have. The worst part was I thought it was hard.

KD: Mm hm.

BA: It was not easy, it was just hard. Um, you know, it was hard when my brother had his surgery. We'd been waiting so long for somebody who could do it. And they didn't have the techniques. He had the Tetralogy of Fallot, and he had survived to the age of thirty-five. Just gotten married, had two kids. And he actually stroked out on the table. Uh, and that was, his, his wife, is still, very, very close. The boys are grown, but whenever we get together we still remember that experience. It was at the University of Alabama. The surgeon was Dr. Kirklin, who was a famous cardiac surgeon at the time. And we'd waited thirty-five years. We had followed all the papers and all the people. Billy had been to the Mayo Clinic, and that's where Kirklin was, and then he decided not to operate. And then it got critical 'cause his outflow track was blocking, and they had to operate. But, he lived approximately thirty years longer than they thought he would.

KD: OK.

BA: You know. I don't know if I would have gone into medicine if I hadn't had that need to know. When I was growing up in Colorado I lived next door to a famous pediatrician. Her name was Lula Lubchenco, and her husband was a cardiologist. And they had four kids, and the oldest of their four kids was my buddy. And all of us, except for their last child, became physicians.

KD: OK.

BA: And we are still in touch. I, I lived there, next door to her, for about seven years, and, uh, she was an inspirational type of doctor. And her husband was also lovely. And so, I sort of grew up in a doctor-y environment when I was young.

KD: Sure.

BA: And it was -- I'm sure it influenced me. I had already decided when I was five that I wanted to be a doctor.

KD: OK.

BA: But then, from then on until I was fourteen, I lived with -- our two families interchanged all the time, it seemed like the only thing you did.

KD: Mm hm.

BA: It was automatic {LG}.



KD: {LG}

BA: You became a doctor. And um, I'd -- the, the, my, my buddy Patty became the chief of, of forensic medicine for the state of New Mexico. She has now retired, but she's an expert on nursing home, um, abuse.

KD: OK.

BA: She's being called to court a lot of times to testify -- she's a pathologist -- to testify if that is nursing home abuse or not. And she can study the marks on it. And she still does do some of that work. It's very interesting work. Forensic pathology is like, you know, you see it on T V all of the time.

KD: Yeah.

BA: It's kind of, fun. But anyway, I'm still doing what I did a long time ago. And it hasn't changed much.

KD: OK. That was actually going to be my next question. How has your field changed, if at all? I know you mentioned computers.

BA: Well.

KD: But outside of that.

BA: The electronic health record.

KD: Mm hm.

BA: Has altered our method of delivering care in that we are having this burdensome thing to fill out which is apart from our meeting and talking and treating a patient.

KD: Mm hm.

BA: We have to somehow engineer and put into a fairly rigid program a very fluent, um, profession.

KD: Sure.

BA: Uh, we, we have to make a lot of subjectiveness very objective. And, peop-, peop-, older people have trouble doing that. I certainly have trouble doing that. You can't just put in there "patient is not feeling well." It won't go.

KD: Yeah.

BA: {LG} I mean, it'll go, but it doesn't go anywhere.

KD: Sure.

BA: And having to code, every, every lab test, that's difficult, because you have to assume the patient has something that encoded in there to get the lab test, but you may just be trying to find out if they have it.

KD: Yeah.

BA: And there is no rule-out code. And lab work is very expensive, and you don't want to leave things in people's health records that they don't have.

KD: Mm hm.

BA: So, you, you play a little out-with-the-computer game. You put it in, you order the lab work, you press order, place order, print, and then you go back in and delete, delete, delete.

KD: OK.

BA: But it takes forever!

KD: Mm hm.

BA: And it has nothing to do with delivering care. It's just, you know, it just takes a long time. And I think that's the -- people think the computer makes, um, healthcare delivery faster. It it def-, definitely slows it up a lot. I used to be able to comfortably see a patient every half-hour. I can't anymore. Um, I could if I didn't have all old patients that have ninety-seven things wrong with them. Because all of which has to go into that machine. Um, but because I've been in practice for so long, I bas-, I have a number of complex, multiple ailment patients. I quit doing consulting work in infectious diseases at the end of the AIDS epidemic. I, got burnt out, watching all those young people die. So, about the time that we finally had medicine, I quit doing consulting work in I D, 'cause I just, I couldn't watch another, another young man or woman go through that horrible illness. I mean, I watched hundreds of them die. Made house calls for their I Vs and their Pentamidine puffs, and all of that stuff during the, the end -- just as I was starting practice people were starting to have AIDS. So for those, those fifteen years it was awful. So I just decided I'm not going to do it anymore. I still do infectious diseases, but I don't do, um, hospital consults or anything. And now, I still have some of my original H I V patients. Forty years.

KD: Yeah.

BA: And they're fine.

BA: I'm treating.

KD: That's great.

BA: I'm treating them for obesity and high sugar and high cholesterol, and the, you know, the normal things of aging. And um, they're fine, with as far as the, the H I V goes. It's sort of ironic actually. But, it's, it's -- not much has changed though in, in the patient contact, and, and taking care of patients. I don't think people should be doctors though if they don't like it.

KD: Mm hm.

BA: I don't think somebody should be a doctor 'cause their mother was, or because they make a lot of money, because you don't make a lot of money. Uh, you're, you're not going to starve. Um, I could never do orthopedics because I would be so bored. You know, you talk to the orthopedic surgeon, and I'm sure you've talked to them, and they have to do the same procedure nine times a day, ten times a day.

KD: Yeah.

BA: Oh my god. {LG} I have enough trouble looking at the same screen! Let alone do the same thing every day. Oh, lord. I mean, one of the fun parts of medicine is the variety. All, all kinds of different things all the time. And you never know what's going to happen in one minute. That, piques my interest.

KD: Yeah.

BA: And now, because we have cell phones, and because they're good, and because we can communicate to patients all the time, I just give 'em my cell phone number.

KD: Mm hm.

BA: And, i-, the answering service does it all through the texting. And I, y- y-, I feel more available, I, you know, you don't have to struggle to keep in touch.

KD: Yeah.

BA: And if I feel like going fishing, I take this {holding up cell phone} with me, and I can go fishing. And I'm still in touch.

KD: Yeah.

BA: And if I can't answer it, well, I can in a minute.

KD: Mm hm.

BA: So it works out. So this makes the practice of medicine and being responsible in a primary care way easier. I mean, I can remember years ago you'd have to call the answering service and tell them all of the phone numbers where you'd be for a day.

KD: Yeah.

BA: Or whatever. And they'd have to keep track of it all. And we would have a beeper. But the beeper wouldn't tell you anything. It would tell you to call the answering service. You'd call the answering service, be put on hold, they'd give you the number to call. You'd then have to find a phone and call whatever it was. Done. Get it on the text. It gives me the number to call and the reason to call. I click OK, call the number. It -- the exchange is five seconds long.

KD: Mm hm.

BA: And that is, oh, a huge improvement. Love it. {LG} I do. I do!

KD: Yeah.

BA: I love, I love gadgets. Anyway. I'd -- I've had a car phone since nineteen seventy eight.

KD: Oh, nice {LG}.

BA: {LG} Of course, it used to be this

KD: The huge ones, yeah.

BA: Huge thing. Oh my god it was big! And yeah, I had to run to the car to use it. You couldn't take it anywhere. But, but I love gadgets, so. But I don't like that one {pointing toward computer}. I -- no -- I like my gad-, I like it, I don't like having to do it. We end up having to do a lot of work at night or on weekends, to keep the charts updated.

KD: Mm hm.

BA: 'Cause you can't really do a whole chart with the patient there. They would die of boredom. They'd sit there while you.

KD: Sure.

BA: Type or click or whatever you do. I think the electronic prescribing is really a marvelous thing, too. Um, no, no handwriting to try and figure out. The computer won't let you make a mistake. It, it makes some, but it pretty much won't let you.

KD: Mm hm.

BA: And it, it prescribes in a way that it's very clear, um, whether their insurance will pay for it or not or whether it's on their formula, it's all built into these programs. That's pretty much good. It, it's a little tedious. It's -- we have eighteen different clicks for one prescription. Of course, why are we counting clicks? {LG} But we do. They tell you that's entertaining.

KD: Yeah.

BA: Count. Click click click click click. Um, my partner counts clicks for everything. He says, you know how many clicks there are for one phone call?

KD: {LG}

BA: I said, "No Ger, how many?" {LG} He goes, "Twenty-two!" {CG} Twenty-two. But anyway. Any other data I can give you, 'cause I'm going to have to go to work here.

KD: Yeah, um. Anything else you'd like to talk about or bring up that hasn't been mentioned yet?

BA: Mm, not that I can think of right off the top of my head. I'm happy I went to Jefferson. I'm happy I've settled out here. I -- I used to go down to Jeff for lectures and things like that but they quite having 'em. You know, they used to have rounds, infectious disease rounds.

KD: OK.

BA: And that kind of thing, but they don't have them anymore. And I think we got -- we used to be close to Jeff, and now I don't think that closeness is still there. I used to have med students do electives with me and I loved it.

KD: Mm hm.

BA: I absolutely love those -- that. But no- they don't do that anymore. We used to have med students in the hospital.

KD: OK.

BA: They don't have that -- no more. It was really a fun thing though, having the students. And I used to -- some of them actually uh, came out here and are, are doctors here. There are -- our Vice President of Medical Affairs was a sophomore student that had an elective with me. And he's a big mahoff now.

KD: Mm hm.

BA: Big deal. Um, a lot -- it's, well, actually a lot of the doctors that are -- came into practice out this way had electives with us. Um, I've even forgotten, how Sandy Schnall, she's a hematologist here, she had an elective. Um, Ann Reilly, who's a Jeff grad, had an elective with me. She's been in practice out in Paoli for about forty years. And, you know, if I could do anything I would bring med students back into my life because I've enjoyed it so much. First of all that new knowledge.

KD: Mm hm.

BA: You know, it's good. I think they don't get much physical diagnosis in medical school anymore, because every now and then I'll have some student or other around and ask them what they thought of that heart murmur. They go depend on the echo.

KD: Sure.

BA: They, they don't actually identify murmurs by listening to them, which is fine. I mean, the echo is more accurate than your ears anyway. It's just unusual that people don't -- I mean, it's just weird to me they don't know what it is.

KD: Yeah.

BA: But anyway, it was all fine. Someday I'll retire, but not soon. I'll retire when I can't do that thing<sup>4</sup> anymore.

KD: OK. {LG}

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<sup>4</sup> The computer

BA: {LG} You think I'm kidding?

KD: Oh no!

BA: It's hard!

KD: I believe you.

BA: It is hard.

KD: I've heard this from a number of people. I mean, well, they'll learn one computer system and as soon as they learn it they switch to something else.

BA: OK, well this is NextGen, and they're about to switch it.

KD: OK. Yeah.

BA: So I'm going to have to learn it all over again, and it's, it, it doesn't come naturally, 'cause I didn't start doing it until I was in my sixties. It's just not second nature to me.

KD: Yeah.

[End of recording]