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Kathleen McNicholas

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June 9, 2015 – Kathleen McNicholas (JMC 1973) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

Guide to abbreviations:

KD: Kelsey Duinkerken
KM: Kathleen McNicholas
{CG} cough
{LG} laughter
{BR} breath
{NS} noise
- partial words
-- restarts

KD: Yeah, so if you want to start off by telling me your name and a little bit about yourself.

KM: Yeah, Kathleen McNicholas. Uh, I’m a cardiac surgeon by training. I am from Philadelphia. Um, I uh, matriculated at Jefferson in nineteen sixty nine and graduated in nineteen seventy three. My uh college education -- I, I actually, having grown up in the Philadelphia area, went to Mount Saint Joseph Academy, which uh was, an incredible experience. Uh {LG} incredibly bad for me. I was not a conformist uh, so I, uh, uh, it was interesting. I graduated despite uh, all the predictions. I graduated from college with honors and uh, came to Jeff. Before I started at Jeff I had worked with an incredibly amazing group of uh, uh Dr. Driscoll, um, uh, over at uh Dr. Wallace, over at Stein Center, and I was doing uh biophysics and radiation physics and really cool stuff and that really got me into um, into the uh, Jefferson uh, feeling. My father’s a Jefferson grad from the class of nineteen forty-two, and he brought us here frequently. I think it was to go to the Horn and Hardart for him, but it was to take us through and -- the old library -- and watch uh, look at the Gross picture, which was really kind of inspirational. At any rate, um, I’ll go, I’m going backwards so I’ll go to that, but I had an intense interest in medicine that was only made more intense by working with the uh group over at Stein Center. I also had the uh, incredible fortune of working with uh, Dr. Aponte, uh, who was a legend to uh, to, to most, uh. Dr. Henry Aponte. And uh, he actually uh wrote me a letter and told me he had taken the opportunity to write a letter of recommendation for me to Jefferson. Well, I was unaware that he was the head of the committee on admissions. Until my interview. So anyway I was in the first group admitted to Jefferson for our class and uh, I, I just absolutely loved it. I uh, grew up in a um medical family. My father was a uh, Jefferson grad forty-two. Uh trained at Penn and was an anesthesiologist after having uh tried to do internal medicine but found that his personality did not he, he could not bill and he could not say no. So uh, he ended up with a whole bunch of kids that, uh, with the uh, uh, uh recipients of the uh don’t -- never say no and always say yes and don’t ever charge anybody for anything. So I had a wonderful baby-sitting career that was uh, I uh, it was a gift to everybody I had uh had been with. At any rate uh, Jefferson was phenomenal. Uh, I loved it. I had taken on the moniker of McTempleton uh, because I again uh was very fortunate after, and I worked a lot with Dr. Aponte, and I’m, I’m very happy to say that I did get the Pathology award, which was uh unusual, but I, I felt an obligation to prove to him that I really should have been a Jefferson. At any rate, uh Dr. Aponte was phenomenal. I uh started

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
out bound and determined to become a radiation oncologist. Um, I worked with uh, uh, uh Simon -- why can’t I remember his name? Um, Kramer. The head of radiation oncology here, and I just absolutely was taken into that. And uh, and loved every minute of it. So when I worked with him I, I thought that I would come here. I worked with him two of my summers before uh, um medical school. And I thought I would just kind of go and uh, become a resident, and do what I saw the other great residents do. Uh, which, which was a good plan for the first two years. My, my lab partner became a anesthesiologist though he was bound and determined to become a surgeon. And I let him do all the surgical stuff, especially with the cadaver because I had no interest in that. Again, I was headstrong and I was going in one direction and one direction only. I was dared, after my uh second year uh, to um take an elective. Um, there was an elective that was uh, I won’t mention the fraternity, but uh, and I won’t mention the individuals, though many people may be able to identify them in the class ahead of me who firmly held on to this elective up in Chestnut Hill Hospital in surgery where they act like uh little surgeons and they all became little surgeons and they did, actually did surgery. And uh, I was told that uh, this was an elective that I uh, couldn’t get. And it was pretty locked up. And I’m, I’m sure it would still be locked up to this day because these guys were really very intense. Uh, and they went and they were drilled and uh and Dr. McLaughlin at Chestnut Hill sort of took them under his wing, and it was a great mentorship program. But I said, “Well, I think that sounds interesting.” So they said, “Well you won’t get it.” And I said, “Well, I could get it.” And they said, “Well if you got it you couldn’t do it.” So that was uh pretty strong words. So I, I, I got it, and I uh did it. And uh they -- and I never used political influence except that time when I called my father who was Dr. Stayman’s classmate and a very good friend. And I, he called Dr. Stayman and said he really liked to -- and Dr. Stayman knew me and he said he would really like to have me there for the summer. So I kind of initially came into a parallel program and then intersected and uh passed them. And loved surgery. Just was totally smitten. Came back here and met John Y. Templeton the third and uh, it was history from then. I did take a couple breaks to see uh, to go, I went out to Mayo Clinic to uh spend some time with another cardiac surgeon who was renowned and who I had done a lot of reading about, and uh, of his readings. Dr. Dwight McGoon, I worked with him uh, just to see if it was -- I knew I loved Templeton and I’d loved doing what Templeton did, uh, but I wasn’t sure that was enough uh, for a career, and I didn’t want to make a mistake. Uh, so I really wanted to see if this was something that was, I was definitely cut out for and I could do. So I worked with Dr. McGoon who was probably the nicest cardiac surgeon in the world. And I uh, somehow, just by luck uh, didn’t intersect with any of the mean and nasty people uh, that I know are in this world that are, some of them are actually cardiac surgeons. But at any rate, I worked for Dr. McGoon, came back bound and determined um, to do cardiac surgery. Uh, Templeton, Bacharach, Smullens, and Noble, who were the group I worked with, and again I shadowed them so I, I’d do an intubation in anesthesia and then go off and watch Templeton or join Templeton in a case and uh, it was, it was really too cool. Uh, Templeton looked at my list and -- they all did -- he called me over to the office and looked at my match list and uh, Dr. Templeton looked at me and says, you know, “We approve of Columbia.” So I thought that was a pretty good statement so I ranked Columbia number one and uh, uh, I got matched at Columbia and went to Columbia and uh spent my next seven years, my internship, residency, and my uh fellowship in cardiac surgery. I also spent six months of my -- so I was doing an integrated program then because I was doing a lot of cardiac surgery. I did six months at Great Ormond Street in London doing pediatric cardiac surgery, which is kind of unheard of how you could do that, but I did it. And uh, after I finished at Columbia I spent another year at uh Great Ormond Street as the senior registrar and had a great experience there, and then came back and uh was blessed to uh meet back with uh two of my great friends from Jefferson, we were colleagues, worked together. Tony Del Rossi and Mike Strong. And the plan was to have me come back with them but it didn’t look like a feasibility, but, low and behold uh, they called me and said, “Come down to Deborah. We want
you to work with us here.” And I had the great fortune of uh, meeting uh Dr. Gerry Lemole, and uh, we became partners and we’re great friends, and uh, I haven’t seen him since Saturday, but uh, he’s, he’s an astoundingly wonderful person. And I got to work with Tony and Mike and uh, had a great, have had a outstanding career. So that’s basically where I came from and where I am now. I did take a little detour, I’ve got to be honest. I did pediatric cardiac surgery. Uh, when the pedia-, the position came to either go over to DuPont to do kids or to stay with Gerry, it was a obvious choice of stay with Gerry. And stay with our group. Uh, we’ve got this little thing called loyalty that uh, I’m sure uh, you know, was, was totally uh, you know, built into the program at Jeff and continued on. And uh, when I stopped doing kids I had a little bit of free time and um, I had done some malpractice uh, expert witnessing. At one point got ulcers on both elbows, uh, working uh in defense of some amazing neonatologist in Philadelphia and I will say we lost to -- they lost to the tune of fifty million, and I was intrigued by how somebody could lie and uh, present information that was totally wrong. And I didn’t know what the rules were and I thought I’d like to learn the rules so I thought I would go to a law school that was three miles from me and start reading about it. And I started reading about it and I said, “Well this is chaos. And this won’t work.” And I said, “Well, I’m going to go to class and I’m going to take some law classes and I’m going to figure it out.” And before I knew it I was in law school at night and uh, got, spent a decade, a decade that’s lost to me -- I’m now reading to find out what happened between two thousand and two thousand ten -- but a decade getting uh, uh legal education, becoming a lawyer, uh, doing uh, law school and doing uh, and then did a Master’s in health law to uh, as my compensation, because I did not want to do the bar, which I think is -- I will not study for a test. I never have and I never will. So I was not going to stoop to that uh, that low level. If I could learn something from it I’d like to learn it, but I love to just learn.

KD: Sure.

KM: I think that, you know, knowledge is power and uh, someday I’ll get the power part but for the time being I’m getting a heck of a lot of knowledge.

KD: {LG}

KM: But uh, so I, I did that and then I had, as sometimes happens, it was just fortuitous, serendipitous, however you want to say it. But, I had my own little uh advance you know, being totally immune and, and never, being a, a victim of, of coronary disease though both my parents died of coronary disease. Like, you know, but I was immune. Um, I did uh, did have an M I and uh did subsequently have a stent and then another stent and then three bypasses and then four more stents. So uh, that sort of put uh, uh, changed uh the, the direction. ‘Cause you -- the day you worry about yourself doing cardiac surgery is the last day you should be doing cardiac surgery because you can’t, you can’t, you can’t focus, and you can’t be loyal to two people. So uh, that was the end of my uh career doing cardiac surgery and I kind of segued, pretty easily, into patient safety, performance improvement. Uh, did a fellowship uh, just to make sure my law education didn’t completely uh, taint me. Uh, did that, and have been working at Christiana, which is my, has been my uh, home-base and my home for uh, since nineteen eighty six. So, so that’s that. I’m still kicking. I’m still here. I’m still tremendously, uh -- it’s like stepping back into the past to come over and uh, you know, go see Jefferson Hall, and I do traipse around there every now and again and think of the days and the evenings and the nights and the great, great friendships. And uh, uh, so here I am at uh, still call it Jefferson, I’m sorry.

KD: It -- yeah, we call it Jefferson.

KM: Oh good. ‘Cause I, I do. And I still have Jefferson shirts and stuff like this. I would like a Jefferson flag ‘cause I could fly it at my house. But I’m totally uh, Jefferson. Up, sorry {NS}. 
KD: That’s OK.
KM: I bleed black and blue.
[Recording paused]
KM: So anyway, uh {CG}, what more would you want to know?
KD: Yeah.
KM: Why did I come to Jefferson? Because my fa-
KD: Well, can you tell me a little bit about how you became interested in science and medicine first? Before we get to Jefferson.
KM: Sure. Well that was obvious. I lived in my father’s library.
KD: Yeah.
KM: So it’s, you know, it’s sort of genetic I do think. Although the anesthesia didn’t pass -- but it is in my D N A because I’ve, I’ve got a lot, lot more talent. And I’m accepted by the anesthesiologists, by that tribe, because I do have {CG}, I do have the anesthesia genes as well. Uh, science was uh, incredibly interesting to me. Always. I wanted to, uh {LG}, I dissected the Easter ducks, the little chicks, all that.
KD: {LG}
KM: I mean I dissected all them. And I would go, and you know, anybody who found anything would bring it to me to dissect. And that was just an interest of mine from, from the get-go. I, um, most of my dolls had casts on them. Uh, papier-mâché made fantastic casts -- in fact, at one point I had worked at Chestnut Hill with an orthopedist and I was really interested in orthopedics so -- but before that, they had all gotten casts. And, you know, I was the one most interested in how things worked. And uh, you know, it was pretty obvious to me. It, it was not as obvious to my father, I think who was, he wanted me to be an architect. So, uh, that didn’t quite work out that way. But, yeah, this was, this was the only thing for me. I figured I wouldn’t -- he told me I could be a major league baseball player, when I was little, and when that became an impossibility than I had to -- my back-up plan was medicine.
KD: OK. Great. So then could you tell me about your time here at Jefferson? Starting off, first couple years, and then in clinicals, then onward.
KM: Jefferson was fantastic. Uh, uh, the preclinical, I mean I still remember those were the best days. In, in fact, we were walking to, to um, graduation, and somebody said, “You know, we just spent the best days of our life here.” And I said, “Well, that was absolutely true.” Because we did. We were a great group. We were all going through it together. There was tremendous camaraderie. I think I knew all two hundred and twenty people in the class. Uh, we all -- and, and it was a sense of, it was communal suffering, you know, which, which helps too. But I don’t think anyone could understand exactly the depths to with which you went and the, the -- we were an intense group. And we were intensely friendly. Intensely uh, uh, focused. And uh, it was perfect for me. I mean I, I was very comfortable here, having worked the summers at Stein. And uh, I, I think that helped. The, the situation, the living situation was great. I lived fourteen thirteen Orlowitz. Uh, which was a special place. Uh, it, it uh, the preclinical was great. We were still focused on what was there clinically. The summer after I went back to Stein and was able still to
continue with the radiation physics, not realizing my uh, interest was gonna soon be shifted. Uh, I never thought it would. ’Cause that was perfect for me, but uh, uh. And then coming back, after I had done the summer at uh, uh Chestnut Hill, coming back here and then they said well my first rotation was surgery, and they said, “Well, you could do cardiac surgery and then something else.” And I did cardiac surgery the first six weeks and then they asked me if I would stay the another six weeks because there was another person that had to stay on the ward service. And I said, “Gladly.” So I uh, it just was, uh, and, I guess I maybe shouldn’t say, but actually Templeton let me do a lot and uh, even you know as a student I was able to close an A S D so I had to run away from here fast because clinically, I’d already, you know, done an incredible amount of, um of -- I had accomplished a lot. And I had kind of really set my career in the direction of being a uh competent resident, and uh, uh, and a competent fellow, and I think a competent clinician. So it, his devotion to his patients and the practice devotion, and his -- we’d always say, one of my co-residents. We’d, we’d stop and we’d think and I’d say “I know what you’re thinking, and he said, “You wanna know what -- you’re figuring out what Templeton would do, wouldn’t you?” And I said, “Yeah, and you’re figuring out what Bowman would do, wouldn’t you?” And we would. And we got out of more trouble and we came up with more ingenious things so, you don’t have to get into all the trouble to get out of it. But it is intriguing to have taken on a piece of the thought process, and we really did extract that from our, our heroes. I mean, there, there’s a thing as a mentor, and there’s another thing is a hero. So I mean I can’t tell you, with Bacharach and Templeton and they care-- -- and I’d come back weekends and watch uh, you know, watch Templeton. If I came back to visit the family I’d stop here and uh, and see if he was doing a uh case and if he was -- and the saddest day of my life was I watched him do a case, and I said, “You know, this is really terrible, but I think I could do as well as him.” And I said, “No, the, that guy’s not helping him. That guy’s not helping him and I should be helping him because.” And then I thought, “Well that’s, that’s really sad when you look at your hero and go “Wow, you know. Is it true?”

KD: Mm hm.

KM: And, you know, and you see the, the -- I saw the peak of his career and, and then how, how it ebbed. But what an incredible guy, and what a mind and what a, what a incredible need to now. I mean he was studying Spanish at the time of his death. I mean he was, he was just an incredible, incredible human being. But, he was able to share that. And I found that, in a lot of people. Not just, not just him. I mean, there were people in all, in all different seg-, segments. And uh, they knew ya, and it was a, it was a fun place to be. And it, when I went, when I left here I did not want to leave. Uh, and going up to New York was a uh, it was one of those things that I kept thinking, “Well, I'll be going back to Jeff.” Because we had a big cut. I mean it went from twelve to four and I thought “Aw, I'm going to get cut. And when I get cut I'm just going to go back to Jefferson.” So I was -- I had a great no lose internship.

KD: Yup.

KM: And then I made the cut, so uh, I ended up staying up there. But I still have my bowl from Templeton, Bacharach, Smullens, and Noble that I, I look at proudly. I did not win the surgery award, but Templeton told me to, to wear the bowl up to Columbia and let the guy who won the award, who was going up there too, wear his medal and see who did better. He got cut. I didn’t.

KD: Mm.

KM: So um, it was, it was, it was great. I, I did very few rotations out of Jefferson. I tried to focus all my time here. I think I did a rotation at uh Lankenau, and we had to do a psych rotation down in Delaware. But uh, otherwise, always in the company of, of amazing people. And uh, it's
incredible to think we’ve all moved on and uh, you know, all done, I think, really, really great things. I have a great, uh, cohort of friends in Delaware that uh, uh, were in my class. And you know, there are Jeffersonians all over the place, and it’s uh, it’s fun. And it’s, it’s fun. I recommend, uh, kids to come here, which is really exciting. Uh, and seeing the uh, it hardly looks -- it seems like yesterday we were here, but it’s uh, it’s a great place. And I’d like someday to move back in this area so I could spend some time at this library if I get a card to come in. And the, of course the Constitution Center, which is my new best interest. But it is nice to have two interests. When your, your brain needs to be fed. So.

KD: Do you have any other memories of individual students, of specific classes, other professors that come to mind perhaps?

KM: You know um, you know, the, the guys that I’m still with are Colbourn, Skip Kuhn, uh Bruce Noble, uh Leslie, um Leslie, Bruce’s uh wife, uh Robinson. You know, they were all good. Dean Banes was one of my uh friends who lived, there was a little Greek pastry shop, and she ended up dying in a car accident, tragically, right after graduation. And for all of us to go to her graduation. Mike Greenhawt, who w- lived across from me, uh, across the hall from me in Orlowitz, and his wife Judie. They were great friends. Uh, Gary Fleisher was my next door neighbor. I mean there were very prominent people all over that uh, actually, you know, I was in class with and uh, you know, did rotations with. Uh, I, I do not uh, there was nobody in my class that I didn’t like, that wasn’t uh, that wasn’t a friend. I don’t believe there was any cutthroat business, although we were on, you know the grading s-, thing, and you had to know -- in fact the diploma said “Please return to the registrar’s office.” I said, “Oh god,” you know, “there’s something wrong. I didn’t do something.” But they tagged on if you graduated with anything special. So that was kind of, kind of cool. Not that you could see it, mind you, but it’s, it’s, ’cause I tried to find it myself. I said, “Where is it amongst these Latin words?” And it’s Latin itself. But uh, you know a lot of people, and a lot of faculty. The people out at Chestnut Hill were, were amazing. I, you know, and Joe McLaughlin was, was fantastic -- Ed McLaughlin. Joe McLaughlin’s another guy. He’s a cardiac surgeon in, who was in Baltimore, but Ed McLaughlin. Uh, amazing people. Dr. Stayman. Uh, and Tony Del Rossi and Mike Strong. I mean, they’re going to be life-long friends. When I see them, it looks, it’s, it’s as if, you know, we’re sitting in, in the same back room or sitting up on Peds watching somebody perched on a windowsill. Uh, you know ‘cause Mike would do rounds with us and he still talks the same way and it’s, it’s uh, it’s kinda fun. But there’s a distinct, you know, it doesn’t blur. Because everything else in my education tends to blur somewhere, but there’s no blurring uh, with Jefferson. Jefferson is a distinct entity. So it’s a, and I don’t think we really over-thought how wonderful it was, but you know, going out to the belly dancer during studying for Boards, I mean, how weird was that? But, you know, the wives were all gone and uh, I was kind of like the kid sister of the group. My - - Mark Pas, uh Pascal, who was in my class, we. My best friends went to Muhlenberg and they had like old tests and they included me in their, in their study groups and there uh. So it wasn’t, it wasn’t com- -- everybody wanted to make sure everybody did well. At least that was my perception.

KD: Mm hm.

KM: So I uh, Genie Miller was my roommate for a year. She’s a wonderful person and there was no question these people were going to be very successful. Lynne Porter uh, uh, who uh, Frank Borgia, I mean, Phi Chi, I could tell you about that. And uh, you know, there, there are a lot of, there were a lot of neat things. There was something to, I, I think the camaraderie -- and again, I, I was part of a legacy, which I think is even better. I don’t know how many daughter, father daughter groups you have. Do you have many cohorts?
KD: Not many that I've talked to. I'm sure there are more that exist.

KM: But yeah I think that, that's kind of a fun, a fun kind of thing.

KD: Mm hm. Definitely.

KM: And, you know, to see how uh, it really is. You know it's exciting to make somebody proud and to make yourself proud. And uh, you know again, we were so busy. And I do realize when I came out of my surgical world and those decades of doing surgery, how tired I was and how, you know, the perspective changes. But uh it -- I would, I would send anyone here in a heartbeat. And none of my nieces and nephews had any interest in here. The youngest is finishing law school next year and I keep saying, “You could still go to medical school, Ryan! You can still do it.” In fact he told me -- we were at a golf tournament once, and he was cute as can be. He was five, and people said, “Oh, how old are you?” He said, “Five.” “And what are you going to be when you grow up?” He goes, looks at me, and he looks at her, and says, “She thinks I’m going to be a doctor” {LG}.

KD: {LG}

KM: I said, “Ryan, stop that!” She thinks I’m going to be a doctor {LG}. Like, no. So none of the nine turned out. One’s a -- Katie, Katie’s a nurse, and has, has a Master’s and works down at Pennsylvania Hospital and uh, um, but, and they’re all interested in what we do, but they don’t want to work quite as hard. It’s, it’s tremendous commitment. It mean it, it, it is a, it is a total commitment. At least in my view. I, I didn’t have time to do anything else. I mean I, I was a very -- I wrote down in my day planner what I was going to do each day. And I uh, I filled ‘em. I filled ‘em. Thank god I didn’t have kids, ‘cause I -- my dogs are psychotic, all of them. Totally. Good dog, bad dog, sit! Stand! The vet says, “Sit dog, sit.” And I said, “He’s not a trick dog.” And she goes, “That is not a trick.” I said, “Oh. This dog never sits. Like, why would I, why would I say sit?”

KD: {LG}

KM: “I’m not training him for the circus.” So, so that’s the deal with that. Any other interesting uh?

KD: Yeah, I mean if you can’t think of any other thoughts or memories about Jefferson, would you mind telling me.

KM: Oh god.

KD: I mean, yeah, we can stay on this topic for a little bit longer.

KM: I’m sure, I’m sure. Living in Orlowitz was an experience in itself. I mean that was a, you know, I studied in the laundry room at Orlowitz. Not that we couldn’t study, and I would always study with ear blockers. I mean, I had -- ‘cause people would say, “Well what was your favorite music?” I said, “I did noise cancellers, hello!” I had to close it up because I’m so distracted that I had to get in a box, and there was a really cool little, like a telephone box here where I could take my stuff and, and study.

KD: Mm hm.

KM: And that’s the kind of intensity, and I guess it, it suited me well for going into an O R where I could hear. And people say now, “Well you hear everything! You know everything.” If
somebody walks in the room and whispers something, I said, “Now why did that happen?” And they’ll go “Ooh, you’re not supposed to hear that.” You know, I do tend to hear everything, but I had to block stuff out. So, a lot of the world I blocked out when I was at Jefferson, except for Jefferson. I mean, this was my focus at that time. And I think, you know, it had to be. In fact we saw uh -- there was an ad and it had a bunch of people in it called revolutionaries. And the revolution began. And I thought -- I looked at this picture, and I go, “Oh my god, that’s my class!” And I called ‘em and I said, “Where’d you get this?” They said, well some, you know file, photo file that you get, you buy them. And these look like a bunch of hippies. I thought, “Jesus.” So I showed it to my friends down, you know, down in Delaware. I said, “What do you think?” And they said, “Well, that’s an interesting picture.” I said, “How about that? Milt Packer.” And he goes “Woah, that is Milt Packer.” “And how about Genie Porter? And how about, you know.” And I said, “Oh my god, that’s our class!” But, we could pick ‘em out then, but when I see pictures like reunions I have no clue who they are. Like uh, boy, they’ve really changed.

KD: Mm hm.

KM: We’ve lost uh, several of our class. But uh, you know, there’s a lot of our class still hanging in. They’re still, they’re amazing. I mean uh, the contingent from Jeff and, and it’s fun to see, uh, to be at a place where there are Jeff students.

KD: Mm hm.

KM: And uh, that, that’s, that’s good too. To see them continuing on and uh, you know, the process continuing. So don’t get me into the Kimmel name, but.

KD: Yeah, we can, we can stay away from that.

KM: Stay away from that {LG}.

KD:{LG} It’s probably safer.

KM: We had a mild meltdown last year. Like, please, you have to have some fealty.

KD: Yeah.

KM: So, it’s kind of -- I mean, they were getting me gifts actually, my, my nieces and nephews, with Jefferson on it, because they knew how strongly I felt about. Do you have anything left in the bookstore that has Jefferson Medical College?

KD: Everything in bookstore says Jefferson, for the most part.

KM: Now?

KD: Yeah.

KM: Because it used to say Jefferson Medical College. I think I still have a few of those.

KD: Yeah, I think now everything just says Jefferson.

KM: ‘Cause down the shore.

KD: Because there was a big.

KM: I ran into somebody.
KD: Uproar.

KM: At one of the uh coffee shops.

KD: Uh huh,

KM: And he had a Jefferson shirt on. I said, “I want that!” Because I have to save that, we have
to preserve it.

KD: Uh huh.

KM: But my Jefferson cup and all those other things. Nobody else uses that.

KD: Yeah.

KM: That’s mine. Nobody can break that.

KD: {LG}

KM: So, but uh you know from the day one, uh, the welcoming ceremony. Uh, you know, but it’s
interesting, the studying -- I mean, it’s hard to know how to study, how to learn. But it was very
interesting in my case because {CG} I uh, I ge-, you know, things came pretty easily so I didn’t
have a plan to study. So. And I always thought after two years -- three years -- of Latin, I said,
“How would I have done this if I really wanted to do it right?” And when Anatomy came along I
said, “I’m going to apply that theory.” And I did and it worked perfectly. Now, you know, for Latin,
I don’t think my Latin teacher ever appreciated my uh, ability to learn, if I put my concentration
on it. But uh, you know, you kind of just learn- learned the plans there. It was the same thing in
law school. I mean, you don’t -- I mean, they’re making outlines and doing all this stuff and I go,
like, “What?” And it was fun ‘cause in law school people would say, “What do, what do, what do
you?” -- I went at night and they’d say, “What do you do?” And I said, “I’m a technician.” And
they’d say, “OK.” ‘Cause that’s not very exciting.

KD: Mm hm.

KM: I mean, what do you say, “What kind of a technician?” Who cares. So one girl came up to
me and she said, “I know who you are.” I said, “Is that right?” And she goes uh, “You operated
on my father ten years ago.” I said “Oh, how’s your father.” She says, “Fine.”

KD: Mm.

KM: And then as school went along it became {CG} a little trickier when people were marching
in lines and a couple judges I had operated on stepped out of line to hug me.

KD: Oh wow.

KM: And they said, “Why are they hugging you?” I said, “I know them very well. Do you want to
know what their coronaries look like?” {LG}

KD: {LG}

KM: “Or what their valves look like?” And one had a congenital lesion which was very
interesting, but, it’s our little secret, and the librarian, when I operated on the librarian.

KD: Uh huh.
KM: I operated on a big uh, very prominent uh attorney from Delaware, and I said, “Now how does it feel to be operated on by a law student?” He says, “I never really thought of it that way.” He said, “I don’t think that matters.” So. But it’s fun. I mean it’s, it’s set us up in good position to, to uh, be accomplished. And I, you know, I think s- success is in the eye of the beholder. And I think we were all very successful. I think uh I was able to develop a family practice within cardiac surgery, which was really cool.

KD: Mm hm.

KM: And I get such fantastic pictures as, let me show you one that just came through the other night, which was real cool. Which I don’t think many people get. That’s the baby of a patient of mine.

KD: Oh, that’s lovely.

KM: And there’s my patient.

KD: Oh, that’s so great.

KM: Holding his first born. But.

KD: That’s wonderful.

KM: So he’s now, thirty uh, thirty-two years post-op.

KD: Wow. That’s incredible.

KM: And I still follow him, as a matter of fact. And that’s his baby daughter. So. Now I’ve had several named after me. He didn’t do that on this one.

KD: {LG}

KM: Emilia is not Kathleen.

KD: Maybe the next one {LG}.

KM: Well I do have a couple really cool Kathleens in, in the mixes.

KD: Uh huh.

KM: And people go, “No.” And I say, “Yup.” So.

KD: That’s great.

KM: But, so I, I, I owe a lot to Jeff. Um, Jeff’s a great place. It’s a great place. Gross. I mean, the history of Jeff is fantastic. And uh, you know, all these books uh, I’m looking at. I had, uh, had all of them, and again I, you know, I had my father’s fervor. And I think bringing kids here as children’s probably a good idea.

KD: Mm hm.

KM: Probably a good idea. Maybe I didn’t bring my nieces and nephews enough {LG}.

K: {LG}
KM: But uh, that’s alright. Lawyers are good, you need lawyers. So we got lawyers. And we got a A B C reporter, so we’ve got, we’ve got good coverage.

KD: Yes.

KM: So. But what other intriguing, what did other people say? What are other folks interested in?

KD: Probably um, I mean everybody has very different memories. Some people remember a lot from their time here, other people.

KM: Block it out.

KD: Remember bits and pieces. And that’s it. Yeah.

KM: I would never block it out. I mean, I have an interesting way of compartmentalizing, but never forgetting.

KD: Sure.

KM: ‘Cause people ask me, “Well, how do, how do you remember all of your patients?” So I say, “How would you forget them?”

KD: Yeah.

KM: You know it’s, if you, if you have that opportunity, you know, to be part of somebody’s life, how would you forget them? I mean that would be, that would be incredibly disrespectful, rude, and everything else. I mean that’s, so I love my babies. It’s a little hard when they hold them up in church, you know you go, “Oh man.” ‘Cause they, you know, they look, they grow so fast. So when you got the baby and then, and then all of a sudden they’re holding this two year old up and you go, “Oh man. OK I got the family, and then I have to but where do they live, what do they do, how do they -- and figure out, clue down to the, to the child.” Or then you see, I still see people all the time in, in the halls. Like, “Do you want to see my scar?” I say, “Yeah, sure.”

KD: {LG}

KM: “Wanna see mine?” {LG} But uh.

KD: Fun.

KM: It’s fun. So I had uh, you know, I, I did things that were maybe, you know, with the encouragement -- nobody told me it was impossible.

KD: Mm hm.

KM: I mean, Templeton acted like this was perfectly normal, you know, for me to do cardiac surgery. Perfectly normal. And perfectly normal to go up to Columbia. Now I was the first woman to finish at Columbia. And they were so open-minded it took them twenty years to have another one {LG}.

KD: Wow.

KM: It’s like, oh god. But uh, you know, it’s uh, I, I, I didn’t, I didn’t think of myself in that, in those terms. You know, I was not a trailblazer. I was simply a, moving along.
KD: Mm hm.

KM: And you know so I never had a chip on my shoulder. I was never proving anything. I, I, and if it became uncomfortable I could always change.

KD: Mm hm.

KM: You know, I had uh, in fact at one point I thought when the cut was coming, and everybody gets highly, you know, highly nervous. And what -- Columbia’s great. ‘Cause they call people into the office and say, you know, “You’re going to make a really great neurologist.” And you go, “Really? I never thought of that.” They say, “You’d be really great. And you know, you’re going to go down to Cornell, because they have an opening for you.” And you go, “Wow, that’s great. And, and you know, I think neurosurgery’s good.” And that, they would easily, you know, move people around. So I thought, “Well, instead of just going back to Jeff, not that it would be a trauma going back to Jeff, and doing it, I would do orthopedics. So I walked in, sat a little outside, and a friend of mine came out of Dr. Stinchfield’s office at Columbia, and I went in and said, “Dr. Stinchfield, I think I may do orthopedics.” And he says, “Well, that’s great.” He said, “Steve just took the last spot for next year, but you can have the year after, so you’ll do an extra year of surgery.” I said, “Uh, if that’s the case I’ll just do cardiac surgery, that’s alright.”

KD: OK {LG}.

KM: {LG} That was my, that was my only step aside.

KD: Mm.

KM: The only step aside. One night I was reading ophthalmology thinking maybe I could get interested in that, and a friend called and said, “Just come right out to Chicago, we’ll get you in.” I said, “Nah, changed my mind. I don’t like it.”

KD: OK.

KM: I mean the only field I loved everything was cardiac surgery. I mean, there was nothing in cardiac surgery that I would say, you know, “Gee, I hope a patient never comes to me with that.” Like yes! Bring me a patient with that. So, cardiac surgery was a perfect fit for me. And there have been other people, uh, that have done cardiac surgery from Jeff too now.

KD: Mm hm.

KM: And they, they do it well. So I think individually, you know, Jefferson’s not here to, to, you know, to grow classes. They’re here to grow individuals. So I was proud to be a member of seventy-three and uh, um, you know, I, I hope they take the name back again someday. So that’s my vote. When they burn through the hundred million, which turns out isn’t that much. You know, we could do that in a year down in Delaware. So I’m sure you’ve taken the -- I gave the wrath to everybody, I tell ya. But uh.

KD: Yeah, I’ve heard it from a number of people {LG}.

KM: There are other decisions. You know it’s -- if I boycott them, so, you know, that’s not going to hurt them.

KD: Mm hm.
KM: But it does voice my -- you know, I can't, I can't cozy up to uh, garment workers. I think it's disrespectful to garment workers.

KD: Well, let's move on from Jefferson.

KM: Let's move on.

KD: {LG} Could you tell me more about your time in your internship, your residency, and your fellowship?

KM: Uh, you all.

KD: Assuming you did all of those.

KM: Yeah, I did all of them. It, it was, it was a, it was essentially, it's not called integrated, but I went to Columbia because they had the best cardiac surgery program in the country, barring none. I mean, it was the complete deal. They had kids, adults, thoracic. It was, it was everything. And you didn't have to like go somewhere. Uh, you know, some other places would farm you out. In fact, Jefferson I think, shortly thereafter, was sending people to Colorado to do their pediatrics. And you go “What?” You know. And maybe it was from the sense of I loved being at Jefferson. And I didn't want to just go to the periphery. You know, now that I'm at an affiliate, an affiliate, I do see that there is an advantage. But there's also a dis-, a disadvantage to being there. You, you're never really at the mothership. {CG} So when I looked at Columbia, Columbia's program was all there. It was -- and the cardiac was all there so the potential for me to go straight through for seven years, and finish the cardiac program. Uh, now I, I never considered the fact that, you know, there are those little cuts that come along the line. Like uh, you know, four of us got chosen to finish, to, to become chiefs in general surgery, and then one went to cardiac surgery. Well I never looked at it that way because I, I was not the pre-planner. I was, you know, I'm doing what I'm doing today. Why, you know, I'll do it as well as I can and hope that's good enough. So um, Columbia was great. We had twelve interns, all fantastic. I mean, just very accomplished people. Uh, great people. And they've, uh, they've diversified. Everyone went there was going to be a cardiac surgeon. No question, I mean that was the, the thing to be. And they were all top of their class, great people. One guy had played for the Yankees for a while, and I had to cover him when he went to the Yankees games. “Charlie, you've gotta give me a break here, you know.” As I say, “Can this guy hit a homerun? Can get out of this? ‘Cause I'm really tired” {CG} “and Charlie's not back.” So, they were a great group of uh, people.

KM: We spent all of our time on the, on that one campus.

KD: Uh huh.

KM: Which I think made it exceptional. So you were -- you know, now they're using a term in cardiac surgery called I six. Integrated six. Well I had I seven. It was integrated seven. Because truly when you became a resident there you became part of the community.

KD: Mm hm.

KM: The Columbia community, and that was a place that I, I just really loved. And again I, you know, I lived a couple blocks so I would spend uh, I, you know, how much time can you spend in a place? Uh, you know, it was every other night for seven years, essentially. So I, I kind of got uh, got well, well-grounded there.
KM: So um, the years of general surgery were fantastic. I mean I just uh, I loved it. But I mean my interest really was, you know, getting on to cardiac surgery. So I spent all the time I could in cardiac surgery and then as I said I took a six month hiatus to go to London to work at the Hospital for Sick Children at Great Ormond Street, which is an incredibly well known hospital, and at that time was the premier congenital heart uh, in the world. So uh, that was fun. And then uh, came back to Columbia and uh, just continued on. I did do, there was a, I, I had also, uh, been accepted at a couple other programs and did get in trouble because Dr. McGoon at Mayo thought I was coming back to Mayo and the guys at London said, “Well, she’s going to Columbia” and it was like, “Uh oh. Now I have to talk to Dr.” -- because I hadn’t talked to Dr. McGoon about, about my decision, but they made it pretty early and told you, you know, when you were in or out of the uh chief residency in cardiac. Which was, which was a great experience too. And then I went over back to Great Ormond Street. But uh, Columbia was uh, and is, uh, a high-intensity, high-volume uh, very regimented um. You, you -- it was a step-wise program so you knew what you were come- -- I mean I need milestones (CG) and I need accomplishments. I did get pretty uh, frustrated in my second year doing gall bladders. I just said “If I do one more gall bladder, I think I.” And then I said, “No, I’ve never done a gall bladder on Mrs. Smith. So I will do this gall bladder on Mrs. Smith.” And for that reason I decided to get a pilot’s license ‘cause I just needed something that was structured and out. So I did a weekend crash course, uh. I had already done I guess my. I had already done my -- because I did my ground school -- but first I did some, some -- I had like ten or twenty hours and then I did ground school, which we called crash school. ‘Cause literally it was a weekend, and you took -- I took the test on Monday and then I did my flight test. So I got, got a pilots’ license during that time. Which turned out I got exactly what I paid for. ‘Cause it, as good as it was, it was, I, it did not make me a safe pilot.

KM: So uh, that’s just something in my history. It made me a safe safety person, but uh, and it gave me a different perspective. But every now and again, I need to change perspectives. But I, I really loved it ‘cause it was academic. Uh, it was, uh, it was structured. And it was uh -- you knew what you were accomplishing. I need, I need that feedback that I’m getting an accomplishment. So, it was, it was great fun. If New York was {CG} I mean, I may as well have been on the moon. ‘Cause yeah, I didn’t, I had no clue. I mean, you know, we went downtown for special events. I was at the Windows of the World many times {CG}, which is the World Trade Tower. Uh, but um, you know, I didn’t ever feel I was part of New York. I looked from my apartment at the uh George Washington Bridge. I could have been looking at, you know, a bridge in Egypt for all it mattered. But uh, I enjoyed Columbia. I have a great picture of Columbia, and uh, tremendous memories. And when I go back -- I mean somebody said to me once, I was walking down the hall and I was touching the walls, and they said, “That’s a sign of great affection.” I said, “Well, maybe it is, it’s just the way I do things.” But uh, I, I really enjoyed that. So I, I’m a person that gets {CG} very involved, very loyal {CG} and wants to be a part of the uh, of the people. I, I’ve been back there several times and I can um still, you know, I see people I knew.

KM: Which is, which is kind of fun. In fact I met somebody down the shore last uh, last summer who had been one of our O R nurses, you know, when I was like a, I guess I, I just started cardiac surgery and she -- again, I guess I was a little more of a novelty that, you know, stood
out a little more. People -- I wasn’t loud -- but people, people knew uh, knew uh, knew I was different. It was different. So. So that’s the way that worked. And then down to Christiana.

KD: Mm hm.

KM: Via Deborah. So that was fun.

KD: Yeah. Can you tell me where your career went

KD: Yeah, when I finished.

KD: After your fellowship, everything else?

KM: I went to, yeah, I was at Deborah.

KM: With uh, Gerry Lemole was the Chief {CG}, and I did all the kids {CG}. And then when he uh, when Delaware was the fir- last state to do {CG} to do cardiac {CG} he said, “Well why don’t we go down there?” And Gerry said, “You’ll do the kids, I’ll do the adults, we’ll have a great program.” And we did. We went down and uh, there’s a new book uh by Stanley McChrystal called Team of Teams and that’s what we had back then. And we addressed complexity that way. We had a very loyal team with a purpose. And uh, we were able to establish uh, a phenomenal program. All consuming, but uh, you know, you, you, it was a great tired. It was a great tired. You knew, you knew what you did. You knew the team that was with you. You knew that uh, you could, you could really serve and take care of the patients. And that’s the key. I mean the key is always. And I think Jefferson told you that and taught us that. To focus on that patient. I mean all these pictures, it’s about the patient. Um, so I think that’s, that’s where it, uh. You know, that’s our grounding. That’s how we were grounded. So Jeffer- or Christiana has been a tremendous experience. A uh, a great place to be. Delaware is uh, uh, it’s, it’s, it’s, it’s really a neat place. It’s, it’s one of the few places you can, you know, go to the grocery store and run into the congressman and the senator and you go to a funeral and they’re all there and you, you, you know people. You can walk into legislative hall and you, you know, you know people. And having operated on, uh -- you know, like, my niece once said to me, “Is there any kid you know you didn’t operate on?” I said, “Well Karen” -- ‘cause like down the shore kids will come and uh, you know, I’ll run into people walking on the shore and they go, “OK, what did you do for them?” And I’ll say, “Well, you know.” Or, or part of their -- because if you do kids and you do adults you’re gonna have, “OK, who did I operate on in your family?”

KD: Mm hm.

KM: And then like now, even nurses. I mean, we have nurses that come up to me and say, “Do you remember me?” One kid called me last week and he, he wanted to know exactly what I did ‘cause now he’s twenty-four and he wanted to know if he needed antibiotics when he had his teeth done {LG}.

KD: {LG}

KM: I said, “OK. Help me out here. Where’s your scar? What does it look like? {LG} How do you, you know, tell me, tell me a little more, give me a little some, you know, a little more history. How old were you?” “Well I was a newborn. I weighed two pounds.” I said, “Well then, OK, I’m getting better. I’m getting close.” But uh it’s, it’s kind of cute.
KD: Mm hm,
KM: It's very cute. So I've been very much a part of the community.
KD: That's great.

KM: You know, it's like, when, when you operate on your gate-, the man that takes, sits at your gate at your home. That's, that's pretty good. Or you know, several of the neighbors. Um, you know, I've taken care of them. So um, I know them all. One way or the other. And it's fun to be able to take care of patients that are also friends. That are also neighbors. So it's a, it's a great oppor- -- it fits my personality. So. That's how boring I am. Very boring. I'm stuck in the mud. So. So what else? You've pretty much covered the whole.
KD: Yeah.

KM: Got nine great nieces and nephews. They're all fantastic. Exactly ten years from the start to the finish of those. But now we've got their kids. So uh [CG], now I'm just called “old gak.” G A K. Great aunt Kathleen. Uh, gone from Athleen to gak. So we've got five little kids under the age of six who uh, who fill my life. And they're great 'cause they're mine but I don't have to keep them forever.
KD: Sure.

KM: The only one I have to keep forever is Bubs the dog. Who was named after my father, the class of forty-two.
KD: Mm hm.

KM: That's Bubs. And actually dad would have been a hundred next year. Next uh, next month.
KD: OK.
KM: July. Would have been his hundredth birthday.
KD: Great.
KM: But so he's, he's -- thank god he went to Jefferson. So. Well I think that really steered me in, in, you know, this is my only focus. This is where I wanted to go.
KD: Mm hm. Did you see any big changes in your field? In cardiac surgery over the years?
KM: All the time.
KD: Mm hm.

KM: A lot has changed and a lot has stayed the same. Um, you know a lot of the stuff that Templeton was doing and actually Gerry Lemole was doing over at Temple at the same time, maybe a little earlier. They were both really, early on, uh, tremendous people. I think, as far as babies go we're doing them earlier and earlier. Uh, we're doing fewer palliative operations, staging operations, fix in fixing them, which I think is, is very exciting. Uh, the survival rate is, is tremendously -- has gone up, which is really good. The uh, the team -- and we always had a team of our anesthesiologists, our same nurses, you know, we always had the team. That's becoming more of a standard. I mean you don't just casually do it. You, you have the team of teams. Um, I, I think, you know the technology is, is more refined. You know, the safety is. The
intriguing thing to me -- we were able to move. We were very nimble. We worked in a very small
group {CG}. So I’m looking at a whole system-wide perspective now and can’t believe those
people didn’t realize what we knew twenty years ago, was how to do this. I’m very interested in
human factors. How we choose. Uh, what we choose. And how our behavior’s influenced by our
surroundings. Uh, and it’s interesting to apply that. So I still have the, a great opportunity to do,
influence people in that. So in cardiac surgery I read everything. You know, I’m, I’m kind of the
reader. If, if there’s something out there I will have read it. So I can bring that to most people’s
attention. So now I have a broader perspective on uh. You know, history gives you a broader
perspective plus just your own sense of keeping up. Um, so that’s, that, that I find very
intriguing. I mean I can’t read enough about cardiology, cardiac surgery, law, uh, human factors,
safety. Safety has been {CG}, thank god, because the, the thing, the thing that actually pushed
me to, into, into law, was somebody asked me once what my hobby was. I said, “I don’t believe I
have a hobby.” You know, I’m so boring. I could not stand gardening. I, I did paint the Philly
Fanatic once. One of those uh, you know, wine and brush, or whatever it’s called. What was it,
the tipsy artist or something. But I didn’t have -- I mean, that wasn’t an interest. I did a lot of
travelling, I gave a lot of papers, I’ve been around the world. I’ve operated in China. I’ve been,
you know, all over. And -- but to me, that’s not, you know, fun is in doing it with a lot of people.
Uh, that’s my idea of fun. I mean, I would rather have the whole family around and consider that
fun and, and anchor. You know, I’m, I’m the anchor type of person. So get a house down the
shore and they’ll all come. Which they do. Which, which is great. But I didn’t have a hobby. I
really didn’t. So I thought, “Well this is going to be really bad. I better die doing cardiac surgery.”
So fortunately, before I, I really needed a hobby I decided that law would be my hobby. And law
is, is a fantastic hobby. I mean it is -- it puts me in a whole different world.

KD: Mm hm.

KM: Uh, it, I can {CG} and I, I, everything merges now so I don’t really think about some of the
cool stuff we’ve done. I’ve passed legislation. I’ve gotten to do some really interesting uh,
interesting projects that have been a merger of, of law. But I, I think it’s important somewhere
along the line, and probably before the crisis to find a hobby. And for me I was very, very
fortunate that I, I had no intentions at all of practicing law. You know, and people would ask me,
you know, to become a lawyer. I said, well, frankly, that would be a bit of a step down, you
know. And I’m not in a position of -- I don’t want to step down. I like what I do. I have a perfectly
good, good profession right now.

KD: Mm hm.

KM: {CG} So I didn’t want to do it, but I wanted to use it and I wanted to know it. So it was
selfish, it was not well thought-out, but it’s worked out fine. So it’s uh, as my niece once wrote
an editorial, she said, “If things had worked out as I planned.” And she said uh, she, she, it was
really great. It, she said that “I’d be graduating right now from U V A.” But she says, “But that’s
right. I got rejected.” And she goes, “That’s right. Plural.” {LG}

KD: {LG}

KM: “I got rejections.” And she goes, “That’s right. Plural.” And she, she kept going on. She
says, “Unlike most people I had a plan.”

KD: Mm hm.

KM: “And like, that’s a joke. That’s a joke.” And she, her plan was totally defeated all the way
along. And says she um, she was going to be a mover and a shaker on the hill and she was
going to uh -- she worked with congressman Castle and then the impeachment came. And uh, and she was stuffing envelopes in Castle’s office, and how boring, and she wasn’t doing anything exciting. And then when the impeachment came Ted Koppel came to interview Mike Castle. And Castle was busy so she had to entertain Ted Koppel.

KD: Mm hm.

KM: So she was walking down the hall and hit her head on something and split her head open. And was bleeding profusely. And Ted Koppel took her to the nurses’ station and was trying to console her the whole time.

KD: {LG}

KM: {LG} So she ended up getting an internship with Ted Koppel!

KD: Oh, that’s amazing.

KM: So if things had worked out as she planned -- she was so embarrassed. I mean she said, “Oh my god.” She walked into the nurses’ office and everyone goes, “Ted Koppel! It’s Ted Koppel!” He goes, “Excuse me, this girl’s bleeding.” “Whatever! Ted Koppel!” But her, her plan. Her whole plan was -- you, you can’t do that. You just have to see, you have to equip yourself. And that’s like Jefferson. You equip yourself. You know I was never, ever, smart enough to know what I didn’t need to know. To just dismiss something.

KD: Mm hm.

KM: So if I -- my plan to study would be to read it and then re-read it. And then read it again. {CG} I never stopped and I never, you know, I was not one of these big, like, “Get the old test, study the old test.” Yeah, my idea, and the same thing in law school, I mean, these kids would say, “Well, could we look at your outline?” I said, “Wh- where would you find that?” I said, “I don’t do outlines. I mean, hello! It’s in my head!” So, and, you know, I, I did pretty well in law school. I got those little things on my, all my certificates. But uh, you know, it’s, the accomplishment is really getting the knowledge. It’s not, ‘cause you know, some of the things -- OK, I did some sort of a national test now and I only got a ninety-seven. And somebody said, “Well, you know, what’d you get wrong?” Well, I said, “I think you probably had something wrong. ‘Cause honestly I think, I think I answered them all correctly!”

KD: {LG}

KM: And it’s not e-, you know, it is ego. Because I am a surgeon and I do have a big ego. And I am a narcissist even though I try to deny it. I read the book and I said, “Oh, god, oh god. Please tell me it’s not me!” But, so, I am a narcissist and I uh -- but you have to be ‘cause it’s not you know, it’s, we, I made big decisions every day.

KD: Mm hm.

KM: Fun decisions. And I had to make a decision. And I can remember a lot of battles I had with god, and I won. Michael’s one of them actually. I mean Michael I used a technique that uh, is, is really cool. Published it and all. And the {CG} -- so obviously he’s alive.

KD: Mm hm.

KM: He’s married and has a new baby. So, he’s uh. And I remember, I remember it like yesterday. His father actually was a chocolate maker.
KD: Oh wow.

KM: And his father gave this huge chocolate bunny. It was Easter. He was operated on like Holy Thursday. But he gave this huge bunny and Peds was hot. They kept it warm. So this bunny was like listing a little bit. And then you’d see incisions made in the plastic, and the tail taken off. And then you’d see another incision in the back paw.

KD: {LG}

KM: People were like amputating parts of this chocolate bunny because nobody wanted to rip it open. And finally I think he, he actually went and cracked it so they could put it into uh, into bowls. And then every, every Easter, Christmas, I mean, I get a huge box.

KD: Mm.

KM: Of chocolates. And, I remember my nieces looking at it said, “Now that’s a box of chocolate!”

KD: {LG}

KM: Because, you know, what do you do? ‘Cause the nurses would know and my secretaries would know when the box comes in, like, you know, “What’s your favorite? And what’s your favorite?” And then my veterinarian would have his favorite ‘Cause um, he, they knew him too. So we sent stuff to them. Oh, he had given them a cat, cat that they named McNick. So I’ve animals named after me too. {CG} But uh, but it’s, it’s, it’s great stories like that that make uh, you know, maybe sound a little hokey but they’re fun.

KD: Yeah.

KM: They’re fun. So, that’s all I got to tell you.

KD: Is there anything else you want to bring up that we haven’t talked about so far?

KM: Yeah. Change the name back. Um, it’d make a lot of us happy. ‘Cause for the next hundred million I think they could raise it pretty easily if they give us the name back. So I, I would {CG} I would say a hundred million, go to a hundred and fifty and ask the alums to bring it up.

[End of recording]