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July 27, 2015 – Barbara Tenney (JMC 1971) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

BT: Barbara Tenney

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

KD: So, for the interview I'm going to start off asking you just to tell me a little bit about yourself, your name, your background, quick overview. Uh, then we'll go into how you got interested in medicine, your time here at Jefferson, uh, where you went for your residency, internship, fellowship, if you did any or all of those.

BT: I did all of those.

KD: Yeah, not everybody did. Um, and then where your career has gone since, and what your time has been in medicine. How things have changed.

BT: Well it's good we're starting early {LG}.

KD: Yeah {LG}. It's good if you have a lot to say. That's always what we like.

BT: {CG}

KD: Some people are brief and to the point, but it's more fun when you have a lot to say and a lot that you remember.

BT: OK.

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

BT: I'm Barbara Tenney from the class of nineteen seventy-one, and I graduated from Wilson College before coming to Jefferson. That's an introduction.

KD: OK. Sounds great. Um, so how did you become interested in medicine?

BT: Um, I remember making the decision that I wanted to be a pediatrician when I was about twelve. My parents' friends say I was talking about it long before that. Um, I always liked kids and I liked science and I was trying to find a fit for those two things. Um, I read a book called *An American Doctor's Odyssey*,

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

which I just was totally enthralled with. So I remember telling my mother when I was uh about fourteen that yeah, I decided I really wanted to go to medical school and she said, "Well you should find out if you really like it." And she went over and signed me up to be a candy striper. At the local hospital. Now, I was a very shy kid, and I went over and took the training classes. My first day as a candy striper I was working with a more experienced candy striper on the flower cart. And we were going around and delivering flowers, and she would walk in and say, "Hi! I have flowers for you" and give them to the people and chat away, and I was "Hello." {LG}

KD: {LG}

BT: And after we had done about three they came and told her they needed her to do something else. And so she said, "You see how this goes, you can do it," and she left. So I went into the next room and I said, "Hello, I have flowers for you." And the, the lady said, "Oh, put 'em over there." And so I, I did. I left. And the next room I walked into I said, "Hello, I have flowers for you." And the lady said, "Oh, how lovely! Bring them over here! Could you read the card for me? I don't have my glasses." And I read the card for her and we started talking away, and it was like someone had flipped a switch. Um, I just felt absolutely at home after that in the hospital. And I really became aware of it one night when I had to go over and get something that I had left at the hospital, and my cousin came with me. And we went in, and I'm saying hi to everybody and talking, and we went and got it and came back to the car. And she looked at me and she said, "Do you know you're a different person in there?" And I said, "Yeah, I am really happy in there." And uh, so that was, that was it. My high school yearbook said "aspiring pediatrician" and there was never any doubt that what I wanted to do was Peds.

KD: Mm hm.

BT: And um, when I went to Wilson, uh, Lee Hitchens, who was six years ahead of me, had been in the first class that came, of women,² that came to Jefferson, and Bonnie Ashby was three years ahead of me. She was a senior. She was the second woman from Wilson to come to Jeff, and I became the third. And when I came for my interview, um -- I was early today, right?

KD: Yes.

BT: I was four hours early for my interview.

KD: Wow {LG}.

BT: I did not want to miss it. And when I was being interviewed one of the questions that the gentleman asked was, "How did you get interested in medicine?" And I said, "Well, you've probably never heard of it, but I read this fabulous book called *An American Doctor's Odyssey*." Not remembering that he had gone to Jefferson, the author.

KD: Mm hm. Oh wow.

BT: So, but the interviewer remembered obviously, so. Um, so I was -- first I was on the waiting list, and then, like a week later, I got accepted. And our class consisted of sixteen women and a hundred and sixty men. So, I came from a women's college to a men's college {LG} and um, I remember on

² Elethea Hitchens was in the second graduating class to include women at Jefferson Medical College, 1966

orientation day when I walked in there was only one other woman in the lobby. And she looked at me and ran over and said, "Thank god you got here. If you hadn't gotten here in a minute I was leaving." {LG}.

KD: Wow.

BT: And so we talked and went through the orientation, and the Dean spoke and then there was, um, an intermission. And I was talking to Joan Boohaker, who had gone to Smith, and I think it was, I think it was Joan Boohaker. Anyway, she had gone to Smith and the Dean came over and he introduced himself, and he asked where we had gone to school, and she said, "Smith," and I said, "Wilson." And he said, "Well tell me, coming from women's colleges do you find this at all overwhelming?" And she said, "No," and I said, "Yes" {LG}.

KD: {LG}.

BT: And he looked at me and he said, "Well, I have five daughters and I intend to see that the women are happy here." Which I thought was great. Um, so, then as the other, my other, one of my other highlights was becoming the second woman in the history of Jeff to be a, {LG}, to join a fraternity. And I proudly had my cer-, my certificate that says I was a good and loyal brother for, for four years on my wall in my offices. Um, and one of the funny stories from the fraternity was one evening we were having a party and we'd had cocktails and we were cleaning up before dinner, and I was cleaning, and I walked by and I said "Hi" to one of my fraternity brothers. He was with his date. And as I came back by him I heard him say to her, "No, honest, she's my brother {LG}.

KD: {LG}

BT: Which I loved. So. Um, and while I was at Jeff, one of the questions you had asked me was to think about who were particularly special to me. Um, one of the people was Dr. Shea in Anatomy. He was just fabulous and would help in any way he could. Um, Dr. Aponte, in Pathology. And my sophomore year we had to write a Path paper, and I was initially going to do it on sudden infant death syndrome, and I went to the library and kept picking up stuff and reading it, and basically, at that point, we didn't know much of anything about it. But right next to one of the books was Henry Kempe's book on the battered child syndrome. So I picked that up and I read it and was absolutely fascinated. And so I talked to -- I think I talked to Dr. Aponte, but I talked to somebody in Pathology and they said, "Well why don't you work with Hal Fillinger at the Medical Examiner's Office, better known as Homicide Hal. So I did. I went over and worked with him and got to see autopsies and posts on battered children and that started, um, a real interest for me in child abuse. Um. OK. So that's -- those are some of the highlights from when I was here. If I think of more I'll go back. But uh, after I graduated -- oh -- well, this is funny too. When we were applying for internships, uh, another person who was a mentor to me was Dr. Fendrick in Peds. Better known as Fuzzy. And um, he had, suggested -- he, he really recommended that I look at N Y U Bellevue. And I said, "Oh, no, I'm too scared to go to New York." So I applied to Ma- uh, to Boston Children's -- no -- Mass General, um, Denver Children's, and Saint Chris, where I had done a sub-internship, um, or an elective. And, but I ranked Saint Chris third, and a lot of people in my class wanted to go to Saint Chris. Anyway, match day came and I didn't match.

KD: Hm.

BT: So, I went to the Dean's office and for the first time in forever, N Y U Bellevue had not filled, because they had increased their number by two and they forgot to change the computer.

KD: Oh wow.

BT: So there were two openings. So we called, and I talked to Sandy Cohen, who was the Director of Residency. And um, the Dean is there telling me, he said, "Now if they want you to go for an interview, you go. You know, that's it." So {LG}. Um, but Sandy said, "You know, you sound really good to me." He said, "I have a few other calls to return and I will get back to you." And he called back about an hour later and said, "It's yours if you want it." And I took it. So I said, "Well obviously, Fuzzy knew where I was supposed to be." {LG} So, um, I did my internship, residency, and two years of ambulatory, um, at NYU Bellevue and it was a pyramiding program, so we started with fifteen and went to nine. And then went to six. And then there were two chief residents and I was one of them. I was outpatient chief and inpatient chief. Um, while I was there I started the child abuse team, at Bellevue. And that was one of my major projects. Um, and they then offered me a position on the faculty and to work at one of their affiliates which was Booth Memorial Medical Center in Flushing, New York. As Director of Outpatient. And so I was two-thirds there and one-third at Bellevue and the Clinic teaching {LG}. Um {CG}, and I did that for three years and then um, decided I wanted to see what else was out there, and I had a very good friend from here, one of my classmates, who was an anesthesiologist, who was on the faculty at West Virginia University. And they had a job offer in the journals, and I called him up and said, "How do you like it?" He said, "We love it. It's great. You gotta come." So I went down and I interviewed down there, and they offered me a position in their Pediatric group practice, which was their outpatient. So there were three faculty members right in the university and the students and residents all rotated through with us. And um, one of my partners was Paul Dworkin, who is now Director at uh, Connecticut. In, uh, Farmington. Um, anyway. So I went down there for three years, and it was really interesting because one of the things they -- the reasons they were interested in me was because of the child abuse experience. West Virginia had been going around to conferences for years and saying, "We don't know what it is, whether it's our clean air or our mountains or whatever. We just don't see child abuse." And one of the women who had joined the Family Practice faculty, uh, about two years before me had said, "Yeah right." So she had done a chart review and showed them that there were cut and dried in this period, I think it was a one or two year period of time, something on the order of ninety absolutely clearly child abuse cases and another fifty that were highly suspicious. And they said, "Oh my goodness, we have child abuse." So that's when I went in. And I had a grad student who came and was very interested in working in the area {CG}. So she did her clinical rotation with me. And then she said, "You know, I really would like to keep working with you." And I went to the Chairman and he said, "I don't have any money." So I went back to her and said, "You write a grant, get it funded, you got a job." She did. So she then started to work with us full time and we had -- the grant was a uh title nine, title nine? Title thirteen, whatever, one of the federal grants. And we trained state-wide and we provided services for a five county area. That we would do consultations and such. So I spent a lot of time in court rooms, um, as well as seeing kids and families. Um, and at -- when I was just about finished with my third year there I got a call from the Director at Booth Memorial saying that "The Chairman here is leaving, you wouldn't know anybody who might be interested in the job {LG} would you?"

KD: {LG}

BT: So I said, "Well, I might be." So he said, "Good." You know, so. So I then returned to New York as Director of Pediatrics at Booth Memorial and back on the faculty at N Y U. And um, I was there for seven years. Um, during which time, {LG}, in nineteen eighty-three, I got married. And in nineteen eighty-seven I got pregnant {LG}. So I came to Jeff for a C V S. Excellent process and excellent people down here, and found we were going to have a healthy baby girl.

KD: Mm hm.

BT: And um, so I decided that I would -- well actually I had decided to take some time off. My husband had, was buying a business in Massachusetts and I decided I was gonna take some time off, and I had to give six months' notice to Booth. I gave my six months' notice and went home and got pregnant that night. So it worked out very well {LG}. Um, so we moved to Massachusetts and my -- I was going to take a year sabbatical, but I ended up taking a three year sabbatical, and probably learned more Pediatrics from my daughter than anywhere else. Um, and then I decided it was time to go back to work. And uh, decided that I should probably go into like a practice setting to get all my clinical skills back. And uh {CG} so I ended up joining a group practice in Wilson, North Carolina. And um, it was a lot of fun. My husband stayed home with our daughter {LG} and um, at the end of a, the year I was supposed to buy in. Now my husband's an accountant and he looked at the numbers, and he said, "There is something really wrong here."

KD: Hm.

BT: We're, we're not doing this. So, in the meantime I found out that East Carolina University was looking for somebody in their ambulatory program, and so I contacted them, and their ambulatory program was located in New Bern, North Carolina. And so I applied, and I got the job. And {CG} went there, and they were, again, there were three faculty members. We worked out of the Health Department in New Burn, and the Family Practice residents, Emergency Medicine residents, Peds residents, and Peds students rotated down with us. And um, we did inpatient and outpatient, um, and it was, it was really fun. And um, stayed there for seven years {LG}, six years. And um, then my one partner -- one partner had left, and he had gone to Saint Louis. And the other partner decided he was going to go into private practice in New Burn. And asked me if I would like to join him. And I, I said, "Well, our problem was the schools weren't that good in North Carolina." So we really felt we needed to get somewhere where our daughter would have good schools. So I started looking again and decided to join a practice in uh, Pottsville, Pennsylvania. Schuylkill Peds. And um, it had been, or yeah, it had been bought by Geisinger and they had at that time two offices, one in Pottsville, one in Frackville, and they were about to open a third in Orwigsburg. So when I interviewed they told me that I would be the second person for the Orwigsburg office when it got big enough. And so I said, "OK." We went to, to Pottsville, and um, then they said, "No, you're going to be the first person {LG} in the Orwigsburg office." So. Which was fine. It was, it was a good -- a new and different experience, building a practice, and um, worked with some really great people. And the doctors were really excellent. Um, and, then in two thousand and eleven -- we were still doing inpatient and outpatient Peds. So. And we were on-call. We had to go in for all C-sections. They didn't have hospitalists. And I was getting really tired. So I decided that I was going to retire. Well, actually I decided -- I thought I'd do it in two thousand and ten, but we couldn't sell our house so I signed on for another year, and then we finally sold our house. And we had already built our retirement home in Delaware.

KD: OK.

BT: So that's how we got to Delaware. And um, the one other thing I didn't tell you about Jeff.

KD: Mm hm.

BT: That I was going to tell you was, I mentioned that Dr. Ramsay had the nickname of "the velvet harpoon." Um, before I came to Jefferson it was the policy or procedure that they would accept, I believe it was a hundred and sixty-five students in the freshmen class. A hundred and sixty-five or a hundred and seventy.

KD: Mm hm.

BT: And at the end of the first year there would only be a hundred and fifty that moved on. So if they hadn't lost that many students, the bottom were dropped out.

KD: Mm.

BT: So the competition to stay above that was incredible. Um, and Dr. Ramsay got to be the person that told the people.

KD: Oh.

BT: That they were going to be leaving. But, from what I understand he did it so graciously and so nicely that people, you know, didn't recognize that they had just been kicked out. Um, my class. With my class they made the decision that if you were good enough to get in you were good enough to stay.

KD: Mm hm.

BT: Um, unless you failed, um {CG}. And, we were the transition class 'cause they were building Jefferson Hall. And it was supposed to be done for us, but it wasn't so we still had Anatomy in Daniel Baugh Institute. Um, a little crowded {LG} you had to tell the guy behind you if you wanted to move away from the table. Um, and then the next year they went to two-hundred. So we were a hundred and seventy six and then the next year was two-hundred. I, I don't know what you're at now.

KD: I'm not sure actually.

BT: Mm.

KD: Yeah.

BT: So that's the story about him.

KD: Alright. So we've covered most of your career.

BT: Yup.

KD: How would you say things have changed in Pediatrics, since you've been in it?

BT: I was -- it's interesting. I was thinking about that last night, 'cause when I was Director at Booth I had a Pediatrician who was in his early eighties and um, this was so this was in like nineteen eighty-two or three. Somewhere in there. And he decided he had to retire because he'd had cataracts done and he didn't feel his vision was up to what it should be. Not that he would have retired for anything else. He loved Peds. But he came in and we sat and we talked for quite a while. And he said, "I feel that I have lived through the golden age of medicine." He said, "When I started there was very little we could do except hold people's hands and comfort them, and watch over them." And he said, "I've seen the development of antibiotics, x-rays, CAT scans, microsurgery." And I mean, and just rattled off the list of developments, and he said, but he said, "In the old days, we were like family friends or family members," he said. "And now somehow we've become the enemy. And people want to sue us and blame us for anything that goes wrong." And he said, "It's just, it's not the same." Um, and I was thinking about it, and I think the change, the changes that I have seen, that I find most distressing, is that medicine is becoming more of a business. It's not about the patient, and it's, you know, it's, it's really hard I think for physicians to do the things that they feel need to be done and that they want to do when things are being dictated by, you know, I mean I know with Geisinger we were told how many

patients we had to see a day and how much time, dut dut dut dut dut. And um, that's one of, {LG} one of our doctors was always notoriously late. Um, but people would stay and wait for her because they knew she would listen to them all the way through. And that she would do what needed to be done. And so the system we designed to counteract dissatisfaction was we had a sign out in the front with all the doctors' names on it.

KD: Mm hm.

BT: And next to it it would say on-time, you know, half-hour delay, two-hour delay, whatever.

KD: Uh huh.

BT: And hers was always delayed, and people would come in and go "Oh, I got two hours. Can I check in and I'll go get, you know, my groceries?"

KD: Mm hm.

BT: And we'd say, "Sure." And they'd go do that and they loved it, 'cause it worked out fine. They still got to see her, but they didn't have to sit in the waiting room for two hours. So. And I think that's the biggest change, I -- I mean the things that we can do are absolutely incredible. And I think one of the other things that's going to be -- that has been and is continues to face us are the ethical dilemmas.

KD: Mm hm.

BT: And that, that's gonna go on as long as we keep improving and doing more and more.

KD: Can you think of anything else you'd like to bring up that hasn't been talked about yet?

BT: Oh!

KD: Yes.

BT: I'll tell you one other funny st, one other funny story I thought of. Um, it was our sophomore year so we were in Jefferson Hall for lectures, and at -- when I was here we -- the students were instructed that the guys were supposed to wear shirts and ties and either their white jackets or sports jackets, and we -- excuse me -- we were supposed to wear stockings and heels and dresses or skirts, OK. Now, we -- my class got a little bit laid back, OK. And so a lot of us were, girls, were wearing loafers or, you know, I mean we were still wearing skirts, but. Um, but the guys had kind of given up the ties and stuff. And one day we were sitting in lecture, and I don't remember, I think it was one of the biochemists, but I'm not sure, and he looks up at us and he goes, "This is disgusting! You're not dressed appropriately. Where's your professional decorum? I want to see every one of you in a tie tomorrow!" So the next day, all sixteen girls were in the front row with ties on.

KD: Oh, that's great.

BT: And he looked up and he looked at us like, "What are they doing?" You know.

KD: {LG}

BT: {LG} He, he had no clue as to what he had said {LG}. But the guys all gave us ties. So we were dressed right.

KD: {LG}. Alright. Anything else you can think of? Any other memories, thoughts, comments?

BT: Um, oh, one other funny one.

KD: Mm hm.

BT: Orthopedics. I did it with the gentleman who was the Phillies, um, trainer. Marone, I think his name was something like that. I forget what his name was. But, anyway, we had a, it was out at, I think it was at P G H, and um, we had a gentleman who had been in a car accident and when -- at impact he had stuck his legs straight out, and his one leg had, had gone through the hip.

KD: Wow.

BT: The socket, basically. But the guy weighed like three hundred and fifty pounds or whatever. He was huge. And so they put him in trac-, they put him in traction and they said, you know, well we'll put him on a diet. So he loses weight so we can operate on him. And then they said, "He's not going to lose weight lying in bed. This is ridiculous. We're going to have to operate." We operated and he had himself, and I think two residents and me and there may have been an intern. There were a bunch of us in there, and so they started the surgery, and for a good part of the surgery someone had to hold the leg, OK? So we were taking turns 'cause this was a heavy leg.

KD: Mm hm.

BT: And then he would say, "OK, internally rotate it. Externally rotate it. You know, lift it up, lift it, you know." And we were doing that. Well, when they got to the really good, interesting part and they were starting, I was holding the leg. OK. So I'm holding the leg, and I'm holding the leg. And he's like, "OK, get it up higher." So I'm lifting it up higher, and, and he's going, "No, it's got to be higher." Now, now my arms are shaking and so the leg's shaking, and he turns around and looks at me and says, "How long has she been holding the leg?"

KD: {LG}

BT: "Somebody take it from her!" {LG} And so one of the guys took it from -- but uh, yeah, it was, it was interesting. The surgery -- orthopedics was the one surgery I liked. I liked O B, but I didn't really like Gyn. Um, so I liked birthing babies and -- because I like babies -- but um, and that, that was, that was fun too. I had O B at P G H. P G H was great.

KD: Mm hm.

BT: Because we got to do everything, really early. And um, one night, um, one of the guys who was watching a lady who was in labor -- and she'd already had a couple kids -- and he'd gone to get a snack, and he came back and every, everybody -- or maybe it was? I don't know. I think he came back and everybody else was in one of the delivery rooms or whatever, and he walked in and she went, "Oop, oop, oop, it's coming!" And he yelled across the hall, "She says it's coming!" And then a resident yelled back, "Believe her!" {LG}

KD: {LG}

BT: So, it was, it was a lot of fun. Um, yeah, those were, those were probably the highlights that I thought of.

KD: Mm hm. Anything else?

BT: Oh, I know the other one that was good. Um, one of my, well actually two of my electives were really good. One, I did neonatology at Pennsylvania Hospital, under Tom Bocks. And, Tom was really interesting. He was a terrific neonatologist, but he didn't buy phototherapy, which was just becoming very popular at that time. And so he was still doing exchange transfusions {LG}. And um, one, I think it was a Friday, and he had weekend plans. And we had two babies that, you know, one absolutely had to have an exchange and the other one was getting close, and he comes in, he goes, "Alright, exchange that one. Put that one under the lights." {LG}

KD: {LG}

BT: And it was the first time he finally broke down and used the lights, and we were all like, "Yes!" {LG}. And it worked, so he used them after that. Um, and the other elective I did, I did a, like a sub-internship at Cooper in Camden. And at the time they had one intern, one resident, and me.

KD: Mm hm.

BT: So they decided that we would be on call every third night, and I would be on call alone. And -- but, I had two, um, private practicing pediatricians backing me up, so, if I had any problem. And, um, {LG}, one of the cases I remember over there was we had a little boy come in who was painted, uh, lime green, a light lime green. All over. Head to toe. His siblings had painted him. And it was oil-based paint so I mean he, he was really having -- he needed to get it off. So I called the, uh, maintenance department. I said, do you have something you take paint off your hands with? And they said yes, so they brought me up a gallon of it, and I, we started cleaning him off. And the nurses were like, but we don't want to use this on the genitalia, you know. You know, like I don't think so either. And then one of the nurses looked at it and she said, "It's still tacky. It's oil-based. Cooking oil!" So we called the kitchen! {LG} And we got cooking oil and we got it off all of him. But he was so slippery from the oil that when I put my stethoscope on his chest it went, vvvip {LG}.

KD: {LG}

BT: Just slid right off. Um, but yeah, they, they were great, because, again, they really let you do stuff. And they would back you up, and you had -- you knew that they had your back. But you -- it was a great experience. Now of course I'll probably think of twenty more things on the way home {LG}.

KD: {LG} That's alright.

BT: But no, it's um, it was, it was interesting. It was challenging. It was fun. Um, it was a lot different from college. I mean, small liberal arts college for women where everybody lived, you know, on the campus and together, and so very close bonding. And here, I mean, people were commuting, some people were married, some people lived in fraternity houses. I lived -- oh that's another story or experience here. I got called into Dr. Ramsay my first year because I wasn't performing up to the level predicted for me. And um, we talked. And um, one of the things he asked me was, he said, you know, "How are you on money?" Whereupon my lower lip started to quiver. Uh, and he looked at me and he said, "Well, you go, you go right up to the Dean and, you know, find out what financial resources are available." And I said, "OK." And I didn't want to tell him that, I mean, there were people in my class who were worse off and we knew there was no money available. So, but I'm walking back to the, the residence where I lived. I found a twenty dollar bill on the, the sidewalk, and I said, "Gosh, he knows somebody!" {LG}

KD: {LG}

BT: Um, and, and I was living in a boarding house for young women down on, on Clinton Street.

KD: Mm hm.

BT: And um, so one day I was sitting in the TV room and the, uh, the director and the assistant director and the head housekeeper came in and they went back and they opened the Coke machine and they got Cokes out and closed it, and I said, "Hey, aren't you going to give me one so I won't tell?" And they said, "Who are you going to tell? I mean, we're all here." And I said, "I don't know, the Board of Directors." And they said, they said, "Well, um, you know, our, uh, upkeep is included in our, in our benefits." And I said, "Well don't you need a junior assistant housemother?"

KD: {LG}

BT: And they said, "Well what makes you think that you would be a good junior assistant housemother?" And I said, "Well, I'm, I'm a medical student. I was Chief Justice of the Judicial Board of my college, um, you know, I had ex-, different experiences." And I didn't know that they were actually looking for somebody. So they hired me, which gave me free room and board for the rest of my medical school.

KD: Oh, that's amazing.

BT: And each year, well I should -- the first clue should have been when I did my first application for money, I used the formula that they told me and I asked for I think it was like eight or nine-hundred dollars, and they gave me four hundred dollars more than I asked for. So it -- that should have been a clue that I was not doing it right. But each year that I was here the tuition would go up, and each year I found a dof-, a different scholarship. Um, I had one from the American Businesswomen's Association. I had one from a, a s-, a fellowship up on Cape Cod. Um, and, and each year I'd find another one.

KD: Mm hm.

BT: And just enough to get me through, which was, was really nice. So that I didn't end up with like the kids now have such huge debts. And I'm, I came out with eleven thousand dollars in debt and I thought that was pretty awful, but that's mild now. Um, and I did work at Cape Cod Hospital two summers, which was really fun. I did uh, um, anesthesiology, sub-internship up there. Or rotation up there. And did one -- oh -- that was the other story I was going to tell you.

KD: Mm hm.

BT: I {CG} worked the first summer after, um, my first year here I worked in the lab at Cape Cod Hospital. And um, so one of the things that they taught me to do was venipuncture and how to draw blood, and I'd go around every morning with everybody and draw blood.

KD: Mm hm.

BT: And uh, when {LG} I came back our sophomore year, I think it was Physiology. They, they showed us how to do a venipuncture. Now we're in a conference room with, you know, a hundred and fifty, you know, I don't know if we were all there, but it was like a hundred people there. And the, the prof's down there and he gets a volunteer and he goes, now you wipe it off and you tie on the tourniquet and you feel a vein and you stick the needle in, and you draw the blood. And then he tells us to go do it to each

other, OK. Now, we, we had also that day had a lecture on anaphylaxis. So, we're, we're in the lab, and people are trying to draw blood, and one of the guys is drawing from one of the other guys who goes white and starts to faint. And the other guy's going, "He's having a reaction! He's having a reaction!"

KD: {LG}

BT: "He's having a reaction!" And I said, "No he's not. He's fainting." And I grabbed him and I put his head down, I got the smelling salts, and I did that. Well at that point the prof walked in and went -- and I just let the guy sit up and the, the, the prof said, "What's going on?" I said, "Oh, he fainted." And he said, "Well get his head down!" I said, "I already did that {LG}. He's alright." So after that they all got me to teach 'em how to venipuncture, so {LG}. So that was fun. Mm. I think that's all the stories I thought of.

KD: OK.

BT: OK.

KD: Sounds great. Well thank you for sharing.

BT: You're welcome.

[End of recording]