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Margaret Libonati Leahy

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February 20, 2015 – Margaret Libonati Leahy (JMC 1965) speaking with archivist Kelsey Duinkerken at Dr. Libonati’s house in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

ML: Margaret Libonati Leahy

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

KD: Here we go. OK, you can start telling me your name.

ML: OK. I’m Margaret Libonati Leahy. Uh, known as Peggy to most of my friends. Um, I was born in Philadelphia, uh, and um, I went to, um, Chestnut Hill College as a chem major. Uh, I actually wanted to be a doctor from a very early age. I knew it immediately. Uh, six, seven, eight, I knew I wanted to do it. And uh, I realized at the end of high school that I would not have the money to go to college so I went to nursing school at Saint Joseph’s here in Philadelphia, on Girard Avenue. And uh, did not like it at all. I was not uh, uh, the greatest student -- uh, I did well intellectually but uh did not like it. I was not happy., and five weeks after I left nursing school I started at Chestnut Hill College, as a chem major, with the intention of finishing in three years. And uh I, uh, took on assistant nurse, uh, uh job there while I was, uh, uh while I was a student. Which put me at a young age, uh, I think I was nineteen when I started, or twenty. I was uh, assistant nurse, I was on the faculty and plus a freshman in the school. Uh, and I took on twenty-one credits. I was carrying a lot of chemistry, quant and qual and inorganic chemistry plus zoology, plus English and philosophy and history and what we had to take in math. Uh, and uh, and finished the first year well and went into the second and did well. Uh, again carrying a lot of credits. And uh, at the end of that, that second year I, I uh realized that Jefferson was gonna be taking women the next year, and I wondered if I could get in at the end of the third year {LG} of this business, figuring I’d have a degree. So I went down and talked to Bruce Nye. He consented to see me. He was the, one of the, I think he was assistant dean, and he says, “Oh yeah, apply.” He thought that was a great idea. So I applied and uh, had a very uh, unhappy interview with Dr. De Palma who wondered what I was even doing there. Uh, and uh, and then uh was accepted, uh, having had two years of college with a proviso I did the third year of a, of a -- to get the requirements for med school. And uh, without the president of Chestnut Hill College decided I was carrying too many credits. She wanted me to stick around to uh, uh, to be assistant nurse for an extra year and, and cut down the credits I had. Uh, wouldn’t let me carry so much. So I ended up leaving there without a degree at the end of my third year and went to Jefferson. And uh, and that’s how I began my career {LG}.

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

KD: Wow.

ML: At Jefferson. Uh, and it was a, a very uh, it was exciting compared to, uh, being in an all-girls college because they were all men. And uh, a very male presence. And uh, the first day I walked in I was kind of, uh, shocked, because I had no buddies to go with me and I was alone and I went in and I couldn't find out where to go, and it was packed with all the men, and I turned around and was deciding to leave when I met someone I knew and uh, they said, "Oh, don't go, wait wait wait!" and told me where to go. One of the guys from the third year, so uh. Now, is there anything else you want to hear?

KD: Uh, yes. Um, so if you want to give me a little bit more information about how you decided to go into medicine, what that was like as a kid? Like, what brought you into the medicine world?

ML: I had a cousin who went to Jefferson. And, and uh, I was just interested in, uh, uh, in, in what happened when, you know, the healing of people. Uh, uh, I had -- I came from a large family and it was always -- I was the older, one of the older ones.

KD: Mm hm.

ML: And I took care of the kids a lot, and uh, and it was just an interesting thing. And then I got very interested in leprosy. I thought leprosy was {LG} was a wonderful thing that needed to be cured. And uh, and I read everything about it, and later on I was so happy when it was. Uh, I don't know. I had a bad experience when I was, uh, about seven. Uh, one of the, my younger brothers tested positive for T B. And then they had to take all of us and test us at Children's Hospital and see if any of us had T B. And, and, you know, whether it was -- it turned out it was the neighbor who was taking -- babysitting him, did a lot of babysitting for my mother when he was small. And that's how he was exposed. She ended up having tuberculosis. And -- but I remember uh, them looking over us all and writing their history and physical and I sat there and read it. Uh, at the end of my exam, and they didn't know I could read, I guess, and uh, and it was a very derogatory description, physical description of myself, being small and thin and so forth. And I felt I was mortified, that somebody could look at you in such a way. And I thought, {LG} "No one's going to do this to me again."

KD: Ha.

ML: And I gave the poor guy a hard time when he uh, went to draw the blood because I thought he was pretty derogatory in his description. And uh, but I decided then they're -- no one is ever going to do this to me again {LG}. I would be in charge rather than they would. I think that was the motivating, the motivating factor, but I always was interested in it. So uh, uh, and it never wavered. I did like art very much, and I had, after I was practicing, I did take a lot of night courses at the Philadelphia Academy of Fine Arts. You know, basic technique, and materials, and then drawing and anatomy and all that, but I never did pursue that. It was my second love, really.

KD: Mm hm.

ML: And I don't think I had the talent either {LG}. So uh, I guess that's about uh, how I got into medicine. I knew I wanted to do it from day one though.

KD: Sure.

ML: Very early. Yeah.

KD: Um, so once you had decided to go into medicine, what was your family, your friends -- were they all supportive, or did you think that they?

ML: More or less. My father didn't want me to do nursing. He said I was too little and too uh -- and he didn't have a very high estimation of the, the field itself. I, I don't know why he just, well I guess the his- the history of nursing was not the best, you know, in, in the world, but. And he just didn't want me to do that, but he was very supportive of going to college, and then going into medicine he, he loved it. They all were good. And my brothers and sisters were helpful. They were all struggling to get their way through college too at the time. So, uh. But one sister would iron clothes for me, wash and iron clothes, and another one when I got tired of reading would come and read uh, for me, you know, read some of the books to me. Because you know, you had a stack of books you had to read in those days. And uh, yeah, so it was no problem. I -- the uh hard thing was I think uh, the men at Jefferson were very, they were old boys, and they really uh, they were not too, uh they didn't have a high opinion of girls in medicine. And one of the interview questions that they asked was whether you intended to work after you uh, you know, you would probably go out and get married or something and not work anymore. And that wasn't what I intended and I don't think any of us intended that. So it was, uh, a real question. 'Cause they said, we're taking the place of a man. But each one that goes to med school is taking the place of someone else, when you come right down to it.

KD: Sure.

ML: You know. So uh, no, there wasn't a -- my family was very much behind me.

KD: Mm hm.

ML: Yeah, so, any other questions about that?

KD: Yeah. I mean, could you tell me about your time at Jefferson? So maybe a little bit more information about starting off, what that was like being in the first class of women, um, what it was like to be in classes with all men?

ML: Yeah, well, uh, they, uh, there wasn't a lot of uh -- no one made any pretense that it was going to be easy.

KD: Mm hm.

ML: And uh, I remember the first day at the Daniel Baugh Institute. They had the pits, you know, where you would, uh, the classrooms that were graded down and like a sports theater, or a sports stadium. And uh they said look at one person on one side and look at one on the other,

and one of you won't be here the next year. Uh, so uh, there wasn't much encouragement that you're going to make it.

KD: Mm hm.

ML: And uh, uh, I did uh -- you had to find a place eat while you're there, 'cause you can't run home and eat and then go back. And um, so I uh, we joined the Nu Sigma Nu fraternity. They allowed us in, honorary members, and we'd eat lunch there every day, and the guys would tease you and bug you all the time {LG} about everything. And I didn't take too well to that. Uh, I remember, uh, throwing something at someone once.

KD: {LG}

ML: {LG} And they said it was a very uh, childlike way of behaving, and I never did that again. Uh, but, uh, it wa-, the, it wasn- it wasn't too bad. I mean, no one was really uh, mean to us or nasty. Uh, as we went into clinical work the ones that, the surgeons that you made rounds with - - the surgeons tended to be the more aggressively masculine and, and uh demanding of you, and uh so it was a little hard with some of them. Some of them were very bombastic and uh, but uh, for the most part they weren't bad. Now what we did was, we started out with anatomy and physiology of course, and most of it was at the Daniel Baugh Institute. But on Wednesdays we went up for a clinical section around lunch time, uh, to the, the main pit in, in Jefferson, where the uh Gross Clinic was painted. And they brought in all kinds of interesting people uh, to talk to us in, in the different fields of medicine. And uh, Gibbon would come and talk about heart surgery and getting a patient together for that, and ask questions, and we'd all sit and tremble that he would look at us. And uh, they brought in a neurologist, I remember, who uh, uh brought a patient with epilepsy that was, uh, triggered by flashing lights, and, and they, did that.

KD: Wow.

ML: And tried to trigger a -- which I don't think they would do nowadays. And um, uh, they, it was a, it was a very interesting thing, but I think the -- the most interesting one I remember about those sessions was uh, they brought Timothy O'Leary² from Boston {LG}.

KD: Wow.

ML: And he was, he was travelling the country, uh, pushing LSD as a good thing to psychoanalyze someone and get them calmed down and change their ways! So, he uh, he was leaning -- I can remember him very, uh, uh, I, I didn't know who he was, but I thought this guy is kind of a little uh, out of it. And he's leaning on the um, on the side of the pit, the wall that runs around the pit, talking up to us, leaning, with his, uh, chin on his hand, and he's talking away about the experience of LSD. And he says, the uh, he was, he became a snowflake on a window, windowsill, and he's looking in a window at a fire and then he starts melting. And then he moves away from the wall where he was leaning, but he still has his hand, his face resting in his hand and he's walking around talking in a very peculiar position, and we all looked at each

² Timothy Leary

other and said "This guy is, is not one to follow in, in our field for anything." So that was very um, very uh, enlightening. And he went everywhere, to all the universities. He got it started out west. Uh, the other thing was that walking to the Daniel Baugh Institute -- from the Daniel Baugh to, to Jefferson, was a real, uh, it was, it was about three blocks, and it was the worst section of town. All of these bars were along there and, and men would come staggering out, and one guy followed me down the street yelling at me "I remember you, you were there last night." And it was uh, most embarrassing, and all of the guys laughing and thinking that uh -- I didn't know who he was, but he thought I was someone he had spent the night with. But at any rate, uh, when we uh, I guess uh, the first year, you know.

KD: Mm hm.

ML: Was mainly just uh, schooling and work and a little bit of medicine, and then we started doing physical diagnosis and everything. And, and it went on from there, and, and we went out on different specialties after a while. I -- I don't remember -- you know it's been a long time!

KD: Sure.

ML: It's fifty-five years, so, I don't remember too much of it. Else -- is there anything specific you'd like to know?

KD: Uh, nothing specific, just general memories, recollections, uh, of being in class, of maybe the students, the professors?

ML: Yeah, um. I remember Aponte, he taught um, um, what did he teach? Isn't that funny, I forget what he taught. He was very, he was a very uh dynamic teacher, and we loved him. Uh, I think it was pathology that he taught. Uh, he was superb.

KD: Mm hm.

ML: And uh, so we, we had a group that would get him -- we would get a teacher each month and we'd go out to dinner after the pathology -- after the exam, and and we brought him one time, and I remember him yelling at one of the guys in class who asked a question and he didn't like the answer that Aponte gave him. And Aponte looked at him and said "Well, in your ignorance, you do not know that you are ignorant." {LG} And that was a put-down that was pretty good.

[Recording paused]

KD: OK, so if you could tell me about.

ML: OK, the uh, the latter two years, the last two years at Jeff were uh, uh. We grouped together. We picked our, our fellow mates and went off to different specialties and, and learned the different um, aspects of uh, of medicine. So I went to Misericordia for O B Gynee. Uh, uh, I went up to Hunterdon Medical Center for uh, uh, for medicine, which was a very interesting place. And uh, and there were five hospitals that affiliated with them. Several from New York, and then Penn and, and Jefferson from Philadelphia. And uh, uh, it was a very interesting year. I found uh, we rotated through uh pediatrics, which I loved, and uh, through a, a good number of

specialties. So then I decided that I wanted to do a rotating internship. And, and uh P G H was the one that was the uh -- it was the premier internship in the country, uh, for getting really good experience. And I thought that would be a good place. I knew it was hard, but I felt I didn't know enough, uh, having gone through med school, about really practicing, and I, my aim was really probably to do pediatrics. So uh, I, I did get the internship at uh, Philadelphia General, and there were, I think, eight of us that -- eight women in the group. They were from all over.

KD: OK.

ML: That went. But three of us from, uh, from Jefferson went. Mary Knepp, uh, and Carol Miller and I. And Carol got married right before she went there. So, it was the most interesting and hard year, but you did learn medicine. There was -- you had no choice. It was thirty-six hours on and twelve hours off for a year. And you got uh five days off through that whole year. So um, so I uh, uh went through it and uh, lost a lot of weight, which I couldn't afford to lose {LG}. And uh, and I signed up, uh, during that time for pediatrics because I thought that was what I would do, and rotated through anesthesia. I wanted eye, and eye and anesthesia were grouped together as a rotation. So you spent two weeks on eye in the clinics and two weeks on anesthesia, and you covered both at night. And I rotated through anesthesia and found it the most exciting thing, which I never even thought of before, and it was uh Dr. Demming, who had been the head of pediatric anesthesia at Children's was the head there in uh in anesthesia, and she was fascinating. So I thought I could combine pediatrics and anesthesia and I changed my, uh, mind {LG} right then the first night. And uh, and went on from there uh, planning on doing anesthesia. And uh, so I got the -- I took the residency at, at P G H because it was affiliated with Penn and all the teaching was done over at Penn, and the professors from there came over and taught. And uh, so it was a very, uh, very good residency. A lot of work, again, but it was only every third night on call. And uh, uh we did so much, I mean it was unbelievable, the experience, because like one night I had five ruptured ectopics, which seems unbelievable, and, and you would have a, a policeman maybe in one O R that you're doing the case and the, the cop that shot him {LG} would be in the other room.

KD: Oh wow.

ML: And it was really, uh, a very interesting time, and I -- you could tell that story about half a dozen of the cases and it would keep you riveted. But uh, they gave us a year abroad if we wanted to take it, and they wanted me to go to, for the third year, to Denmark. And I didn't want to go there because I was -- I figured I was so small, and they're pretty big people {LG}.

KD: {LG}

ML: And, and I wouldn't know the language, and I thought it would be kind of wasted, so I went to a meeting in New York uh that last year, and I met Churchill-Davidson. Literally, bumped into him going out a, a rotating door. And we started talking and he said that -- I had said I was looking for a place in England maybe to do a, a clinical fellowship and he took me, uh, offered it to me, and he said he would make sure I got to, to Great Ormond Street to do some pediatrics. So the third year I ended up going to England to Saint Thomas's Hospital, which is right on the Thames.

KD: OK.

ML: Across from Westminster Abbey and the Houses of Parliament. And I went there for a residency, and then uh, uh as a registrar, and then uh, as a senior registrar at Great Ormond Street. I found Great Ormond Street extremely interesting because um, they didn't have uh, an I C U, per say. It's like Boston was at the time -- I don't know how they are now, but they -- each room was considered an I C U for the kids. And uh, so they'd have a nurse there full-time just taking care of the kid twenty-four hours, and the, the interesting thing was that they had kids on ventilators and ventilators weren't little things in those days. They had the big Engstrom ventilators, which were uh from Denmark or someplace. And they were gigantic machines, and you'd, uh, the registrar anesthetist was in charge of going and checking all these little tiny kids on these giant machines and servicing the machines and making sure everything's working properly and that the kids were doing well. And they didn't have pulse oximeters, they didn't have all the monitoring devices. So it was almost a clinical evaluation solely for determining whether the kids were well. So that was very challenging. And on call was always -- you don't know what would happen and, uh all the different equipment there, you had to know all that. And now at Saint Thomas's they uh rotated through five different hospitals so you covered five different hospitals in your uh, during your time there. So you could go -- and you would take a week at a time on-call {NS}, and then you'd be off. So, so I remember going to the Lambeth Hospital and being on call and then getting a call from Saint Thomas's because the registrar there couldn't get to a case and, and the guy didn't know how to use cyclopropane and I'd have to run from.

KD: {LG}

ML: From Lambeth Hospital over to Saint Thomas's and show him how to do it, uh, and carry on the case. And it uh -- very interesting experiences. They thought I was a crazy American but they knew I knew anesthesia, and they didn't make any bones about it. Uh, I mean, you know they respected that. Uh, and it was strictly because of my training at P G H that I was able to do that. So after that I came back to Philadelphia and I did a research fellowship at Penn, which was, uh, uh doing, uh studying the splanchnic blood flow under anesthesia with different anesthetics. And uh, it was a very difficult one. I don't think you could do those kinds of, of, of fellowships today because you, you took students and you paid them -- uh, they were mostly from Penn, and paid them to be, uh, your guinea pigs, so to speak. And you put them to sleep, and you put a catheter in their heart.

KD: Oh wow.

ML: And one in their splanchnic, uh, art- artery, and, uh, you know, it, it -- no, vein, excuse me. And, and you had to -- and it was very difficult cases, and you didn't have all the uh, computers to measure cardiac output and splanchnic blood flow and all that, so you were reduced to using a, a kind of a drum with a, a needle going, and then you to calculate the area under the curve to see what the output was, and you injected dyes, and it was uh primitive compared to today. Work that would take you five, six hours you could do it in uh no time today with all the n-technology we have. So that I did that for a year and then went to uh, left there when I finished and went to Colorado, the University of Colorado, to teach, because I was essentially, uh

trained for academic medicine mostly, and uh, and spent a couple years there doing {LG} -- working with Starzl doing uh liver transplants and heart transplants and all sorts of things, and uh, then came back to get married, to, to Philadelphia. And, uh, worked at Penn. Uh, uh, taught at Penn uh, for uh, I guess it was a year and a half and then had a child, and then quit academic medicine to go work with my husband at Wills Eye.

KD: Mm hm.

ML: Because I was raising the kids, and I had two children, one right after the other, and, and uh, and then worked at Wills uh, doing uh, main- -- we had so many children there so it got me back to pediatrics again. So um, I guess that was, uh, how I, how I ended up my career, doing mainly uh, eye anesthesia. And uh, after uh, a few years I realized there was a problem with eye anesthesia when you had an open-eye injury, and the way they were treating them elsewhere and because of Dripps at Penn they didn't want you to use succinylcholine to put people to sleep, and it made it a very risky business putting someone to sleep with a full stomach and an open eye. And we realized that there's a different way to do it that uh, uh. And, and I started doing research on it and followed through and published and changed the, the approach to it at that time with what was available. And they were willing to accept my paper, uh because of the background I had. Usually when you leave academic medicine no one wants to publish anything you write. But I, I worked with a guy from Penn about, in preparing the paper and, and it got published. But uh, uh so I ended up my career at Wills. Uh, I was working at Children's for about three or four years, part-time, and then, just to keep up with the pedia- the real pediatric part of it.

KD: Sure.

ML: I worked at uh, Wills Eye with my husband. So I was doing the extremes of age at Wills mainly. The tiny, tiny babies they'd bring in, you know, with retinopathy or prematurity that they had to work on. And then the old, old people with cataracts and retinal detachments and stuff. So, uh, that's where I ended. OK?

KD: OK.

ML: Anything else?

KD: Um, so you mentioned when you were in London that one of the doctors you worked with was a woman? Right?

ML: Uh, no. There were all men.

KD: OK.

ML: There were some women there.

KD: OK.

ML: Yeah, yeah, but not too many. There were, uh, a number of them.

KD: Yeah, so what I wanted to ask you was, uh, were there any, uh, women mentors you had who were doctors either before you went to medical school, when you were in medical school, or afterward?

ML: Oh no. Uh, the uh only -- the woman that I worked well with was Dr. Demming, who was.

KD: That's who I was thinking of.

ML: Yeah, she was at P G H.

KD: Oh, at P G H, that's right.

ML: Yeah, she had a -- she was the head at um, at Children's for many years. She made pediatric anesthesia. She was really

KD: OK.

ML: A very interesting woman. And uh, uh she was getting very little pay, because in those days you had to fight for your salary.

KD: Mm hm.

ML: I mean when I left uh, uh, uh the University of Colorado and came back to Penn I had to fight with the, the man in charge there to get my -- the same income that I was making at uh, at the University. And he didn't put me on -- in the uh T I A A Cref, the pension fund, uh, when I was supposed to be. And you worked a year and then you were eligible for it. Or a year -- or whatever it was, it was a time period in the universities, and then you were eligible for a pension. He didn't. And I talked to a girl that I was working with at Penn at the time, I said "Are you in it now? Because you've been here a long time." "Oh no, no one said anything." I said "Well, we're going to Dripps, and find out what's going on." And demanded it. And they didn't put us in until we demanded it, to be put in the T I A A, because you know they contributed a certain amount.

KD: Sure.

ML: To your, uh, I R A. And we had to demand that, and the pay was very poor. Dr. Demming, when she was at Children's, was -- Dripps was in charge theoretically of Penn, Children's, everything, and uh, he wouldn't give her a raise, and she needed a raise. Her mother was sick. So uh, uh, he said he didn't have the money to pay her. So she quit {LG} and took over at P G H. She headed up that department, and she was his first resident, ever. She was the first resident in anesthesia

KD: OK.

ML: At Penn, uh originally. And uh, and so she went there and he immediately hired another guy, Bachman, to run Children's at twice the salary! Or almost twice the salary.

KD: OK

ML: So, there was a definite, uh, uh, no equal pay for equal work. Absolutely not. You had to fight tooth and nail for everything you got in those days {LG}. Yeah, I thought that was very interesting. But uh, I think the most important thing uh, as far as your acceptance in medicine as a woman, because there were so few in it at the time.

KD: Mm hm.

ML: Was that you were competent. And if you were competent at what you did, uh, they were more than willing to accept you as the physician. But there were those who were more than willing to put you down, too.

KD: Sure.

[Recording paused]

KD: Mm hm.

ML: Can you think of anything you want to ask me?

KD: Um, did you notice many changes in your field? From when you started and when you eventually left?

ML: Oh, yeah. Now, there's a book out, that came out last year or the year before called The Half-Life of Scientific Facts. And people think, "Oh science is the be-all and end-all and if -- don't believe it unless it's scientifically done," and all this, and they don't realize how things change constantly.

KD: Mm hm.

ML: And things that are taken as uh, you know, the be-all and end-all are, are, are proven untrue after a few years. And uh, so in anesthesia, I started out, we had ether. We had um, um, in England ethyl chloride, we had vinethene, uh, we had cyclopropane. These are all, uh, highly explosive or, liable to explode. And so everything had to be, uh, uh -- make sure there was no static electricity and all that, and uh. And gradually things changed. Now at PGH they started using halothane, but they only got about three bottles a month or something, and you had to work around that. And then came, uh, all the different ones. So, it totally changed during that time that I started anesthesia and the end. Everything changed totally. It was just incredible. Uh, local blocks and anatomy -- if you know your anatomy you could do those. So they didn't change too much. They did get better local anesthetics that lasted longer and were less toxic or you could cope with them better. And we all learned to do epidurals, which weren't very prevalent, and continuous epidurals and uh, so. But it changed totally. We were using totally different things by the end of my career, when I stopped working and, and the beginning. And now, they've changed again.

KD: Mm hm.

ML: So um, yeah. And then more women came. So being a woman was nothing. I mean that was -- all you had to do was know what you were doing. Um, some interesting things, uh, with

the anesthetics. Now England was very -- they were very um, laissez-faire about their anesthesia, their machines, their --anything explosive. It didn't even occur to them too much. So they had cyclopropane on all of their machines. No one knew how to use it. And of course we didn't have uh, the uh, uh, the anesthetics that they have now that didn't lower the blood pressure or anything. And so I remember being called to x-ray one time to do a, a case that was uh, a woman had actually had a blood clot to the lung, she was throwing emboli, and she -- and they called me down and said they wanted to do some procedure that required uh, invasive uh, needles and stuff, and they uh, and they wanted me to put her to sleep. And I looked at her and I thought, "She's on the edge of death. My god, she's got a clot in her lungs, so she's not, uh, you know, well oxygenated or anything." So uh, so they said "Just put -- eh, just give her a little pentothal and some halothane, or whatever." You know, they don't know.

KD: Sure.

ML: And I said, "No. I think that if I shoot the pentothal in and start halothane, first of all halothane requires nitrous oxide, which would lower the oxygenation and the halothane lowers the pressure and so does pentothal, and she'll die right here on the table. I refuse to do it."

KD: Mm hm.

ML: So they said, "Well you have to do something." So I called up the uh, the anesthesia uh consultant on call. He was head of I C U. He came down. I said, "I want to use cyclo. I think that's the only thing that'll maintain her pressure, and uh, uh, and we can give a high oxygen with that. You just get percentages moving in." It was, uh, the best thing. I said, "That should hold her." But I said, "You know, it's explosive and we're in x-ray and they're using all of these machines. So he says, "Well, how will you do it?" I said, "Well, I'll soak down everything." I put wet towels around her head, stood on a wet sheet, and wet up the machine. And I said, "Now we don't ever let go of her so that no static crosses."

KD: Wow.

ML: And we did it that way. I uh, put her to sleep, and uh, I talked her down with a gas anesthetic and, and she went off and they did the thing. And he laughed after a while, but we were endangering everyone in the room, including him, the x-ray men, and, and me, and the patient. But it -- we got through it and moved her on to the uh stretcher and uh, they sent her upstairs and they called another guy, who was from Cambridge, who was a registrar too and said would you uh, just put her to sleep, we have to do something else we forgot to do.

KD: Oh no.

ML: Up in the I C U. And they had a machine there. So he didn't read my notes, which were very specific and copious and shot in the pentothal and halothane and she died right in his hands.

KD: Oh no.

ML: Yes. So they thought I was really uh, kind of crazy with my approach to things, but they saw that they lived. It was a very interesting thing. In those days too, they would uh, they would treat depression uh, with electric shock therapy, and they brought them in as out-patients in England. They had a beautiful area set up and uh they would do uh, uh unipolar uh shocks. They would just put the electrodes on one side of the head. They'd come in, and uh, you'd give them a little bit of pentothal and a tiny bit of sux, you know, so that they're relaxed, and then you put the things on the head. Usually the psychiatrist is there doing that, but sometimes they wouldn't show and we did it. And then they'd give them a cup of tea and send them home. So that was a very interesting thing to do. But you had to evaluate the patients pretty carefully 'cause they could get into trouble too.

KD: Mm hm.

ML: And then they had some sleep therapy ward where they um, had patients that were totally depressed, and thi- , this man, this very famous psychiatrist used to put 'em to sleep for uh, for a month or two {LG} in these wards. They'd live there in the hospital and sleep about eighteen hours a day and wake 'em and feed them. And you had to go once or twice a week and shock 'em. And uh, and that was hairy. That was really difficult stuff.

KD: Yeah.

ML: Because they would have full stomachs, you didn't know what. You turned them on their side and did it and hoped that you got through the whole thing, the session.

KD: Mm hm.

ML: That was in the Waterloo Hospital, I think uh, we went to. But uh, so uh, yeah, everything changes. So anesthesia changed too and all that went by-the-by. I'm sure it's a whole different story now. So um, but that was much better than P G H where they would just take four orderlies and hold the patient down and shock 'em.

KD: OK.

ML: With no, nothing at all, and break their backs and things. Uh, anything else?

KD: Um, how long did you end up working? What time did you retire?

ML: Oh, I, I uh, I left uh, when my husband retired. My husband was a, a bit older than I. He was twelve years older. And when he finally decided to retire at sixty-five or sixty-six he did not want me to continue working, so I quite at fifty-five. I was fifty-five. And uh, we uh, and we uh went to the Lehigh Valley. We had bought a place up there, a small place {CG}. And, and we bought some land around it as it came up for sale. And we went up there and gardened for about seventeen years.

KD: Oh nice.

ML: Sixteen years. And uh, I didn't want to leave. And I, I was offered a job at uh, at the uh, up at Harvard, the eye hospital there. And I was offered a job at uh -- there were several places in

the city, but he didn't want me working part-time or full-time because he says I would only throw myself into it, and it wouldn't be part-time at all, and he would be left home twiddling his thumbs, so we stopped. You know, I just stopped all-together. I finished a chapter in a book for the eye hospital, and I gave a lecture uh, at the hospital in Boston, the eye hospital there, for a, uh, you know, talking about anesthesia for children, yeah.

KD: Sure.

ML: And that was the end after about a year after I quit working.

KD: Mm hm.

ML: And then I was done. So.

KD: Did you miss it?

ML: I did miss it! Terribly. But I didn't want the stress.

KD: Sure.

ML: 'Cause John was in charge at uh, at Wills Eye.

KD: At Wills Eye.

ML: And you had seventy cases a day, and he was fully responsible {CG}. I headed up the day surgery there. And uh, and it -- everything converted to day, day surgery. Everything was day. And so it was much more difficult, and uh, uh, it was a big responsibility, and then that started changing too. I was glad to leave there. I got tired of it, to tell you the truth.

KD: Yeah.

ML: It really got pretty bad, uh pretty hard and demanding.

KD: Mm hm.

ML: And the kids were in uh high school, college.

KD: Sure.

ML: So.

KD: Yeah.

ML: So things changed. So we spent, uh, you know, those years doing gardening up in the country, and uh, and he died about six years ago and uh, so I've been here now. I have four grandchildren. Uh, and uh, two children, four grandchildren.

KD: Mm hm.

ML: Yeah, and, they're a lot of fun, the kids {LG}.

KD: Oh, I'm sure.

ML: But they're growing up. They're -- two are fourteen now.

KD: OK.

ML: And one is eight and one is eleven. And uh, and they're, you know, they don't stay babies very long, and I miss, I miss children, to be honest. Up in the country I -- it's farmland all, and uh I -- there's a farm family up there that I really like, and uh she had twins when John died.

KD: Yearh.

ML: The year John died, she had twins. So I went over and helped her out. Because my mother had twins at one point and I helped her. That's when I started working with my own brothers and sisters.

KD: Mm hm.

ML: And she had twins and I started helping her and we've become very good friends. And the kids come over and swim and I take them -- I took them to learn swimming and we did a lot of -- we do a lot of things together.

KD: Mm hm.

ML: So, that keeps me with children some, but they're growing too.

KD: Sure.

ML: Yeah, so that's the, the hard thing. I miss, I miss kids around. It's really something. So, anything else?

KD: Yeah, um, just a couple more questions. Are you still in contact with anybody you went to graduate school with?

ML: Uh, to med school?

KD: To medical school, yeah?

ML: Oh yeah, Merle.

KD: OK. Merle, yes.

ML: Uh, Merle.

KD: You live so close.

ML: Uh, who else. Fran Boland, who was a couple years ahead. I -- we email, we're email buddies.

KD: Sure.

ML: He's an orthopod from Jeff. Uh, I knew him as a, uh, he was a resident when I was an intern at P G H. We, we work- -- I was on orthopedics. I learned how to set bones and everything, and he was in charge at the time and we became friends. But not -- I didn't see him for years and I met him recently, a few years ago, and we, we email each other all the time. Um, who else from med school? Carol Miller I talk with occasionally. I mean, we got together for the uh, uh, the uh, uh, the Sixty-One Society when, uh, four years ago when we first started. And uh, not many, not -- it's really surprising how you fall away from each other. Uh, Saverio Senape came to visit a couple of times. Uh, no, there's not too many. It's surprising. Everything fades in the past. You know, you think it was such a, a momentous thing, to go to med school, it was something you dreamed of your whole life, and it was so exciting, uh, and challenging, but it uh, all becomes an, an event that went by, like a movie {LG}.

KD: Mm hm {LG}.

ML: Like a movie you went to see! And it means nothing. It's day-to-day living.

KD: Yeah.

ML: It's the minutes and the hours of each day that count.

[Recording paused]

KD: OK, so was there anything else that you were interested in talking about?

ML: Yeah. You know, uh -- hold on one second.

KD: Sure.

ML: Uh, you know, we took the Hippocratic Oath when we uh {CG}, when we graduated. We did do it, you know, in those days. I don't know if they do it now. Do you know what it is?

KD: I know what it is. I'm not sure if they still do it.

ML: Yeah, yeah, I don't think they do it. They do at Temple I know, but uh, you took that oath to do no harm, and uh, I saw medicine change so much. The first major change I saw, uh, was at Colorado when they were doing the uh, liver, uh, tra-, you know, Starzl, Peter Starzl was the -- one of -- the first one to do liver transplants. And if you had someone who was gravely injured and you didn't know whether they'd live or die, there would -- he would be hanging in the wings, like a raven, you know, looking to um, to scavenge. It was very disconcerting to me, and it was disconcerting to the three of us that came from Penn to there because Peter Cohen was uh, the uh, professor of anesthesia. I went -- left Penn to go with him to uh, uh, me -- David Heit-Heisterkamp and I and Peter went there, uh to Denver, to do it, to run the -- he was the head of anesthesia, and we all felt this was really kind of uh, grave to have a guy waiting to take your patient over and scavenge them for a lung -- for uh, uh kidneys and heart and livers. So it was a very disconcerting thing. And uh, I think it was -- and, and they did, uh, take a few that we thought were -- you know, we didn't know. We didn't know. So Peter had a wife, who was a philosophy professor at Denver -- Peter Cohen -- and he got her to, you know, they, they put their heads together and said there were uh certain ethical things that we would have to

consider before doing this. And so that he set an ethical code that it has to fit within this criteria before we would give any kind of anesthesia to have them doing this. And that helped a lot. But it's a trend in medicine that -- and then with this abortion thing, uh, happening, where they uh, you know, to -- we had people coming in who had had thir- -- had abortions on the side.

KD: OK.

ML: When we were at P G H. And, and, it was a devastating thing. They get septic, and uh, and you felt dreadful that women would be so desperate to, to get rid of their child because they can't afford it, there was a -- and it was a disgrace and all. So then they started doing abortions. Now, the Catholic church, I'm a Catholic and I practice, says that uh, we can take care of every child that's born, and uh, and we provide a service for that, and we'll take the child if you can't raise it and we'll put 'em out. And uh, and so we -- I didn't see any reason to have an abortion. Uh, to me it was not, you know, it's taking a life, and it's certainly against the Hippocratic Oath. And uh, so uh, it, medicine changed.

KD: Mm hm.

ML: And it became a totally different, um, way of practicing. And then at Jefferson I remember getting a, uh, a note, or some kind of pamphlet talking about uh, uh -- they did a survey of medical students and would they be willing to uh, uh, euthanize a patient or some such question like that.

KD: OK.

ML: So then comes up the question of euthanasia, and, and rather than letting someone die with dignity, which I certainly believe in, you don't have to use all of these extraordinary methods, they started saying, "Well, should we give them the option?" And then the doctor have, has to do the administration of the toxic.

KD: Mm hm.

ML: Or the lethal dose. Well, that to me, uh. So I, to tell you the truth, was quite glad to get out of medicine when I did because I could not cope with these kinds of choices. Now I have two nieces that are in, one is at -- a medical student at Albany and, and the other lives next door.

KD: Yeah.

ML: She became an internist. And it, it is a very difficult thing to recommend going into medicine if we're going to be forced into doing things that are truly against our conscience and are not necessarily in the best interest of people. Because once you're forced to euthanize someone you could have a family that didn't want them hanging around and wanted what they had, and you get pushed into doing it. So uh, this is a change that I think is not in the best interest of patients or medicine. And it really has to be addressed in a better way, and I don't know how they're going to do it. But uh, I couldn't possibly do that. Um. So that's a big change. Um, I don't -- and they don't take the oath and, I think the other thing is that you have to have -- if you're

going to deal with -- I think everyone should have, aside from what you do or where you go -- now this is my personal opinion.

KD: Sure.

ML: You should have a moral imperative. You, you should know {NS} what's right and what's wrong, and you should be able to articulate that. And, and know when you don't want to be pushed beyond that. And I think people are intimidated into doing things they truly and naturally don't want to do. And I think every- the young people ought to understand -- and they're not teaching them this -- that you don't have to be doing this. You don't have to be intimidated. And, and if they had a basic -- if they were taught something, some value system that uh, to me it's religion, there is something transcendent of this world. It's not all that you see. And I think that that -- it would be very good. That's why my children didn't go to Catholic school except the, my son did go to Boston College and he learned his, his theology from the Jesuits, and it changed him a lot. He didn't realize. But my grandchildren are all going to Catholic school, and they're getting this. They're getting this training that there is a right, there's a wrong, there's a virtue, and there is a deadly sin. And you have to learn this and act accordingly. And, and, and the basic human dignity of each person. I think that is the main thing that has been lost. And I'm preaching and I shouldn't be, but uh, there's a human dignity. Every person is more valuable than anything else in the universe, that's what Saint Thomas says, that one person, one human being is, is worth more than anything in the universe. And we have to get this across to people that -- to kids -- that they understand this that they treat their classmates right, and they behave in this way towards everyone. And that's the change that's taken place in society since I went to med school -- we all went to med school.

KD: Mm hm.

ML: I think that has changed tremendously. So I don't know how the kids are practicing medicine nowadays. So, that's my be-, that's my message. That's my message.

KD: Alright. Is there anything else you wanted to bring up? Memories, recollections, any last thoughts?

ML: Oh, I could tell you a million stories, but I, I don't think I want to say anymore. I might say too much.

[End of recording]