

May 18, 2015 – Marie Olivieri Russell (JMC 1970) and Sarah Sundborg Long (JMC 1970) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken
MR: Marie Olivieri Russell
SL: Sarah Sundborg Long
{CG} cough
{LG} laughter
{BR} breath
{NS} noise
- partial words
-- restarts

SL: I'm Sarah Long. Uh, I came to Jefferson from Saint Francis College in western Pennsylvania, and before that I was, I grew up in Alaska. And there weren't very many students from Saint Francis who got into medical school. I think I could have been close to the first, although we had a pre-med program that was good. Um, and I had visited a few medical schools in Philadelphia. My family was living in Washington D C, and we came to Jefferson, and by chance, the person with whom I interviewed had been in charge of the Indian Public Health Service in my little town of Juno, Alaska.

MR: Really? I don't even know this {LG}.

SL: So I knew Dr. Earl Albrecht and he must have said -- I had done well, I'm -- Marie had done well too -- but we didn't have a Brahmin kind of upbringing or mentoring to get into medical school. We worked hard and we did very well, but he must have put in a good word that, you know, I would be tough enough to stick it out. And uh, I did, and uh Marie and I both did well in medical school. And uh, we went to Pediatric programs, mine at Saint Christopher's and her at Children's Hospital. And that's where our careers have been, at those two institutions, primarily. I'm still at Saint Christopher's and did my residency there, had an N I H fellowship and then was Chief of Infectious Diseases as my first job. The only Infectious Disease doctor in nineteen seventy-five, and I've been there ever since.

MR: My name is Marie Olivieri, is my maiden name, Russell. And I went to Immaculata College in Pennsylvania, and we had a very unusual class at that time. Generally they um, had about two to four people that were interested in pre-med, and they actually had a pre-medical science degree, which was a combination of chemistry and biology. And in our year, I think there were thirteen of us, and twelve went on to medical school.

SL: Goodness! That's amazing.

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

MR: So it was a very anomalous year. But I think that, um, uh, you know, we all supported each other and it was a, a good um, uh, it was really a good environment in which to grow. I, uh, come from probably more humble beginnings than Sarah. Um, my dad had a small Italian grocery store in Stratford, Pennsylvania. I'm the second person in my family to go to college. I have the highest degree of all of my family at this point, I think, still, but there's certainly, there's another physician, Suzanne Olivieri O'Donnell, and there's actually a young man in the medical school, Evan Yanni who is my second cousin, or something like that. But uh, um, I think that answers the question.

KD: OK. Great. Could you both tell me how you became interested in medicine?

SL: Hm. Well I liked science, and I liked um, the chase of not knowing something. Applying fund of information, honing it in. So I liked science. I knew for sure I wanted to do something significant. And my family was a family of service. Um when my mother died at a hundred and a half in Seattle Washington, and my father then died three years later at ninety-seven, so he was younger than she, the awards they had accumulated for their post-professional lives was really, really remarkable. So, you know, growing up in a territory, um, my father was a journalist and he was also very socially conscious and was a newspaper writer and owner, and actually scribed the constitution of the state of Alaska. So we had that kind of background in our family. I have uh brothers and sister who are either physicians, or a priest, and an inventor, and someone who stayed in Alaska who owns a shop and is the most significant community player of, of our family. So that, that, that was the background. I didn't um, try to avoid hard work and education, but I didn't grow up wanting to be a surgeon or grow -- I didn't have a pediatrician, there were no pediatricians. And we were blessedly healthy. Got my first -- because of growing up in Alaska there weren't many doctors at all, and you didn't go until you were very, very sick, and happily I wasn't. I got my first antibiotic at about the age of fifty-five for a sinus infection.

KD: Oh wow!

MR: That's an amazing story.

SL: And so, uh, I didn't have that. And I -- my parents were college educated, but they were not physicians and there was no physician in my family on either side. My sister, my older sister decided to become a doctor, but I'd kind of decided before she did so we're both physicians.

MR: She's a psychiatrist.

SL: She's a child psychiatrist, yup.

MR: Um, well I grew up in a family of seven. I'm the first girl. And uh, my fa-, as I said my father owned a business and we actually lived above it in a fairly large apartment, since there were so many of us. Um, I initially thought that I would be a teacher. Um, and used to teach -- I have four younger brothers and sisters that are younger than I am so I used to herd them into the garage when they were little.

SL: {LG}

MR: And my father built us a little set of desks and a great big um piece of slate from a school. And I taught them all summer long. And um, and then I guess, and I, we -- I was the last person in my house not to have a TV so I read a great deal. And I read every, um, book imaginable, I think -- not really, but it seemed all of the ones that were available -- on careers, and also the mysteries. You know, Nancy Drew, Hardy Boys, and then Cherry Ames Nurse. But I never even considered becoming a nurse and I don't actually know why. And then at about sixteen I started to read about Dr. Tom Dooley. And I don't know if you know who he is, but he was, um, a missionary to Laos, and he wrote three books. And um, like Sarah, I always had a sense that I wanted to d- help other people. And um, in reading through -- not really considering that I would ever be a missionary, but reading through those books just thought, "Well, you know, maybe I'd like to be a doctor instead." And of course my parents had very little money, um, and I was the daughter of an Italian, man, who wasn't the typical Italian man, I don't think,

SL: {LG} Mm mn.

MR: Because when I told him that I wanted to be a doctor he said -- well, he, he went to second grade. He was very, very bright, but he never got to go to school and he was an immigrant, so. He, he just, he just loved education, and he you know, so when I told him I wanted to be a doctor, there was never any question, well, why did I want to be a doctor? Or anything like that. Um, he actually, I, I still remember the words he said, and he said, like, "That's great. We'll help you any way we can. We, you know, we don't have much." But, you know, and that, that was it. And apparently that's very different than the, uh, type of response that many women got at the time. That they considered medicine. As a matter of fact, I definitely want to share what was said to me {LG} when I came here for my interview.

SL: Mm.

MR: But we can save that for later.

KD: Yeah, that's actually what I was going to ask you about next, what was your time like at Jefferson starting out?

SL: Let me just say something about her father. I, I adored her father. I never would have known that he didn't go through school.

MR: Right. He's very smart.

SL: He was very smart.

MR: And self-educated.

SL: And he was so -- high standards of everything. Because uh, Marie always had too much to do, so we would go very frequently, became part of their family. We would go for dinner. And Christmas and Thanksgiving, and it, it wouldn't be close to ready. At five o'clock the man with the bow tie, and frequently a little sweater-vest, and a white shirt would sit down at the kitchen table. It was time for dinner. And it would be a phenomenal Thanksgiving dinner that maybe was going to be ready at six thirty. He was -- five o'clock is when you eat.

MR: That's right.

SL: He ate a peanut butter sandwich, he was finished, he smoked his pipe, and he went to read something.

MR: Right.

SL: So he was a remarkable, wonderful character, your dad.

MR: That's so true, that's so true.

SL: Your dad, I loved him.

MR: Yeah. A real character.

SL: So I had the same thing. Maybe we haven't realized it um.

MR: Before.

SL: Marie, that um.

MR: Your parents were very supportive.

SL: Mine were very, very interested in education, and anything that their children wanted to do, they were going to sacrifice to be able to do it.

MR: Yes.

SL: And were supportive. Now, I don't know if I'd wanted to run off and smoke pot, or something, if they would have been supportive.

MR: {LG} I don't think mine would have been supportive at all.

SL: I don't either {LG}!

MR: {LG}

SL: They had expectations of us.

MR: Yes.

SL: And the other thing we're going to tell you right now about, Marie and myself, about why we really did find at Jefferson that has very few women. We're very bossy. We, you know.

MR: {LG}

SL: She was teaching school.

MR: Uh huh.

SL: At, to people who were just a few years younger than she was. And I'm sure she was telling them they were to sit right in their chair and they weren't to get up until she told them.

MR: Right.

SL: And I have granddaughters like that.

MR: Yes, yes.

SL: Who I catch in their room bossing people -- imaginary animals.

KD: {LG}

MR: Right.

SL: Around about what they're meant to do.

MR: That's, that's very interesting. Because I never considered myself bossy, or.

SL: I would.

MR: {LG}

SL: And you would of me!

MR: Yes.

SL: And everybody I know would tell me I'm bossy.

MR: Yes. Yes.

SL: I tell them before they.

MR: But it's so interesting because people tell me that now. Like, I'm very assertive.

SL: Mm hm

MR: You give, you give me a task, I'll get it done.

SL: Mm hm.

MR: Um, you, uh -- and even if -- well, my sister's staying with me right now.

SL: Well, organize people to be efficient.

MR: I tell her she's my personal assistant and she's.

SL: Uh huh.

MR: Or slave, depending on how it's kind of.

SL: So it, it, but you know, you.

MR: It's true.

SL: Were never bossy for self-promotion.

MR: No.

SL: You were bossy.

MR: Get things done.

SL: To get a job done. Because we were extremely efficient and effective.

MR: You more than.

SL: I know when I was, uh, when I was growing up, and I thought the Cub Scouts were pretty boring. I had three brothers, older. I'm the youngest of five. And I, I thought what they were, they were doing was way more interesting than what the Girl Scouts were doing.

MR: Mm hm.

SL: The Girl Scouts, we were, you know, sewing patches. And I would do all that, but.

MR: Yes.

SL: And I knew how to get the little badges, 'cause it was mainly schoolwork, kind of stuff.

MR: Right.

SL: To get the badges. So I, I went and joined the Cub Scouts. So I was used to being.

MR: Right.

SL: You know, fending for myself.

MR: Right.

SL: There's a picture of the Cub Scout troop, whatever. {LG} And here I am on the end of the.

MR: {LG} Alright.

SL: Tiny person on the end of the line.

MR: I didn't know that {LG}.

SL: And I'm sure I bossed 'em around {LG}.

MR: Yeah, yeah that's true.

SL: So I don't know if we were selected for that.

KD: Mm hm.

SL: To be, you know, young women in a male's group.

MR: Yeah.

SL: Because it turns out -- were there ten or eleven or twelve of us? You.

MR: Seventeen.

SL: Oh, there were seventeen women?

MR: In a class of a hundred and seventy five.

KD: Yeah, I think there were close to twenty.

SL: Oh is that right? Oh I didn't know that. Because I would say.

MR: Ten percent.

SL: I only remember two who were kind of quiet.

MR: Mm hm.

SL: That we'd probably come up with the same names. And I, so I think we were all not too. We didn't

MR: There were a few of us that were, that became very friendly.

SL: Uh huh.

MR: And then um.

SL: There were others we didn't know so well.

MR: I would say about six, maybe. And then there were others that we didn't know as well. One woman was married and had kids.

SL: Yes.

MR: Arlene Anderson.

SL: Anderson. I remember that.

MR: She was older than us

SL: I remember her.

MR: And um.

SL: And.

MR: Yeah.

SL: We had one who was very quiet. Became a pathologist. She was very, very quiet.

MR: Yeah, she was my first roommate.

SL: But the rest of us were, you know, we were just going to get it done, and we, we didn't try to -- I don't know how Marie has been in her life, she probably has been a little bit more assertive for women than I have. I have never felt the compulsion or the responsibility. Because I just want to be a good doctor and I want to be as good as I can be and I want to be recognized. And I have never felt discriminated against. And I realize now that, you know, I'm in charge of lots of things.

MR: Mm hm.

SL: That there are many women who don't have my self-confidence that would feel that way and maybe they do need to be protected and put forward a little bit better. But I -- we were not a group of women promoting.

MR: No.

SL: She played basketball with the boys.

MR: Yeah. We -- and I was always the tomboy.

SL: Yeah, so was I.

MR: And I, I often gravitated.

SL: Yeah.

MR: Other than the fact that I had all these dolls that I used to take care of when I was little.

SL: {LG}

MR: A whole bunch of them. Um, my little hospital, which I didn't even think about until recently.

SL: Oh, that's interesting.

MR: Um, I, you know, I often did sports and things that were more.

SL: Mm hm.

MR: Um, but my, my background, you know, my parents as I said, they were, they were -- my background was very sheltered, and um, um, medical school for me was a huge leap. Um, college was a leap, but medical school, um, was a huge leap in terms of -- I think you had more confidence than I did. Even throughout my career. Uh, having enough confidence for the role that I took on myself was something that I struggled with. And um, I always did it very well, but no one kind of knew how I felt inside. And I think I've more recently come to realize.

SL: Hm, that's interesting.

MR: That some other people didn't -- felt, you know, or feel very much the same way. But I often wondered -- you know, I felt, uh, sometimes incredibly overwhelmed with what I thought was the responsibility of medicine, and I really did struggle with that. Um, when I came here, um.

SL: But not maybe because you were a woman.

MR: No, and I, I, we never, I don't think we ever really thought about that.

SL: Mm hm.

MR: And it was an interesting time because we obviously were anom-, an anomaly here. Um, and we were obvious. I mean, every professor knew every woman.

SL: Mm hm.

MR: Because there weren't very many of us. And um, some of them, uh, there was, you know, maybe a little, uh, a little snide comments.

SL: Jokes.

MR: And things like that. But um, there was never, that I -- I never felt -- I felt very welcomed.

SL: Mm hm.

MR: Um, both by our classmates and by the professors.

SL: Mm hm.

MR: And respected for who we were and what we did. And since we did do very well, I bet if you took our averages and compared them to the guys, we were probably better. 'Cause we, we kind of had to be, you know.

SL: Mm hm.

MR: We, we really fought hard to get there. Um, uh, I do -- my -- as I said, one of the things that stands out is um, I was interviewed by Dr. DePalma.

KD: Mm hm.

MR: Who was head of orthopedics. And he was um.

SL: For admission?

MR: Yeah.

SL: Oh goodness.

MR: And he was -- his nickname was "Tough Tony DePalma." Whether he knew it or not.

SL: {LG}

KD: {LG}

MR: And he.

SL: At least he was Italian.

MR: Yeah, and he said to me -- and my middle name is Vincenza, so I think he liked that. And um, he went on to ask me, and it, I didn't find it insulting, but he looked at me, you know, right in the eye, and said, "You know, why would you want to go to medical school? You probably want to get married and have kids." And I said back, "Yes, absolutely I do. Um, uh, but I also think that I can be a doctor and have kids and do 'em, them both." Um, that was my answer, and I guess it was the right answer {LG} because here I am, what, thirty five -- how many years later? Forty-five years later? That's a long time.

SL: Seventy.

MR: Uh, nineteen seventy. So that's.

SL: Forty. Five.

MR: It's crazy, isn't it?

SL: Forty five years.

MR: Forty five years later. And I did, you know, practice medicine until I turned sixty. And again, retired because my husband was ill and um, had children that needed some attention and they weren't local. So, but um, that was, you know, uh. But, it was an amazing experience. I still love Jefferson.

KD: Mm hm.

MR: I'm sure you do to.

SL: Yes.

MR: And it was, and, you know, it, it was an excellent clinical education. Um, I think they really taught us how to be doctors. Um, having other peers over time, I think we got more of that than, than many schools, somehow. And the traditions and everything.

SL: Mm hm.

MR: So.

SL: Did, did the, you know, I -- they weren't um, negative in their remarks about us.

MR: No.

SL: And it never had anything to do with our professionalism or our performance. It was, it was more -- I always thought we made their jokes so much more interesting.

MR: Yes {LG}.

SL: 'Cause there were women in the room.

MR: And they probably had to clean -- or they may have cleaned themselves up a little.

SL: Yeah, so Joe Rupp {?} would say, "Are there questions on the pain-cree-ass?"

MR: {LG}

SL: And you know, they all thought that was kind of cute. Templeton, John Templeton once -- a fabulous, fabulous surgeon with a Southern accent would say. My name was uh, my maiden name was Sundborg. "Miss Sundborg." He was doing a reduction mammoplasty. "Would you like to hop up on the next table and maybe we can do a transplant?" Now you know that might send somebody away.

MR: Yeah.

SL: Crying. But I just thought it was hysterical, you know, that.

MR: And I came from a family and from a background -- I actually worked in my parents' store, so I was very used to banter and.

SL: Mm hm.

KD: Mm hm.

MR: You pet, you give it to me, I give it right back.

SL: Right.

MR: And we did that, you know.

SL: Yeah, I had that same.

MR: Yeah.

SL: But, I don't know where I got it. It.

MR: Right.

SL: I think it was just, I mean you know, when you grow up in a place as awesome as Alaska.

MR: As Alaska. You're pretty independent I think.

SL: Yeah, you're very independent. If you want to skate, you go find a glacier and sweep it. If, you know, if you want to make a -- I remember flooding the tennis court to make an ice rink, close in to, in town. So you just, you did a lot, and you had a lot of self-confidence. So we, we, we were pretty prepared for being tough. But I don't think we were really challenged in that way. We were challenged with the material.

MR: Mm hm.

SL: And I don't know.

MR: Just like everybody else.

SL: This, this, this, um, reputation of Jefferson, "look to your right, look to your left."

MR: Oh, they, they changed that before we came here.

SL: At least one of you is not going to be there.

MR: They told us that they changed that.

SL: We didn't -- they said that, but the guys seemed to have that very much in their minds, that you're going to flunk out. And uh, I really just worried, that as Marie did, that uh, I wouldn't maybe get to that day and be a good doctor. So I.

MR: Right, that I wouldn't know enough.

SL: That was my focus.

MR: {LG}

SL: So that was my focus.

MR: Yeah.

SL: And then we had um, we had opportunities. I, I think, I often think -- you see, Marie was the top of our class. Right, Marie?

MR: Mm hm.

SL: I think she was the number one performer in our class. And.

MR: You were about number two {LG}.

SL: Marie had a surgeon for a husband who, you know, was busy, busy, busy, busy, busy.

MR: Two years behind us.

SL: And um, I, I. When she was pregnant with her fourth, I think she sort of thought, "I don't think I can continue to climb the academic ladder and be responsible for so many other people." Or she would be a Chairman easily somewhere. Um.

MR: Thank you. I think it wasn't quite my style.

SL: Uh, so she went into practice and was very happy.

MR: Yeah.

SL: In practice. But she wasn't -- I didn't know about this inner toughness.

MR: Mm hm.

SL: But I would recognize your struggle with that. She, she did boss people around, but not -- she wanted to be surrounded by people who wanted to do it on their own.

MR: Mm hm.

SL: And then you would have been fine. To have to, you know, buck someone up was a little bit harder for her.

MR: Yeah, and I think just because of my life, withhaving the children -- as I said, I was one of seven, so four didn't seem -- we actually had planned on three.

KD: OK.

MR: But then there was the surprise. And um, you know, the fourth one coming along really did change my life. Um, but it also, I think much more brought me in line with what I wanted from my life. Um, it, you know, it just made me take stock and I realized that I couldn't continue in academic medicine, but I wasn't sure that I wanted to because I -- um, although I didn't mind clinical research, I sure couldn't do bench research. And in those days, if you wanted to stay in academics you had to do clinical research, bench research, um, uh, run some kind of a program, see patients. And you know, it was a twenty-four hour day job. I don't know how you ever did it. But um, uh, I, I realized that, you know, that was not my strength. That wasn't what I wanted. And I moved into prime-, into primary care. I actually had, did subspecialty training and ran a program at Children's for uh, the sickle cell program. It was part of the Department of Hematology, and for about five years after I graduated. Oh, no, more, a little more than that. Ten almost. Well, five years of training at Children's and then staying on for five or six years. And um, you know, just working closer to home, and just I absolutely loved taking care of patients. So, um, when I uh, became part of a primary care practice, and of course we grew a couple practices, um, the fact that I had subspecialty training made me very comfortable with kids with medical issues. So we had a much more complicated practice than a lot of practices, in, in the sense that we, you know, took care of um, kids with different kinds of um, um, med-

SL: Issues.

MR: Complex medical issues, you know, and kind of be their ombudsman I guess. You know, help them, direct them to where they should, you know, get different things taken care of. And I was very, very well respected. You know, not to toot my own horn, but um, you know, uh, I think I, in, I, uh, there were many people that told me that I was the best, you know, pediatrician they had ever had, or whatever. So. I think I used my education well {LG}.

SL: Oh yes.

MR: And I also think that I did what was really in my heart to do, you know. And I think Sarah did what was in heart to do. I mean, I have such respect for her. Always have. Um, because uh,

she, you know, accomplished so much in the academic world. So, we, we kind of show the broad spectrum of what you can do with your education.

SL: That's true. That's true. Well, not so broad away from you.

MR: Mm mn.

SL: Because I, I still am.

MR: You do an awful lot of clinical.

SL: Two, two hundred percent.

KD: {LG}

SL: And I still do lots of clinical work. And I.

MR: Yeah, and you always did.

SL: I agree with you, you know my favorite place -- I've done, I've had the opportunity to do lots of things uh, nationally, but my favorite place is at the bedside with a parent.

MR: Yes.

SL: And a patient. And some students and a resident and a fellow.

MR: Yeah.

SL: All figuring it out together.

MR: Right.

SL: That's, that's really. Something I think was very, uh, valued at Jefferson. You know, um, Cathy DeAngelis who just uh, won the, um, Howland Award at the Pediatric Academic Society and was uh, the editor of JAMA, and was at Johns Hopkins.

MR: Mm hm.

SL: When she did oral exams, she told me she loved to examine someone from Saint Christopher's, which is where I did my training, and built on -- and I loved to have a student from Jefferson because they still have this fundamental idea that they ought to know everything they should know

MR: Mm hm.

SL: Could know.

MR: Mm hm.

SL: And then apply it well to the patient who deserved that.

MR: Mm hm. That's true. And uh, so, it, it, that has stuck with me well. And then, you know, I applied a lot of the things I learned in Alaska. I could, you know, sweep off a pond. Well, if there's no sub-specialty in Pediatrics, write the application for a sub-specialty in I D, infectious diseases.

MR: Mm hm.

SL: Which is what I did.

MR: You did.

SL: I wrote that application for the sub-specialty.

KD: Mm hm.

SL: And I got to be all the things in Infectious Diseases in the American Board of Pediatrics. So I'm still doing it. Writing a textbook, fifth edition.

MR: And she's still doing it.

SL: Yes, well Infectious Diseases, well I guess that's not so different from sickle cell disease in that they're -- yours is, was a little bit more primary, but mine is really a sub-specialty so, if there's a doctor between you and the patient, and you don't do anything, like, you don't scope someone or you don't do surgery on someone, the time at which you do that is a little bit more negotiable. So I never missed anything of my children in school.

MR: That's true.

SL: Never missed anything.

MR: No, she's a great mom.

SL: Because I could do rounds at six in the morning.

MR: Yeah.

SL: Or I could do rounds at three in the afternoon, and I could fit it in with a lot of, uh, efficiency, and I have a lot of energy.

MR: Yes she does.

SL: I have a lot of energy.

MR: And she's extremely efficient.

SL: I'm efficient. I, it annoys people.

MR: May I.

SL: It's not really a loved thing, to be efficient.

MR: May I tell them how you used to um, after we were done on Friday nights.

SL: Uh oh.

MR: To go out on a date.

SL: Uh huh.

MR: And you would, um, make your own outfit.

SL: Oh {LG}.

MR: In the two hours before you went out.

SL: I sew. I would sew.

MR: {LG}

SL: I still sew.

MR: I was impressed.

KD: Wow. That's very impressive.

SL: For my grandchildren. I've sewn every curtain in about five.

MR: She cooks and she sews.

SL: Houses.

MR: It's amazing.

SL: Twice.

MR: Yeah. And my father was a tailor and I can't even thread a sewing machine, so.

SL: Ohh. Well, that that was kind of something again we had to learn if you wanted -- I remember one of the first fun things I made for myself was a pink, felt poodle skirt.

MR: Yes.

SL: That started with a west- waistband that big and then, you know, it was full-circle. With a little poodle on it.

MR: And I think I did my early cooking -- and both of us.

SL: Oh yes!

MR: Were pretty good cooks, with um.

SL: Yeah.

MR: I think.

SL: We did our, when we lived together.

MR: One of the things I remember about your mom is that, you know, living in Alaska, you did much more as a family.

SL: Mm hm.

MR: And her mother was French.

SL: Mm hm

MR: An amazing cook,

SL: Mm hm.

MR: And you know, an amazing seamstress.

SL: Mm hm.

SL: So she learned all those skills.

SL: I did learn that. My daughters have tried to learn also.

MR: And then when I was at home, my mother too was a very good cook, but not -- it was very traditional Italian. And you never follow a recipe, which I can still do now too, but a lot of my early cooking happened in medical school. And my mother was very impressed when I came home.

KD: {LG}

SL: {LG}

MR: And I hadn't starved to death.

SL: Yes.

MR: And I was kind of accomplished as a cook.

SL: We, we met our, um.

MR: We had more fun.

SL: Our subsequent husbands about the same time.

MR: Hers was a resident.

SL: And when we lived together in Orlowitz.

MR: Right.

SL: So we would kind of have them for dinner.

MR: Right. And that was fun.

SL: Now the tables have turned.

KD: {LG}

SL: My husband is retired, and he cooks for me!

MR: That's good.

SL: It's fabulous. He used to only cook for the dog, which he loved. Because he said it was the only thing I didn't tell him what to do, how to do it, 'cause I didn't really care. The dog got pepper sauces and wine sauces, and, you know, that was fine.

MR: That's a very good cook, yeah.

SL: He would cook for the dog. When the children were little because they otherwise, you know, wouldn't have been fed before nine or ten A M -- P M.

MR: Right.

SL: But now he's very good at that.

MR: Yeah.

SL: Very willing.

MR: Both Sarah and her husband stayed in academic medicine. Bob was a um, a gastroenterologist at Penn, so.

SL: And he had a huge.

MR: So they managed to.

SL: Her husband had a big

MR: Yeah, big.

SL: Big general surgery practice.

MR: Big general surgery practice, yeah. In um, Chester and uh, Lima Pennsylvania. Riddle Hospital and Crozer.

SL: I think many of our colleagues have, have been married

MR: Mm hm.

SL: And most of them married and most of them successful marriages.

MR: Mm hm. Yeah. I had to make more modifications in my career than he did.

SL: Uh huh.

MR: Um, just because he, he thought he couldn't. Whether he could or he couldn't, I don't know.

KD: Mm hm.

MR: But um, and very busy, very successful, very, gifted surgeon. And also gifted physician. I mean he's just a, amazing. And sadly, you know, he developed problems in his fifties, late fifties, and had to retire. And that was very, very difficult. Um, but uh, it's been a good ride.

SL: It, it has been.

MR: It's been a crazy ride.

SL: It has been.

MR: But you know, my children still love me.

SL: You know I think -- that's true.

MR: And yours still love you.

SL: Do you know what mine?

MR: And they turned out OK.

SL: Mine said the other day, Steve said the other day -- she's, god-, they're godparents of our firstborn -- and we are of.

MR: And godparents of our last.

SL: Of your last. And um, Steve said, or one of the girls said just the other day, "I didn't remember that you worked, mom."

MR: Yeah. You.

SL: And I thought that was fabulous.

MR: Were amazing.

SL: "I didn't remember that you worked."

MR: That is fabulous. And I didn't realize that you were able to just really juggle so much, um.

SL: Yeah, I was.

MR: In terms of your time.

SL: Time, yeah.

MR: You know. That's wonderful.

SL: That was, that was very helpful.

MR: And it was very important -- and my husband managed to kind of do the same thing. And so, I mean, I think our kids always knew they were the most important thing in our life.

SL: Mm hm.

MR: And um, and we had a nanny, um, who was a big help in the early years. Um, lived with us for a while. And um, so I used to tell my kids.

SL: As did we.

MR: Yeah.

SL: A live-in person.

MR: I used to tell my kids, "You are really lucky. You have three people who love you." You know, {LG}.

SL: Yeah, that's true.

MR: "Who love you a whole lot."

SL: Yeah, they didn't seem to bother, worry about that at all. Uh.

MR: And two of your ch- girls became doctors.

SL: That's right.

MR: Um, none of my kids are doctors

SL: Oh, that's interesting.

MR: Um, yeah.

SL: Oh, well you know why?

MR: Why?

SL: You have talent.

MR: Oh.

SL: You have talent in your family. Musical, talent. Talent, all over the place.

MR: Yeah.

SL: There's, I, my.

MR: Well, three of them are attached to the military right now.

SL: I'm not talented. I work hard, I'm not that talent-. And I.

MR: {LG}

SL: It's, it's very.

MR: And you cook well, and your daughter went to culinary school {LG}.

SL: That's true. It's, but it's very refreshing for students to be able to say, you know, "I, I, I'm not talented, and yeah, I put things together, but I mainly work for what I am and what I can do."

MR: Yeah. And I think your, that's true.

SL: So.

MR: Because my, I, I have one son who I think is my most gifted, and he's just having the hardest time sorting out -- because he's a gifted musician, he's a gifted, um, athlete, and he's very, very smart. And yeah, he's juggling all those things.

SL: It's tough! Yeah.

MR: And he said it, "It'd be easier if I was good at one thing."

SL: Yeah. Yeah. Yeah.

MR: But, I think.

SL: I, I frequently.

MR: That's part of it. But my

SL: I frequently.

MR: Girls, it's, you know, it's also random. My, um, well my son was a, a soldier since he was born, I think, and he actually is a Navy Seal, and um, and so that was a given, but my daughters randomly married, uh, one Coast Guard and one, um, Army. Um, a college classmate from my youngest daughter, uh, because he scrimmaged against her in basketball, he was also a great guy, and happened to be an R O T C. And then my daughter randomly met her husband in our living room because, um, our nephew that was at the Coast Guard Academy brought him home for a long weekend.

SL: Oh I didn't know that.

MR: Yeah, so, uh.

SL: Interesting.

MR: It's so funny, because my dad, um, going back to my father again, he'd say, "Why do you let your kids go so far away to school?"

SL: {LG}

MR: "There are, there are so many good schools in Philadelphia. They're gonna marry and they're gonna live far away, and you're never going to see them."

SL: Oh, well that's true.

MR: And then she meets a young man from Mobile, Alabama who is actually studying in Connecticut, in my kitchen. It's a different world.

SL: {LG}

MR: So.

SL: How cute is that.

MR: Yeah.

SL: So what can we remember about, um, other things about Jefferson? We used the library a lot. The old library across with these -- have they completely decimated it? I haven't been in.

KD: Where was it?

SL: Ten twenty five, go up the first steps, it was the first door on the right

MR: Oh yeah, on the second floor of the.

KD: You know, I'm not sure.

SL: Yeah, it had these green, uh, glass lights.

MR: I think, I think it's a big auditorium now. Yeah yeah yeah.

SL: It's uh, it was just wonderful.

MR: That's true, I forgot about that.

SL: Old, long, wooden tables.

MR: Yeah.

SL: With the green, uh, what do you call those lights? Usually.

MR: Library lights. Library lights, I think they're called.

SL: Library lights. OK. And we, we spent a lot of time there.

MR: Yeah.

SL: I remember the smell of our Anatomy at, we were down at Eleventh and Clinton. At the Daniel Baugh, Daniel Bow.

KD: Institute.

MR: Right. Right.

SL: Uh, Anatomy lab. And uh, there were all those kinds of things -- we knew exactly -- I don't remember where you sat. In the auditorium. But we had the uh, the.

MR: The basement. Ten twenty five.

SL: Ten twenty five Walnut.

MR: On the left.

SL: It was a pit kind of an auditorium, that rose up. And I always sat right over here, about two-thirds of the way up. The Saint Joe's contingent was one row behind me in the middle. There were about ten of um!

MR: Mm hm

SL: From Saint Joe's University. And we sort of established those seats. And.

MR: Mm hm.

SL: You sat down closer to the front.

MR: Kinda in the middle. About ten rows back.

SL: Uh huh.

MR: But right in the middle.

SL: Uh huh.

MR: And it's funny, but you do. And we developed our groups.

SL: And we did not miss one lecture. We did not. Because I didn't want someone else to take notes because I really liked my notes.

MR: And we were a couple years before the note service actually came into existence.

SL: Yeah.

MR: Because my husband did that for a living.

SL: Oh, did he participate?

MR: {LG}

SL: Well I just, um, I still give lectures at both Temple University and at Drexel where I'm on, I'm at faculty at Drexel but Temple still invites me back these twenty years after I haven't been Temple faculty.

MR: Good for them. They're smart.

SL: To do the introduction to clinical medicine, the micro part.

MR: Oh, great.

SL: So I do that at Temple, and I do something kind of similar at uh Drexel. And they're, they're the most popular -- well, they're very popular lectures.

MR: Mm hm.

SL: OK. Drexel. This year. Just did it. Last month. There were twelve people. They're all online. They're all videoed.

KD: Wow.

SL: They're all -- they all don't come to class. None of them come to class.

MR: Hm.

SL: And they look at these on their own time, whenever they want, or they don't look at them, or. And they get a note service besides, you know. They, they want very, much more fleshed out notes, so that they're not going to have to take them and miss anything.

MR: Mm hm.

SL: And so it's a different learning. You, you probably are closer to that generation of learning. That, gosh, I just loved to go to class, and see the friends, and see the Saint Joe's guys behind me, {LG}, and see what, you know.

MR: We had fun. We did.

SL: We had wonderful lectures, remember on the first day Dr. mm mm, from Cardeza.

MR: Allan Erslev.

SL: Allan Erslev came -- was it Erslev?

MR: He's from Cardeza. Or was it someone, yeah.

SL: I think it was Allan Erslev. He came in and he poured two hundred and fifty M L's of blood all over a sheet in front of the auditorium for all of us to realize how much you had to bleed to get a pint, to need a pint of blood. It was Allan Erslev {CG}.

MR: Probably. I think so.

SL: Yeah, it was, and the teachers were really characters.

MR: Mm hm.

SL: And loved what they did.

MR: They really were.

SL: And we loved to go to grand rounds.

MR: And Andrew Ramsay taught us Anatomy.

SL: Oh yes.

MR: And he could draw with two hands.

KD: Oh wow.

MR: He was ambidextrous.

SL: Yes, that's right.

MR: And he was quite the gentleman. There were many, many gentlemen who were on the staff.

SL: What did we call the pathologist who, if you were acting kind of hopeless enough, he would come over and just talk.

MR: Gonzalo.

SL: No, the one that actually did the Anatomy, uh, the cadavers. And they, we called him Hausberger for a while.

MR: Oh, yeah. Dr.

SL: Hausberger. Hausberger.

MR: It was Dr. Hausberger.

SL: Dr. Hausberger, if you engaged him in talking, he couldn't help dissecting the cadaver. So you could invite him over and ask him some questions, and he'd start doing.

KD: Oh wow.

SL: The cadaver. And we thought that was clever.

MR: It was great.

SL: We all have serious connections with our Anatomy partners.

MR: Mm hm.

SL: There were four people on a cadaver and it was, mine was, I was Sundborg. We had Szawlewicz and we had two other S's. I, I can remember, I can remember the looks of.

MR: Nutt, Olivieri, Pashman, and Palmieri.

SL: There you go. Yeah. I think mine was Sanford, Sundborg, Szawlewicz.

MR: And our cadaver was named Granny.

SL: {LG} Ooh, we didn't name ours.

MR: And that's one thing too. We were taught to be very respectful, you know, um, realizing that this person was furthering our education and being there for us. And they didn't tolerate any nonsense.

SL: Mm hm.

MR: Um, but uh.

SL: We certainly did smell pretty bad when we left though.

MR: Yeah, that was pretty awful.

SL: We didn't smell too good. But it was.

MR: And Jefferson is so much bigger now than it was.

SL: Mm hm.

MR: You know, just even, I walked, I parked at Eighth and Walnut and walked down.

SL: Uh huh.

MR: And the three blocks on either.

SL: Yes.

MR: In either direction is all Jefferson.

SL: In any direction. Yeah, no it is true.

MR: They just, they finished this library while we were students, and maybe just the year we graduated. We really didn't get to use this much.

SL: The student union and all.

MR: And then they had done Jefferson Hall a couple years before, when we were sophomores.

SL: Mm hm.

MR: So we had, uh, the benefit of that experience.

SL: But the Eakins was still.

MR: Yes.

SL: In ten twenty five Walnut, as you entered. It was really quite remarkable.

MR: Oh sorry. I didn't turn off my phone.

SL: Quite remarkable.

KD: What other memories do you have? Of students, of professors, perhaps extracurricular activities, societies, clubs?

MR: We had the best, we had the best physical diagnosis patients.

SL: Oh yes!

MR: Because we had.

SL: Oh my gosh.

MR: We won't tell her what.

SL: No, but I remember.

MR: But Patrick McMann.

SL: But I know what you were going to talk, I know what you were going to say.

KD: {LG}

MR: Should we say it?

SL: We -- no.

MR: OK {LG}.

KD: {LG}.

MR: Anyway, it was Dr. McMann.

SL: The genito-urinary exam. I remember I had Allan Erslev. And he had us girls, and he was kind of straight-laced.

MR: Oh, maybe you had someone different than me.

SL: Person.

MR: I had Patrick Murphy. I think that was his name.

SL: I don't know who that was.

MR: He was from Cardeza.

SL: But then after we did, he taught us how to do rectal exams and every other kind of exam. He, I remember he said to the guy, it was somebody who had worked in the lab there, he said, "You all know so-and-so." And I thought, "Oh no! Keep the sheet over the poor man's head."

MR: {LG}

SL: But we, we, we had a lot of.

MR: No, but we had the most interesting, um, patients for physical diagnosis because our instructor was one of the Cardeza doctors. Is Cardeza still here? The.

SL: Hematology

MR: The hematology foundation.

KD: I believe it is.

SL: Mm hm.

MR: Yeah, and um, uh. So, and he would take us instead of through the hospital to his outpatient office hours for physical diagnosis. So, I got to see things like multiple myeloma and Waldenstrom's macroglobulinemia.

SL: Uh huh.

MR: And amazing patients, you know. And patients who were just so dedicated to him because he was such a good doctor that they were perfectly happy to have his students, you know, interact with them and take histories, and do physicals and everything like that.

SL: You know who, you probably had Allan Erslev. I had Joe McKenna. Joe McKenna was a blood banker and he's the one who came in.

MR: Mm hm.

SL: And then we had Joe McKenna for our physical diagnosis.

MR: Hm.

SL: So we must have been in slightly different places.

MR: Yeah. And, and.

SL: Did Allan Erslev lose an eye?

MR: I don't know. I think he did. But he wasn't ours. It was, this man's name was Patrick McKenna.

SL: Oh I see.

MR: He's a different doctor from Cardeza.

SL: Oh! McKenna?

MR: Yeah.

SL: Not Joe? Mine was Joe McKenna.

MR: OK, maybe it was McMann. Patrick McMann. It was Mc something

SL: OK. Mm hm.

MR: But anyway, it was an amazing experience.

SL: They were special. That you know, they had never had women much before.

MR: And we, we also.

SL: And we were quite unusual for them.

MR: Right. No, right. And I think -- well, enough said. Um, what else do we remember?

SL: The guys were a little annoyed with us because we did so well on tests. We messed up.

MR: We studied harder!

SL: We messed up the curve.

MR: We did. We, I think we worked harder. I worked harder than.

SL: We had -- we did. We didn't drink. We didn't -- they had, uh, fraternity parties. I don't. You.

MR: Well, I wouldn't say not at all.

SL: Were involved with a fraternity fellow.

MR: Not during the week. Yes.

SL: Um, I guess I was too. But I don't remember partying. We were, we went, we definitely had fun. Partied on the weekends.

MR: Yeah.

SL: But we studied.

MR: We studied during the week. We didn't do anything during the week.

SL: And uh.

MR: Some people went to Dirty Frank's on Thursdays, or something like that.

SL: Oh.

MR: But we, we never did that. I never did that.

SL: {LG}

MR: So. But.

SL: And we had a series of roommates. A couple of them got married along the way.

MR: Mm hm.

SL: Judy Parker, the first year for me. You had Rosie from the beginning.

MR: Mm hm. Through the end. 'Cause we lived, the three of us lived together.

SL: And didn't um.

MR: Rosie, Rose was our quiet one.

SL: She was our quiet one. And didn't uh.

MR: She's still quiet. She's still practicing too. She's at the [unclear].

SL: The person from Reading. Uh.

MR: Oh, Lyn Kershner.

SL: Wasn't she one of our roommates?

MR: Mm mm, but very good friends.

SL: Before she married, before she married him?

MR: No, he was one of um. She was one of our good friends. We had, as I said, there were five or six of us that were -- and still, close, I think.

SL: Mm hm.

MR: We still correspond.

SL: Mm hm.

MR: See each other every several years, mostly.

SL: Right. Right. But it was a great experience.

MR: Mm hm.

SL: And uh, we have a daughter who went to Jefferson, who is now on the faculty at Jefferson. And she's, she had probably the same kind of experience. It was tough. We worked hard. She worked hard.

MR: And her husband was one of the medical resident's when we were students. Went on to do a G I fellowship.

SL: I. Yes. I met him because I was assigned {LG} to his ward as a medical student. We didn't fraternize at the time. I was assigned to his. But there were no rules like that, but you just didn't, it didn't happen. So. Yeah, so it was.

MR: But they impressed each other {LG}.

SL: {LG} In some way.

MR: Yeah.

SL: Yeah. I'm still chasing him.

MR: Yeah. And my uh, my husband was two years behind us.

SL: I thought he was only one, so that's interesting.

MR: And we, um, well in age he's only, so I was young. And um, he was a gym rat and lived and worked at the student union. And we decided in our senior year that we were gonna go exercise. Do you remember that?

SL: Mm mn.

MR: And that's how I met him.

SL: Oh, is that right.

MR: Well, I met him in the summer, but I never saw him again until sometime in the late fall. And.

SL: Did you play basketball in college?

MR: I did.

SL: I did too, and I'm short.

MR: And, and when I was at Jefferson I played basketball.

SL: You did. That's what I remember.

MR: Coed basketball. Here. Yeah. And because of that too.

SL: Quite competitively.

MR: He.

SL: And she'd flatten you.

MR: And that, that was the best basketball I ever played.

SL: {LG}

MR: You know, I, I rose to the competition.

SL: That's good!

MR: Yeah, it was great.

SL: No, I didn't.

MR: And because of that too, I think, my husband decided to ask me out. So. So we raised a bunch of gym rats. Very athletic kids.

SL: Yes, they do have very athletic kids. I can't think of anything else to.

KD: OK.

MR: Anything else you would.

KD: No.

MR: You are curious about?

KD: Yeah, we can.

SL: What have you heard about women's experiences? You see.

KD: It's very similar across the board.

SL: Is it? Isn't that interesting?

KD: They felt respected, they felt sometimes that people went above board to make sure that they felt welcomed.

SL: That's probably the truth.

KD: Yeah.

MR: I think it is.

SL: I think the first were graduating when we came.

KD: Yes, sixty-five.

MR: Yes. We're four years behind them.

KD: Mm hm.

MR: Or five.

SL: Yeah. So.

MR: And they were just eight I think, weren't they?

SL: Yeah.

KD: What was that?

MR: There were eight women?

KD: I believe there were eight. Yeah, they started with nine.

SL: Yeah, there was no attempt to get us all together, and by then they were busy.

MR: No. And we didn't.

KD: And I think that's also true through every year. I never heard of any class having a really cohesive group of women.

SL: No.

KD: Everyone was independent.

SL: Right.

KD: They were there to study and learn.

SL: Yeah, that's true.

MR: Right. And there wasn't um, any, mentoring.

SL: Nope.

MR: At that time, of women certainly. I don't know if there is now. I think it's something that could be valuable. I think for all students.

SL: Right. I don't think there was much mentoring of the men.

MR: No, I don't think there was.

SL: You know who was awfully good to us in Pediatrics was Irv Olshin. Took us, and would chat with us, and.

MR: Right.

SL: See what we wanted to do.

MR: Individual physicians would.

SL: Yeah.

MR: Take that role

SL: Yeah.

MR: But there wasn't any.

SL: But, you know, I happened to take an elective at Saint Christopher's in my fourth year and absolutely loved my mentor there. Uh.

MR: Who was that?

SL: David Smith.

MR: Oh that's right.

SL: Who was a master clinician. Had been in practice and was an academic. A master clinician. And I wanted to be just like him.

MR: Mm hm.

SL: So the influence was more outside of Jefferson for where I went, and then you had the ability to go to CHOP, but I don't think anybody told you to go to CHOP.

MR: No, I.

SL: Or said don't go to CHOP, go to Boston Children's.

MR: No, I looked -- I thought I was gonna get out of town, if you recall. I was gonna have an adventure because I've always grown up and lived in this area. And I looked at several different schools in different parts of the country, um and when I got to Je- -- and I looked at Saint Chris's, and when I got to Children's, I fell in love.

KD: Mm hm.

MR: And that was my place.

SL: Mm hm.

MR: And Saint Chris's, she fell in love.

SL: Mm hm.

MR: And I had great mentors there. And you know, the, one of the most amazing experiences that I had, and I still remember it was someone there who told me "Do it." Um, was that half-way through my internship year I was asked to be on the Board of Trustees.

SL: Oh.

MR: And I was so.

SL: Of Jefferson.

MR: Yeah. I was so focused on, "I got to do all my, my intern stuff."

SL: Oh, that's great.

MR: You know. And I spoke to my Chairman, David Cornfeld and he was like, "Do it. You know, this is an amazing experience and opportunity."

SL: Mm hm.

MR: And I was the first student -- now there was, I went to a women's thing and they talked about the first woman student appointed to the, the Board of Trustees. And I was like, "Wait a minute. I was the first student." And um, I think it's because of my standing in the class. But um, that was an incredible experience. And I was, um, you know, and he made sure that nobody complained that I could get away for a lunch meeting a couple times a, a month. And um, and my opinions were respected. I could speak up on, and did, on any topic that I wanted, that I, you know, thought was appropriate. But just the opportunity to see the university from that standpoint. And to contribute at that st-

SL: Mm hm.

MR: And they really wanted to know what the students' experiences and points of view were. So I was a very active member of the Board and um, I did that for two terms actually. Then I decided I was far enough away that somebody else should take it over.

SL: Mm hm

MR: And, and I think they've continued to do that up 'til now. That was an amazing experience.

SL: That's great, insight.

KD: Could you both tell me a bit more about your internship experiences?

SL: Hm. Well, the difference of it, the, part of the differences than right now are that both she and I had husbands who do things. They have to go in the middle of the night and do surgery or scope somebody, or whatever. And at Penn, where my husband was, there were thirteen in the section of gastroenterology. All men. Not one of 'em was even married to a professional except for him. And her experience would have been the same. And so our internships were still -- we made all the, all of the differences in the timing and the children and everything. My husband never was able -- well, I didn't much stay home for anybody in my internship and residency. We had very good.

MR: Did you have children before your fellowship?

SL: Help at home. Yes.

MR: Did you have them in your residency.

SL: I had one in third year residency, one in fellowship, and one in faculty. And the first two we were -- I was out two weeks because men were working every second night because I was out.

MR: Mm hm.

SL: And there were only a few women in the residency also.

MR: Right.

SL: It wasn't like it is now. And the third I had a Cesarean delivery and I stayed out three weeks. So that's very, very, very different. It was, it was.

MR: I don't know if it's that much different now.

SL: It was hard work

MR: Yeah.

SL: It was hard work. It, I don't know. We were, we were, it was more like a MASH unit. You know I think back on the care that we gave. We were it. So often.

MR: Mm hm.

SL: You know, in medical school when we took care of patients at Philadelphia General Hospital the resident ran the whole thing. The residents were in charge.

MR: Mm hm.

SL: And at Saint Christopher's we had a neonatologist who visited twice a week, but the residents ran the neonatal intensive care and, you know, sort of did what worked the day before and the week before. We drew all the blood, and you'd spend two hours in the morning drawing blood if you were really good. If you weren't very good you'd spend three and a half hours drawing blood. And, but we became very confident in what we were doing. But it was interesting because there's so much that's changed in medicine. So many more children with chronic conditions now.

MR: Mm hm.

SL: Than there were. Everybody who needed anything was hospitalized then. You know, we would have somebody, we always had somebody with congenital rubella in the hospital getting heart surgery or getting hearing things. Um, and, but we didn't have so many technology dependent children. So everybody was pretty much acute care or they were there for.

MR: Recurrent problems.

SL: Their recurrent problems. We had a lot of patients with cystic fibrosis before the cure of cystic fibrosis was as good as it is. And they died as young children. We lived through the beginning of the very first protocols for treatment of leukemia.

MR: Mm hm.

SL: When we started everybody died who had leukemia, and by the third year eighty percent survived. And -- but in the meantime, they got a lot of infectious disease problems that we certainly soon sorted out.

MR: Mm hm.

SL: But we did the first pa- first newborn babies. They ended up on a respirator and it was such a terrible respirator, Baby Bird, that we would bag a patient. You know, give 'em resuscitation all night and wait for somebody more senior than us to come in in the morning and decide that this patient should be on a respirator or let this patient go, or whatever. So there were just lots and

lots and lots of experiences. Many diseases didn't exist because those children didn't have the kinds of treatment they have now.

MR: Right.

SL: Um, so we were, we were there way before a CAT scan. We were there, you know, it seems they, they, the residents now.

MR: And much of the intervention that, that is, goes on now.

SL: Yeah.

MR: Wasn't available. I mean, if somebody needed something they got operated on.

SL: Yes.

MR: They didn't, you know, the radiologist was not at all an interventional specialty.

SL: Right. There was no anti-viral therapy at all.

MR: This, this brings me back to, I guess this is why I was terrified and couldn't sleep the night before {LG} my internship.

SL: Mm.

MR: Because I realized, "Well, now you're a doctor. They called you a doctor yesterday so this is it."

SL: {LG}

MR: And there really was a lot more responsibility placed on us. But at that time, you know, with the technology being what it was, I think the very experienced nurses that we had.

SL: Oh yes.

MR: In certain units were really.

SL: They were key.

MR: Very, very helpful.

SL: Very key.

MR: Um, and.

SL: And, we learned

MR: The second year residents.

SL: We learned great respect for nurses.

MR: And the third year nurses. Right. And um, and the same was true of our unit, my neonatology experience. I think because I had spent a couple weeks voluntarily taking a nursery rotation in my junior, or senior year, um.

SL: You were it.

MR: I got sent to Pennsylvania Hospital.

SL: Oh, the.

MR: To be the person on call.

SL: Uh huh.

MR: And the second night I was left alone. And it was terrifying, but.

SL: Mm hm.

MR: Um, and I can tell you exactly who those patients were that night.

SL: Yeah.

MR: And actually one of them turned out to be the, the child of a, somebody who became, you know, one of my mentors because he was in Hematology. And they said, "And so-and-so is having their baby and they want you in the delivery room. And the last child that they have had Down Syndrome." And it was like, "Oh dear. What are the signs of Down Syndrome?"

SL: {LG}

MR: Not thinking that "OK, they had genetic testing done and of course this child doesn't." But it was like -- and then another baby was born that was less than a thousand grams, that same day. When I called the attending he was like, "Well, call me when you get back from the delivery room. Let me know how things." So I remember talking to this baby. And I knew how to suck the babies out and do these little things, um, and then I said, I talked to this little baby girl.

SL: {LG}

MR: And I said.

SL: Said, "Don't you."

MR: "Baby girl H, uh, I hope you just keep on breathing 'cause I don't know what the hell I'm doing." You know. And she did. She was great. She had no problem. But.

SL: I wonder how.

MR: Um.

SL: I guess the expectations of how you would do.

MR: And, and I think.

SL: I don't think.

MR: The system is much better in a way today.

SL: Yeah it is.

MR: Because it's much safer for the patients.

SL: Right, it is.

MR: And, and what we can do for patients is much more complicated.

SL: Yes.

MR: I mean, that would never happen if they were putting kids on ventilators all the time

SL: And we knew.

MR: And that kind of thing.

SL: How you could make them survive.

MR: And it came within the years that we were in our residency.

SL: It did come very quickly. Very quickly.

MR: And um.

SL: And the downside of all of this is that residents don't get to do much.

MR: Right. Or they don't feel the confidence.

SL: And they don't get to make decisions

MR: That we had to get whether we liked it or not.

SL: Yeah, yeah, they, they don't. So, you hope that they realize that they will be sometimes the final decision maker with the family, and it, it's harder.

MR: And you have to learn that.

SL: To know how to do that.

MR: Somewhere along the way. It's important. Yeah.

SL: Yeah. So it's, it's very different, but, you know, I, I was just at our medical school graduation and uh, they are just as, you know, idealistic.

MR: Mm hm.

SL: As we were and wanting to do the right things and wanting to work very hard.

MR: Right. I think anyone who goes into medicine.

SL: It's just so we don't get in their way.

MR: Yes.

SL: With the dumbing down of it's all about how you can deal with a computer.

MR: Yeah.

SL: And how you can suck out of the electronic medical record one little morsel of what's really the matter with the patient.

MR: Right.

SL: It's uh. That's.

MR: Instead of the patient.

SL: Instead of the patient. It's harder for them to keep that momentum. But it still is a wonderful - well, you know, we wouldn't choose any other career. We're so fortunate. It's very -- every day. I learn something new every single day.

MR: That's the way I felt even when I went.

SL: That I have to teach myself.

MR: Into private practice.

SL: Yeah.

MR: I, I saw so much more variety. And you never knew what was going to walk through that door.

SL: Right.

MR: You know, and it was amazing. And it's such a -- you realize, both of us, as a pediatrician, that this is the most precious thing that any family has. You know, so.

SL: Yeah. It's true.

MR: So you really want to work hard for them and do your best. And of course kids are amazing in even as when they're sick. They're so resilient or funny.

SL: Yeah.

MR: Or whatever. Um.

SL: Don't ever pity a child.

MR: Yeah.

SL: Because they don't pity themselves

MR: Right.

SL: And they just think it's so fun.

MR: They find a way. They find a way.

SL: Whatever it is.

MR: To deal with whatever it is they have to deal with.

SL: It's true.

MR: But um, I've said that so many times. I mean, I remember a parent asking me once, you know, "How did you do this? How did you survive?" Or "How did you do this?" And, 'cause I had the four kids and my husband you know, was a surgeon, etcetera. And I said, "You know, until my youngest was ten, I wasn't sure I would live."

SL: {LG}

MR: But you kind of just did every day, and um, you somehow got it all done. And now I'm much more philosophical about everything then I was then. Um, 'cause I'm not as uptight as I was then. But uh, it all gets done. And you just somehow keep all those balls in the air. And I wouldn't trade it for anything. And I just feel very blessed. Um, and I say, it's been a great ride. Don't you think?

SL: Mm hm.

MR: This life we've, we?

SL: Mm hm.

MR: Sort of carved out for ourselves and sort of happened to us.

SL: Exhausting sometimes

MR: Yes.

SL: I think.

MR: Yes, I need my vitamins all of the time. But um.

SL: Yeah.

MR: Just um, you know, as Sarah said, it's just, it's such a privilege to be a doctor.

SL: Mm hm.

MR: And um, and I think being from Jefferson, you know, certainly for me was an absolute gift. And.

SL: I agree.

MR: And I loved everything about it when. I loved my time here. And uh, am very grateful.

SL: Mm hm. I agree with you. Very.

KD: So could you give me a bit more detail about where your careers went after your internship, residency, fellowships?

SL: Well, I don't know, you see I don't sound, I could put together backwards, I did all of the right things to be right where we were. But you know, what interested you today.

MR: Mm hm.

SL: And did you think you wanted to deal with inpatients or outpatients. Did you like the chase of not knowing a diagnosis? Did you like your patients to have chronic illnesses where they would come frequently or did you like to have people who were really sick and who frequently got better? And that was the single bad event in their life. And I gravitated toward the inpatient, sick, make a diagnosis, get 'em better. Uh, so that's how I decided to do Infectious Diseases. But there really wasn't an Infectious Diseases as an established sub-specialty or, or sub, or training. So I kind of pieced together a training program between Internal Medicine, I D people at Temple -- we were, Saint Christopher's was Temple at the time -- and an immunologist at Saint Christopher's, and Dr. Smith who was a wonderful clinician, and an, and a cystic fibrosis person who, Nancy Wong, who was phenomenal. And so that's how I learned Infectious Diseases. And then I got an N I H research award to do research for a year. And then when I came back to Saint Christopher's they made me Chief 'cause there wasn't any Infectious Disease doctor. Um, so I then, you know, just worked hard and prepared myself for everything and, and I now give talks about how you get started in academic medicine.

MR: Hm.

SL: And how you network. And nobody ever taught me.

MR: Mm hm.

SL: Um, but.

MR: You just did it.

SL: Somebody, you know, I was working on some pathogenesis of bacterial meningitis with e. coli, and I was presenting a poster, and there came George McCracken who was doing all of the.

MR: Wrote the book.

SL: The, uh, the models of and treatments of meningitis. And I asked him to look at this, at what I was doing, and "What do you think about it?" and blah blah blah. So the next time he had to give a talk somewhere he asked me to give it with him. I prepared like crazy. I gave the talk well. I was asked to do more talks. And then, since then I have averaged between thirty and forty talks out of Saint Christopher a year. Lectures outside of Saint Christopher's. And have just, I've, I'm going to the University of North Carolina on Wednesday to do my seventy-sixth visiting professorship.

MR: Isn't that great?

SL: Where I'll stay a couple of days. And so then I got involved with the Society and the American Board of Pediatrics and did, started a textbook. And editor of the journal.

MR: And how many editions of the textbook?

SL: We're in our fifth.

MR: The textbook for Infectious Diseases today for Pediatrics.

SL: So we're in our fifth.

MR: Fifth.

SL: Right now. Got to get to the editing of that. So one thing takes on another, but volunteer, work really hard, be over-prepared, and decide you want to give joyfully. So I've never felt victimized, which is also, I have thought, being at Saint Christopher's, I'm a big fish in a small pond. So I pretty much always got to decide what I wanted to do. I always made the schedules. I always, you know, was pretty much in charge. So I didn't have to do stuff I didn't want to do or where I wouldn't have impact. She was in a slightly bigger wheel at Children's Hospital so she had a lot of people who were maybe very nice and thoughtful, but they were sort of running her a little bit more.

MR: Mm hm. That's true.

SL: Nobody ran me. I didn't choose a subspecialty that made any money, so nobody made me go see patients anywhere. I saw the patients that there were to see. And um.

MR: And how many people are in your department now?

SL: We now have pieces of six.

MR: See.

SL: Yeah, so.

MR: Pretty amazing growth.

SL: So it's, it's been pretty remarkable growth. Uh, and you know, I just love the people I work with, and have been. I have very high standards so that the residents are -- I'm just getting a Lindback Award Wednesday before I go to North Carolina.

MR: That's the teaching award.

SL: The highest teaching award.

MR: Are you familiar with that?

KD: I am not.

SL: At the university.

MR: The highest teaching award for the university.

KD: That's wonderful.

SL: And it's, it's interesting because.

MR: She should have had it.

SL: Yes.

MR: Forty years ago.

SL: Yeah, well.

MR: I mean, she, she's amazing.

SL: I was, yeah, anyhow. I, uh.

MR: But you have it, that's the important part.

SL: Yes, that's right. Well, it's, it's a wonderful -- well, you know some things. I was very, very, very, very busy.

MR: Yeah.

SL: When our children were young, still at home. And I was doing a lot, all over the country.

MR: Right.

SL: And the subspecialty and the textbook and.

MR: That's one thing I couldn't do. I decided there was no way. I would -- I had no interest.

SL: So some of.

MR: In doing that.

SL: Some of these things are sweeter, a little later.

MR: Mm hm. That's true.

SL: You know, this is very, very meaningful to me. But the other thing I realize as the parent of all of these ch-, these, uh, students and residents that I've mentored, is that it was not always easy to have high standards. You know, Saint Christopher's went through some, you know, waxing and waning and not a lot of people surrounding me.

MR: A lot of thing changes

SL: At some times who had those kind of standards for academics, and there's only one way to do it. Don't cut any corner, do it right, etcetera. So, I, it wasn't always a popular thing. They, they're all still a little bit intimidated by me, but I, you know, I don't think there's an option. This is not, they're not our friends. These people depend on us for their lives and being careful and making the right decisions, so learn what you need to learn and act like you ought to act so that you can help people the best that they can be helped. So, very frequently, five, ten, fifteen years after they leave is when they write me that they felt like me today. They felt like me in how they talked to a parent. Or how they approached the problem. And they thank me for that because of the high standards.

MR: Yeah. She, she's very well-respected for, in academics and by her, you know, mentored probably thousands of people.

SL: Oh my gosh. Thousands.

MR: That you know, really absolutely totally respect her. And it's very deserved. Um, uh, but just to be a mentor and a role model, and a much less.

SL: Well you too. And families.

MR: In a much less, but still, I mean I did some teaching

SL: Families' respect.

MR: Yeah and, and I did some teaching even after I went into practice. I helped with the teaching program. I actually ran the teaching program at Crozer for the students who came through there, uh, working with the person who was, you know, uh, making arrangements with the residents. So I did a little of that, but not a lot. But um, uh, totally well respect- -- I mean, you know, absolutely one of the superstars of Pediatrics and Infectious Disease. If you talk to anybody they know about her.

SL: I made my name shorter.

MR: She's my hero.

SL: I made my name shorter. We both took our husband's names.

MR: Yeah.

SL: When were you married?

MR: I got married in my internship. It's the best time to get married. You know, October of my internship year.

SL: My goodness.

MR: When did you get married?

SL: Just before graduation.

MR: Yeah, that's right.

SL: My.

MR: I um, I wrote my charts.

SL: We just have had our forty-fifth year.

MR: Yeah. I wrote my charts, I signed out, I went to my rehearsal dinner {LG}.

SL: {LG}

MR: And I got married the next day.

SL: Oh gosh.

MR: Somebody else picked my flowers.

SL: {LG}

KD: {LG}

MR: That I totally trusted, and then we went on a honeymoon for a week, my one week's vacation, and then I went back to work!

SL: Mm hm.

MR: But uh, I never knew when things were going to happen in my life, but, it all worked out.

SL: Yes.

MR: Yeah.

SL: It does.

MR: Yeah

SL: And you wouldn't want to give any of it up by.

MR: No, not at all.

SL: Trying to.

MR: And that's the trouble. I'm quote unquote "retired" now, but I still am involved in about five or six different things that, you know, I am still, I work with a wellness company. I try to teach people about health and wellness and all that, so it's, um, uh, you know, you never stop, you never stop being a doctor. You get phone calls that, you know.

SL: Helping your.

MR: Yeah

SL: Friends.

MR: And then all of your kids' friends, you know.

SL: {LG}

MR: Your kids call you first.

SL: Yeah.

MR: They're friends are, you're usually the first line, "Should I call my doctor?"

SL: Uh huh.

MR: You know, so it keeps you sharp. Even though I haven't practiced for ten years, I still feel like I know a lot. And um, I guess my path was um, went in different directions. I trained at Children's, um, stayed there. My training was five years, including a couple of years of trying to do bench research, which I didn't have the skills for. And, um, Sarah was right. We had a much more -- um, I was part of a department that had four or five faculty in it when I joined it. So, um, there was much more, um, I wasn't charting my path, you know. I was following, kind of somebody else's path. But, um, I loved what I did. I mean, we had, um, you know, I ran the comprehensive sickle cell program, but I also had to do all the other kinds of Hematology through the um, you know, with the clinical, the, the clinical um practice, etcetera. Uh, inpatient and outpatient we would do it by the month, and uh, um, and then, as I said, around nineteen eighty one when Julie was my surprise, I realized, "I can't do this anymore." You know, and "I have to, I have to change something." And so I started to work closer to home so I lost two hours a day of commuting, and gained those two hours a day. And gradually worked my way into practice which I realized as soon as I did it, "This is where I belong." And so we started a Ped- I worked as an independent contractor. Worked in practices, only because I wanted to, I didn't want to be involved with the business of medicine. I wanted to take care of patients. And um, I was happy to work for somebody else. And then Crozer asked myself and another woman who had been prac-, who had practiced out that way, or we asked them, I forget. We got, we got tired of being independent contractors so we started our own pediatric practice. And that became very successful, um, and we grew from two people to four people very quickly, and now it's up to six, I think. And it's, if I can say so, the best pediatric practice in the area. Um, but uh.

SL: I'm sure it is.

MR: Yeah. And then it's interesting, you know, and I don't know how much this affects Sarah, but the corporate, the corporate aspect of medicine very much impacted on my life and my husband's life, although he was, he was in independent practice. He never worked for a hospital. I worked for a hospital system, and, um, initially our practice was owned by Crozer. They all of a sudden decided they didn't want to own us anymore. And if, if they could um, if we wanted to buy it back, we could, but we weren't interested, and actually at that time we talked to Children's and they snapped us up in a second 'cause they knew um.

SL: The referral.

MR: And I um, and also just the, the, the viability of the practice. I think they understood pediatric practices better than Crozer did so they saw and our practice actually has become a model for some other practices. We had some really talented people, not myself, but one of the physicians, who had been downsized from another, uh, institution who understood this and really kind of, um, made sure our practice was very successful.

SL: Hm.

MR: Um, has really become a consultant to the -- Children recog- recognized her talents, so. And even our nurses that we had trained, and things like that, they, they're doing training for other practices and stuff like that. So. Um, I've started and finished my career as being part of Children's Hospital, which was really nice.

SL: That is nice.

MR: And um, and then as I said, uh, I realized -- my husband had to retire at fifty-seven, and I realized when I turned sixty that he was going to have a pretty tough uh, row to hoe. And our lives were so completely out of balance I, I made the decision to retire early and uh, my kids, three of them being connected with the military, if I wanted to be helpful to them. And they needed me at that time.

SL: Mm hm.

MR: You know, as, as families do when they start having their children. And their husbands are deployed and this and that. That it was my time to start focusing in that part. And I was running out of steam. I didn't have the energy that I used to have.

SL: To do everything.

MR: I couldn't be three people anymore.

SL: Mm hm.

MR: So I had to choose.

SL: Yeah. You.

MR: And it was not a mistake.

SL: You narrowed it down to two people.

MR: It was the right thing, yeah. So I'm, I'm down to two. And still kind of am that, but.

SL: You know, that's, the other thing you remind me of was that um, how medicine, medicine has changed more than anything.

MR: Mm hm.

SL: I mean in our time it has just been remarkable. We never submitted a bill.

MR: Mm hm.

SL: In the beginning of my um, consultantship.

MR: No, the hospital, the hospital would bill for all of us, and I remember once they billed for seven hundred thousand dollars worth of stuff that I never did. But they just could put any name on it. It didn't matter, you know.

SL: Oh.

KD: OK.

MR: So it was a hospital staff-person. I think they like my name! You know.

SL: {LG} Wow. Well I didn't know that. That's because.

MR: I said, "Gee, I wish, I wish that it was to me."

SL: It wasn't a money-making proposition, medicine has become this.

MR: Well, they, right.

SL: This corporate money-making proposition, which, you know, most of us feel is egregious because, you know, that you should, somebody should profit.

MR: Well, it certainly shouldn't.

SL: Off of somebody's, uh, d-, misfortune is just awful for us. On the other hand, you know, there aren't poor doctors. You're just not poor and you're not likely to be laid off, so.

MR: That's not true.

SL: We benefit from.

MR: Not true anymore.

SL: Uh huh.

MR: I know doctors who are laid, have been laid off. With the way things are.

SL: Uh huh..

MR: So, I think that's changed a lot. But when you give up the control, then you have to expect that you're not in charge anymore. So, and I think it, that really has changed a lot of things. I think, you know, our sense of responsibility and that we would work, however many hours

SL: it took.

MR: We had to work to get things done.

SL: Mm hm.

MR: These days there are many physicians, it appears, that, that they'd rather work a shift.

SL: Mm hm.

MR: They're not interested in.

SL: Mm hm.

MR: You know, working extra 'cause they know that they're salaried. And so, it's kind of a little bit messy right now, I think.

SL: Mm hm. I agree. Messy is the right word.

MR: Um, and hopefully it'll get better. Uh, and I, I think, you know, the hospitals have to be able to survive, too. Um, you know, medicine is expensive and they have to be paid for what, what is done, but the whole system of insurance and all that is such a mess, and still is a mess, um, that, you know, these are I think things that need to be addressed as care becomes more and more expensive and complicated and complex.

SL: Yeah, no. We have a.

MR: You don't want to deny a patient something that's gonna work, but, and, and, and, and.

SL: There's a certain.

MR: Now there are people saying, "Well, you can't do that for that person." And that's not good.

SL: Mm hm.

MR: So, it's kind of a mess. So, I think we lived the best years.

SL: Yeah.

MR: {LG}

SL: They were good years. Very good years.

MR: My dad said that towards, as he was getting much older, "I think I lived the best hundred years."

SL: Well.

MR: Because he was ninety two when he died.

SL: I bet, I bet the things that he saw change.

MR: Yeah, yeah.

SL: In his lifetime.

MR: And he didn't like what he was seeing.

SL: Are just remarkable.

MR: And I sort of feel that way now, too, you know.

SL: And I now, I now, I don't, I don't hanker for fifty years from now, when I see what the young kids spend all their time on this little thing in their hand, called an iPhone or iPad or something like that.

MR: It, it's, I think life is getting harder and harder.

SL: Difficult.

MR: So, now we sound like old fogies. {LG}

SL: Now! Right! Put us out to pasture! {LG}

MR: Now I, I, it was, it's been a really wonderful, uh, wonderful life. With all its ups and its downs and its hards and its easies. Never easy, I don't think.

SL: No, I think, yeah.

MR: It was.

SL: Who deserves what, we don't know who deserves, but we have worked really hard so that people who look at our lives and, you know, are, are somewhat jealous of the fact that we're happy in what we do, we have worked really, really hard {LG}. Really hard.

MR: And still do.

SL: I still crave that day when I could be alone in my house, for a whole day!

MR: Yeah, yeah.

SL: But, we have a, we have had great, great times.

MR: And good husbands, and great kids.

SL: That's true. That's true.

MR: We're very, very blessed.

SL: Yup.

KD: So is there anything you'd like to bring up, mention that hasn't been talked about already?

MR: Not that I can think of.

S: I think we're talked out.

[End of recording]