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INTERVIEW WITH SAMUEL L. CARUSO, D.O. (CLASS OF 1947)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
January 10, 1997

PERLOFF: Please state your full name, date of birth and place where you were raised.

CARUSO:

CBP: When were you born?

SC: In 1922.

CBP: What part of Philadelphia did you grow up in?

SC: South Philadelphia.

CBP: Where do you currently reside? Your complete address, please.

SC:

CBP: What made you want to pursue a career in osteopathy?

SC: It was during the war years in 1943-1944. We talked to a number of our friends about going to some school of the healing arts, and someone recommended an osteopathic school, so I applied, and went through the process of application and interviewed. I was accepted in the class of 1947. We numbered seventy in our class.

CBP: Were any family members or others influential in your upbringing involved in the medical profession?

SC: No.

CBP: Was there any reason why you chose an osteopathic school versus an allopathic medical school?

SC: No. I thought osteopathic medicine had more opportunities to offer than the medical profession. But at that time, being rather immature in that type of field, I felt the osteopathic medicine seemed to have more of a flowering attitude that allowed the person to develop.

CBP: What college education did you complete prior to matriculating at PCOM?

SC: University of Pennsylvania. I graduated in 1944 with a B.A. degree.

CBP: Did you apply to other osteopathic colleges?

SC: Just that one.

CBP: So, was PCOM the only medical school you applied to?

SC: That's right.

CBP: What were the highlights of your educational experience at PCOM in the 1940s? For example,

courses that impressed you or professors.

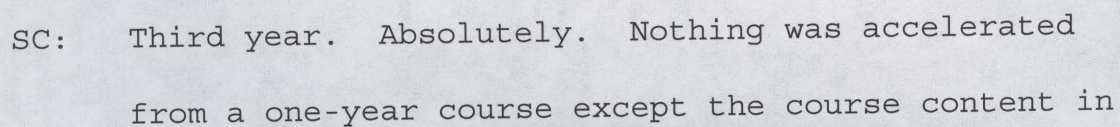
SC: Four years of school in three years. We had a war time compressed curriculum. We went to school eleven months out of the year instead of nine months, as they do today. So we would go to school year-round with one month off in August. It was a methodical -- eight o'clock morning classes, and we finished at four or five o'clock in the afternoon. We had Saturday classes until twelve or one o'clock. You matured very quickly, particularly in the second and third year, as you started to approach your clinical years, which today they do in the first year, I understand. So we were told in our third year -- middle of the term, one Friday afternoon -- "You're going to the outpatient clinic this afternoon." Just like that.

CBP: Clinic started in your third year?

SC: Third year.

CBP: Even within the accelerated program?

SC: Third year. Absolutely. Nothing was accelerated from a one-year course except the course content in



making nine months. And then, doing four years of schooling in three years. I mean, they didn't assign you go to clinic earlier because they arranged the schedule.

CBP: What professors stick in your mind as having made a significant impression upon you?

SC: Well, many of them were very, very good. We had one professor, Dr. Cathie, who was a very demanding, excellent teacher, who had the eight o'clock class, obviously. And if you were late, you stood along the walls of the classroom and he asked you the appropriate anatomical questions, and after you answered, if correct, you sat down. If you did not know the answer you remained standing. It was not a disciplinary thing, but you were supposed to be there at 8:10. We had Dr. William Baldwin, Department Chair, who was a physiologist, who was very excellent. This occurred in the first year. We had a number of anatomy professors, whose names I can't recall. I can't recall anymore of the first year, although I'm quite sure we had other

professors at that time. In other words, I don't recall all my classes -- to which ones I was assigned. Chemistry -- I remember that one. Dr. Senior, Department Chairman we remember because of his name, apparently, and he was a very excellent person. I recall seeing him at the University of Pennsylvania when I was completing my undergraduate degree requirements. I remembered this very dedicated person trying to complete his chemistry requirements. I think it was Chemistry 3, which was qualitative chemistry, and the other one was Chemistry 6, which was analytical chemistry. I remember it was the summertime, and he was running back and forth to the lab, and going to his Bunsen burners, etc. I remember him specifically.

CBP: This is while you were an undergraduate at Penn?

SC: Yes, but I didn't know him then. I recalled him, and when I got to school I said, "Oh, that's the gentleman!" He was completing his degree requirements to become a professor at our school.

CBP: You mentioned a little bit about the accelerated

program.

SC: Yes.

CBP: I know by September of 1947 they were back to the four-year schedule.

SC: I'll say yes.

CBP: They finally were able to phase-out the accelerated program and get back to the four-year program. The war was over for a couple of years.

SC: Yes.

CBP: You were part of the three-year program. What were your impressions of the accelerated program -- both good and bad?

SC: Well, obviously, you had to keep on top of everything or you fell behind. We found out after the second year, when a lot of them were not allowed to return back to school. A lot of the pluses were the self-discipline that is required of you to study concurrently because we had unannounced examinations in anatomy, in physiology, in the first and second year. You walked in and you had an unnaounced exam. So we went into the physiology class this one day

and the professor gave us a written exam. When it was all over at the end of a class, maybe a week later, he said, "All those that don't think that you did well, you can take the exam again. I'm not even going to mark the papers. If you felt you did bad, take it again." So, of course, the insecure ones took it again. So, you know, we all passed, I think, eventually, but I don't recall.

CBP: Do you know if doing those surprise exams was unique to your program because you were in the accelerated program, or was that the approach to them, regardless?

SC: In those days, that's the way they operated.

CBP: So it wasn't just because you were accelerated?

SC: No, absolutely not. That would have been to much pressure.

CBP: That was just the approach to teaching. What else do you feel was either good or bad about the accelerated program?

SC: We'll go back to anatomy, and I hate to keep talking about that. We saw the professor -- the head of the

department -- maybe once or twice a week. You never knew he was coming in. Or Dr. Heilig, who was at that time, an anatomy teacher. He's now in osteopathic medicine. But by the same token, it was six days a week. And you were given an assignment every night. You had to go through the anatomy assignment, and you had to know it. I had to go home and study every night. But you had to know something the next day because otherwise, you wouldn't pass the course.

CBP: What were some of the negatives of the accelerated program?

SC: I think the speed. Just too much given to you too quickly. I mean, it's impossible to study eleven months of the year. And now the students have other activities for three months, but we just kept pounding away. Saturday we finished, and Monday we started next term's classes again. I mean, it was that quick.

CBP: Please tell me what you remember about the war medicine courses that were introduced to the

curriculum during the war years.

SC: We had a tropical disease professor who was foreign-born. I think he was either Central or South American. He was a very elderly frail type of person. He presented a good course, but, of course, he showed up and taught us as much as he could.

CBP: Do you remember any other courses that were new to the curriculum because of the war effort?

SC: I really couldn't tell you. You see, I don't have the catalog here, or anything to help refresh my memory.

CBP: Industrial or occupational medicine?

SC: They had a smidgeon of industrial medicine. I use the word 'smidgeon' just the way I told you. Of course, at that time the war effort was going on in 1940 to 1944, and they were starting to get into other fields at that time. So they started putting little bits and pieces. So I guess by the time I got out of that course of study in three years -- or four years -- whatever you want to call it -- then they started to enlarge their curriculum, which

today is nothing like we had years ago.

CBP: In what ways was the 48th Street Hospital impacted by the wartime mobilization? For example, its role in civilian defense.

SC: I don't remember anything specifically, to be honest with you. We just did the work of physicians in the area. In other words, people came in, delivered. We had the emergency room care. We took care of patients. It was an effort to go ahead and get people who were patients to come in and get proper treatment.

CBP: How about people who were not accepted into the military for medical reasons? Do you recall anything in working with these people for treatment so that they could qualify?

SC: Those kind of patients would go mostly to our general practitioners and/or specialists. And if they had to be admitted to our hospital, we would get them that way. But there was no program to have them come into the doctor's offices in our area.

CBP: Do you think that you were seeing more patients

coming to osteopathic physicians for the first time because the draft of the M.D.s?

SC: That's a good question. As you know, we had the degree D.O. In the 1940s and 1950s -- to about the middle 1950s -- that was always correlated with a person who gave "physio-therapy or massage treatments," which, of course, isn't what it entailed. But in the 1950s, the federal government started to elevate them, and the patients started to appreciate the fact that D.O.s were much more than just massage doctors for osteopathic treatment. They just were a total doctor. Which, I think, today is a lot more extant.

CBP: How did you feel about osteopathic physicians being excluded from military service as medical personnel, while you were working to earn your D.O. degree?

SC: It was very frustrating because many people were very competent to go into the Medical Service, but we were not permitted. Eventually we were. And, of course, since then, we have performed well in the Services.

CBP: When you matriculated into an osteopathic program, did you know that you would be denied the opportunity to serve in the military?

SC: I never gave it a thought because it was wartime and we were just too willing to accept our responsibilities of going to school and becoming a doctor.

CBP: What about the sentiments of your peers while you were medical students, being basically discriminated against by the federal government, and not being included as medical officers?

SC: There was no undercurrent or any feeling against us or for us. They accepted us for what we were.

CBP: Do you recall any efforts amongst students to try to lobby to get that acceptance?

SC: Not during the wartime. I think we had too much to do in that very tightly compressed curriculum.

CBP: Please describe the clinical training you received in the hospital clinic.

SC: Well, I alluded to that in the previous question, where we were assigned to the outpatient clinic.

You know, one Friday afternoon we were assigned for X number of weeks to the 48th Street clinic, which was the only one they had then. I think we had a group of fifteen or twenty people assigned to the clinic. Since we had seventy people in class, it was divided into two or three parts. The assignments were divided between Hospital and clinic. One to the Hospital, one to the clinic.

CBP: How were you supervised while you were seeing patients?

SC: In the clinic?

CBP: Yes.

SC: With a supervisor who was available.

CBP: But would you see patients alone in a booth without a supervisor?

SC: Oh, yes. And then you would have the supervisor review the patient and sign the prescription or to assist and to analyze what you found. And usually interns and residents came down from the hospital to help us. The head supervisor of our clinic came in PRN. I think he had other office hours, too. So he

might come in in the morning, or he might come in in the afternoon, or skip a couple days. The type of supervison we had was rather irregular. I'm talking about the general clinic -- not the specialty clinics.

CBP: Right. Now talk to me about the specialty clinics.

SC: We had specialty clinics. I don't remember the days we had them, but I remember dermatology clinic was on Tuesday, and I remember we had OB/GYN clinic on Monday or Wednesday -- and also night hours. You were allowed to attend those clinics on a rotating basis. There were three or four students who would go to OB/GYN for that week, or they would go to dermatology or proctology or whatever surgical clinic or whatever else was going on. It was your responsibility to go. If you didn't go, you didn't learn! And nobody had a list that said you had to be there to sign-in. Nothing like that. It was mostly on an honorable basis. Those that came, came.

CBP: When you were on clinic service, was that a full day

for you, or were you also taking lectures?

SC: Yes, we were going in class in the morning from eight to twelve, and then we'd have lunch and go to clinic from one to four to five -- that's five days a week. We had 48th Street outpatient clinic only.

CBP: As a medical student, to what extent were you involved with patient care in the 48th Street Hospital, other than in the clinic?

SC: Our care in the Hospital was limited to giving osteopathic treatments and making rounds with the attending physicians.

CBP: What, if any, practical experience did you obtain outside of the 48th Street Hospital setting? For example, home deliveries, other clinics, or assisting in doctors' offices.

SC: [laughs] I'm laughing, but not at you. Recently, I spoke to a friend of mine who graduated with me. I said, "I remember you! You left me to take care of an outpatient and she delivered while you were gone." My first delivery! And no assistance or supervision! We had to go on assigned deliveries,

so you picked partners, which we did ahead of time. This pregnant patient called and both of us went out there. We were waiting and checking the patient and waiting. He said, "Oh, I forgot something. I think I'll go back to the Hospital," which was maybe about two miles away. He said, "She's not active." I said, "Go." As soon as he walked out the door, she started to push. First thing I knew, the head popped out, the baby was delivered, and this cord was sticking out. So finally, he came back in. He said, "Oh, good." He worked in a hospital for his uncle so he knew what to do for deliveries. So we clamped and cut and delivered the placenta. That was an exciting experience.

CBP: Where did you go to do home deliveries? What neighborhoods?

SC: West Philadelphia.

CBP: Exclusively West Philadelphia?

SC: As my memory serves, yes. That was the only place we went. When I say 'we,' we were assigned.

CBP: How would you get to these people's homes?

SC: We had our private car.

CBP: Did PCO have any other clinic settings at that time?

SC: No, just that one.

CBP: Do you remember anything about a clinic at 3rd and Lehigh -- an OB clinic?

SC: If you could tell me who ran it I might be able to retrieve something for you. That's very distant. I can't recall it. We were never assigned there that I know of.

CBP: Did you ever go to PGH or the Municipal Hospital for Contagious Diseases, or any other hospital in Philadelphia to further your education?

SC: Many of my student friends went there surreptitiously.

CBP: There, being where?

SC: PGH and Municipal Hospital. They went there surreptitiously, although at one time, we were supposed to go to the Hospital for Contagious Diseases, and it was canceled because of something going on, so we never got there, so we had no other outside hospital experience except PCOM.

CBP: Could you talk a little bit more about the other students who were going surreptitiously to PGH?

SC: I really don't remember them very well. Not that I can't remember names. But they'd say, "Oh, guess what? I went down to PGH, and I attended a lecture," or "I attended a conference" or something like that. Fine, you know? I think our cup was full with what we wanted to do without running around to all these different hospitals, trying to do more things.

CBP: Did you feel you were getting enough clinical exposure at the 48th Street Hospital?

SC: Yes.

CBP: Do you remember Dean Otterbein Dressler?

SC: Yes, sir! Good man!

CBP: Tell me what you remember about him.

SC: He wrote a book.

CBP: What was his book?

SC: Let's see if I can get this title, Parking on the Other Fellow's Nickel. You see, in the old days, you paid a nickel to park. So if somebody had

parked there, and there was time left in the meter, you pulled in there. His book was about using your time intelligently and advantageously. Very fine man. He was a Quaker, I think. Otterbein Dressler. He was a Dean and a very considerate person. Yes. He never raised his voice. He taught pathology. Now it's coming back. Very good man. He had an assistant by the name of Boyd Button. Very nice man, it was his job to translate the lectures into the pathology laboratories, and he would help us with the laboratories. And, of course, he expected us to be knowledgeable -- we used to have conferences two hours twice a week with him.

CBP: What made Dean Dressler an effective Dean?

SC: His demeanor, his attitude, his ability to relate to the students as well as to the teaching staff. He was soft-spoken. He was very patriotic. He didn't have any ax to grind. But he tried to focus us on osteopathic medicine, which in those times was called osteopathy. He accomplished much for our profession -- did a fine job.

CBP: Did you serve an internship upon graduation?

SC: PCOM. One year.

CBP: Could you please describe your training and responsibilities as an intern at the 48th Street Hospital?

SC: Well, it was complete care with the patients with a particular service you were on. The word "service" means you were given, say, first, second, third floor, which would be medicine, OB/GYN, surgical. And then we had night duty, emergency room duty, so it was divided up into a number of categories, and it was a very fulfilling time, as far as I was concerned. Excellent. You had plenty of opportunity to do whatever you wanted, under supervision. That's the important thing.

CBP: Did you have any teaching responsibilities as an intern?

SC: Just the third- and fourth-year students who were with you at the time -- yes. But they didn't say, "Go teach them." But if a student would ask you a question, you would try to resolve whatever was

pressing them.

CBP: What were the highlights of your social experience at PCOM and in Philadelphia?

SC: What time span?

CBP: While you were a medical student -- 1943 to 1947.

SC: It was wartime. We had one month off a year, which you went to work or relaxed -- whatever you had to do. We got along socially. We just did our work. Of course, in those days, you know, you had to go to school. Either that or you're out -- in the Service.

CBP: Where did you and other students live?

SC: I lived at home. The other students lived in the area, around PCO, in West Philadelphia. A lot of them came in by car. I came in by -- it's called SEPTA now. It was convenient.

CBP: Were there any local hang-outs around the 48th Street Hospital, where you would all go for lunch?

SC: Paul's Delicatessen, across the street. Paul's Delicatessen would be southwest of the College, and we'd go there for sandwiches in the afternoon. That

would be one of the places. Of course, there was the drugstore, whose name I forgot, but they were very convenient.

CBP: Do you remember an athletic field that was adjacent to the College?

SC: Next door to us on the east side was the Lea School, and they had a schoolyard, and I'm trying to remember if there was an athletic field west of our school, on the west side of 48th Street, between Spruce and Locust. I don't remember, to be honest with you.

CBP: Do you remember a victory garden?

SC: That was a common name during the war for people that grew vegetable gardens.

CBP: You don't remember one being adjacent to the school?

SC: No.

CBP: Did you belong to a fraternity or any honor societies?

SC: Iota Tau Sigma -- ITS. I don't know if it still exists, but we had a fraternity house, at the southeast corner of 47th and Spruce -- second house

from the corner. And, of course, students lived there. We had our holiday parties there. Very convenient. The professors who were involved with our fraternity were very free with their time to come in and help try to make you part of the profession. They were very friendly that way. There was Drs. William Baldwin, Walter Willis, as I remember. That's all I can recall.

CBP: Do you think fraternities were any more or less active during wartime?

SC: I think they were a little more constrained compared to today's fraternities which are much more outgoing. But I would not be one to judge that. But I think it was a sign of the times. Wartime and all that business. But I think they did their jobs very well. I remember the LOGS, which was Lambda Omicron Gamma, was the national Jewish osteopathic fraternity, and then we had the Psi Sigs, and that was Phi Sigma Gamma, and they were the other fraternity on campus that I remember. I think they had Atlas -- that was another fraternity.

CBP: Were there many women in your class?

SC: Closer to four, as I remember.

CBP: This is out of seventy?

SC: Yes. One found a husband in the class. The other two were nice.

CBP: I've seen conflicting references -- one for you being the class president for the Class of 1947 in a Digest at one time, and another one that Lyle Biddlestone was your class president.

SC: Lyle Biddlestone.

CBP: Then that was a misprint in the 1987 Digest.

SC: Yes. Nice man. Very stentorian, English-type. Good man.

CBP: What ever became of Lyle Biddlestone?

SC: He died about three years ago. Very nice man. We were in constant touch with him through the state osteopathic organization, and we would meet him at the Adam's Mark or wherever the convention was at, and we'd integrate with he and his wife. In my last comment to him, in retrospect, I said, "Lyle, next year -- the convention in Philadelphia -- you're

going to have to come up to my house, and we're going to have dinner there." He said, "You're on."

CBP: I read in a 1946 Digest that Student Council was becoming increasingly active. Can you recall the involvement and the impact of Student Council during your years as a student?

SC: It was minimal. I remember when we were going to go to Student Council meetings.

CBP: Your Class of 1947 falls into that group of years for which there was no yearbook.

SC: Yes, because of the wartime demands.

CBP: Do you recall any discussions at all about getting the yearbook started again? You would have been towards the end of the war.

SC: I'm quite sure there must have been, and we might have been part of it, but I don't think we had any interest or time to really do anything about it. As you say, the Class of 1947 -- correction -- the Class that started in 1947 -- September -- I'm quite sure that they were told, "Let's get a yearbook from now on."

CBP: So they got back into the more traditional pattern.

SC: I think so.

CBP: Were there any organized athletics at PCO during your years as a medical student?

SC: I don't recall any.

CBP: What was the nature of faculty/student relationships when you were a student in the 1940s?

SC: Reserved. They were available during class time. If the man was the Chairman of the Department and he wanted to talk to you, he would arrange for an interview convenient to him and to you, for whatever reason. There was no wall between the professor and the student, but yet there was a certain amount of decorum that was observed to allow the professor and the student to have a separate relationship. I don't have a negative idea of any professors I had. All of them were well-meaning. They tried their best with what they had.

CBP: Were there any faculty/student activities outside of the college setting? Either recreational, social outings?

SC: I don't remember. I would doubt it, because I don't know where we would put them at. Either we were working on the Hospital or the clinic. Saturday or Sunday -- whoever was assigned.

CBP: Do you think that student-faculty relationships have changed over time?

SC: Yes.

CBP: Could you describe it?

SC: Better. A lot more integration. A lot more sharing of information. A lot more discussing with the student any particular attitudes or problems he may have relative to school, curriculum, professors, which is part of our society today after the war, obviously. It's gotten much more open as the years have gone by.

CBP: I'd like to talk to you a little bit now about specialization and practice. Please describe the specific training you received in pediatrics -- both didactic and clinical -- while you were a medical student.

SC: All I had was a general curriculum in all the

specialties of medicine, which we now call that today, so that pediatrics, obstetrics -- we were assigned to clinic, to classes, we discussed things with the professor or the intern or resident. Then when we were accepted for internship, we were much more knowledgeable because we had hands-on at that time, and had become more integrated and we learned a lot more that way. But there's nothing left of this today.

CBP: You didn't have a course that was just on pediatrics when you were a medical student?

SC: Oh, yes. I apologize. I'm sorry. I didn't understand your question. Yes, we had a course in pediatrics. It was taught by three professors. I recall either two or three times a week the didactic -- we're talking about the class in pediatrics. That, I think, was over one or two terms. But it was quite a bit.

CBP: How about your clinical training in pediatrics?

SC: That was at the outpatient clinic, and we had pediatrics Tuesday and Thursday from one to five.

The same professors who taught you class would come to the clinic.

CBP: Please comment on the pediatric faculty at that time, when you were a student.

SC: We had three professors. Dr. Spaeth, Dr. Leo Wagner, and Dr. F. Munro Purse. All have passed away, and in that order, Spaeth, Wagner, Purse. Spaeth was the Chairman of the Department, as I remember. Of course, that's when I recall seeing him. He would orient the students in the Hospital the first time we would come in, say to the nursery, to assist you, and then the other doctors -- Dr. Purse and Dr. Wagner -- you'd make rounds with them if you were a student or an intern -- and they would discuss this particular patient, and they'd go visit the mother on the maternity floor. So they tried to organize the course materials that you could take home, or ask specific questions the next day. They tried to do a good job with what they had.

CBP: So those were the three faculty members at the time?

SC: At the time. Yes. We had six hundred deliveries a

year.

CBP: Why did you choose to specialize in pediatrics?

SC: It was a challenge, and, being an only child, I felt that I should enlarge my character by learning more about the other part of my life, which I didn't have.

CBP: Did you have a mentor from your medical student experience at PCOM?

SC: No. The way that occurred, and I'll enlarge on the answer -- we heard during our internship -- we'll say the first, second, third or fourth month -- that they were going to open up more residencies that paarticular year for the first time. This is now the end of 1947-1948. I was an intern in 1947, and we had listed six or seven new residencies. We had surgical residencies. But now pediatrics and OB/GYN. Ears, nose and throat was new. Pathology. They were starting to enlarge a little bit. Then they had six or seven people from our intern class who took specialty training. We went for more specialized training.

CBP: So you were PCO's first pediatric resident?

SC: Yes.

CBP: Do you know how PCOM compared to other osteopathic colleges and to allopathic medical schools in establishing a pediatric residency program?

SC: I'd have to do it from the backward to the front. As I told you a few minutes ago, we had six hundred deliveries a year. We had a clinic and we had a twelve-bed pediatric hospital at 48th Street, so obviously we weren't overwhelmed with a lot of pediatric cases. We got enough of a variety. Not a classic variety, but we got enough to really get us through. Now, comparing that to Children's or St. Chris, you can't. I mean, they were specialty children's hospitals. And compared to the other hospitals in the area at the time -- Misercordia, St. Joe, so forth and so on -- we couldn't imagine it, because they had a much more well-qualified faculty. Well-qualified means it had more doctors, better trained, and more whole-time people, which we didn't have at our college at the time I started.

Whole-time meant that you were paid for the whole year to teach, and instruct interns and residents.

CBP: Let me re-focus that question a little bit. If PCOM started a pediatric residency program in 1948-1949, how did the timing of that compare to when other osteopathic colleges established a pediatric residency program or a place like Jefferson or Hahnemann? I'm trying to get a sense -- was PCOM being at the forefront in establishing a residency program, or was it just sort of getting on the bandwagon?

SC: Your question is good. It's a question that can't be answered very easily, and I'm not going to embellish anything you said. We could not compete with the medical hospital area, pediatric-wise, either the caseload, the amount of money it could muster to go ahead and train the people, the amount of facilities, or the amount of equipment. We did the best with what we had.

CBP: Please describe the training you received in your residency.

SC: I was the first pediatric resident, and although Drs. Spaeth, Wagner and Purse were excellent people, part of their problem was the fact they never had a pediatric resident before, so they had to understand just what the wants were of the pediatric resident. Eventually by the second, third and fourth year, this became a lot more expanded by having lectures, courses for the residents, and became a much more crystallized program.

CBP: Was yours a one-year pediatric residency?

SC: Yes, at that time.

CBP: Were you the first pediatric resident in the osteopathic profession?

SC: Yes, Ma'am.

CBP: So even though it was not at the forefront compared to what was going on in other medical schools in Philadelphia, within the osteopathic field, you were the first pediatric resident.

SC: We were the only osteopathic hospital in Philadelphia at that time, so I was the first pediatric resident. But in the next three, four

five years, Metropolitan opened and they had other programs.

CBP: How about outside of the Philadelphia osteopathic profession? Look at Kirksville or the one in Chicago.

SC: We're talking about the time period in the late 1940s?

CBP: Right.

SC: Well, things were still in flux at that time, and since our program was starting, the other hospitals were starting to embellish and enlarge theirs . . . So now the question you asked -- Lancaster, Harrisburg, York, Allentown -- developed pediatric programs. They had pediatricians there, so they managed pediatric cases. Other parts of the country that had osteopathic hospitals were doing the same thing on a smaller scale, but they were starting to develop them. This is in the early 1950s.

CBP: Were they actually residency programs?

SC: At that time, no.

CBP: Okay. I guess what I'm trying to focus on was PCO

the first osteopathic institution to establish a pediatric residency program, thereby making you the first osteopathic pediatric resident?

SC: I'd have to say yes and I'd have to plead ignorance because I don't remember other pediatric residents at that time. I'm thinking of 1948, 1949 and 1950, and I don't think of anyone. But then we're starting to get people from outside the state. One of our first residents from outside the state was Dr. Jones from Kansas. He came in in 1948/1949, and I don't remember any other resident at that time.

CBP: He came in as a one-year pediatric resident?

SC: Yes.

CBP: While you were a pediatric resident?

SC: I had finished in July 1949.

CBP: But you were 1948/1949.

SC: I had finished in 1949.

CBP: Okay. There's still one point I want to verify with you. Did PCOM start the first osteopathic residency in the osteopathic profession, and therefore, were you the osteopathic profession's first pediatric

osteopathic resident?

SC: Yes.

[end of side one]

CBP: I just want to go back to question I asked you earlier about some of the professors who stand out in your mind from your years as a medical student in the 1940s. Could you please comment on some of these people?

SC: Some of the members I may not have mentioned, which I now recall -- one was Edwin H. Cressman, Dermatologist. Very excellent teacher, very well-dressed, never imposing his information on you, always seemed to want to share. Very nice man. John H. Eimerbrink, Osteopathic Professor. He had an office at 46th and Spruce Street -- the northeast corner. He did a very nice job. Very humble person. H. Walter Evans was Chief of Obstetrics and Gynecology. He was one of the elder statesmen of the College and Hospital, and he taught OBS, he

taught GYN in the clinic, he had a very active obstetrical and gynecological office practice in North Philadelphia at 16th and Dauphin. Ralph L. Fischer was an internist. Excellent man, and very well-dressed. He was dressed neatly and wrote hospital consultations very well. You could always read his consultations. His consultations were always succinct to the point. Dr. Leuzinger was a good friend of ours. He was a nose and throat specialist. He was a very well-received person. He did all the scheduled bronchoscopy at the Hospital on Wednesday afternoon and as indicated. He did the nose and throat surgery during the week. He taught classes. He was very well-respected. He had a number of people who were starting to assist him in enlarging the nose and throat clinic down in the out-patient department. Paul T. Lloyd was one of the elder statesmen of our profession. He was a radiologist. He's one of the founders of the Hospital with Dr. Evans. A very knowledgeable, personable man who has left a very distinct

impression in osteopathic radiology at our College and Hospital and the osteopathic profession. He taught numerous D.O.s that have gone on to other hospitals to share their knowledge. Frederick A. Long was the neurologist in our Hospital, at that time, would be consulted to perform a neurological consult. He was very reserved, he was a gentleman, and he seemed to want to impart his knowledge, and he did a very nice job in trying to develop a department. Joseph F. Py was a bacteriologist. Well, apparently, he was hired by the College to teach bacteriology in class for which he did a very fine job. William Spaeth, D.O. was a pediatrician. We alluded to him before. He taught pediatrics and was my mentor over the years and the residency.

CBP: What kind of man was Dr. Spaeth?

SC: Reserved man, as they all were. He took care of our children since birth, and he was a very sincere, dedicated person with a practice in Drexel Hill. He, of course, did all the work that was required to become a Chairman of the Department. He did a

fairly complete job for what he had to do in those years. The last one I'm going to allude to here is H. Willard Sterrett. He was our urologist. We met him for the first time in the junior year. This small man was very knowledgeable, and he was a very good technician, as far as doing urological surgery. He knew how to teach and he had a very excellent response because he trained his son, who was H. Willard Sterrett, Jr., to become a urologist, and he did very well, also. We had very fond memories of these people. That's about all I can remember as far as the people who taught us.

CBP: Okay. Going back to the residency program, before the residency program was established in 1948, how did a newly graduated D.O. receive specialized training to practice as a pediatrician?

SC: We had something called the Fellowship Program, organized plan of study where people came from the outlying hospitals in York, Lancaster, Allentown, so forth and so on -- and came into our outpatient clinic and were observed by the professors and

trained under the professors and other people to help enlarge the scope and knowledge of pediatrics. Plus, we had a Pediatrics Society, which met maybe once a month or every two months. Maybe a whole day Sunday schedule, where we would go over patients, topics to help enlarge our information so that we could take care of our patients in a much more efficient way.

CBP: So was that a form of post-graduate study?

SC: I think it was, and I would have to say that it was part of the College, but I'm really weak on that. I couldn't answer your question.

CBP: How did the fellowship differ from the residency?

SC: Well, the fellowship was a little less structured compared to the residency, which was very structured.

CBP: Was there something called a preceptorship for pediatrics?

SC: That was another step before you received a fellowship. You gave a certain number of hours in the clinical setting in pediatrics; you came for

four hours a week or sixteen hours a month or eight hours a month.

CBP: I'm trying to pull together some chronology for the history of pediatrics as a department at PCOM. I've seen some reference to the mid-1920s, when Dean Edgar O. Holden asked Drs. William Spaeth and Mildred Fox to start a pediatric program. And I've seen another reference which says that Ira Drew, who graduated in, I believe, 1910, organized the department and became the first Chairman in 1911. Do you have some sense of the origins of your department?

SC: The only memory I have is Dr. Spaeth and Dr. Tinley -- and Dr. Tinley was pretty well semi-retired by the time Dr. Spaeth had become Chairman. That's when I met Dr. Spaeth, originally. But anything before that I don't know.

CBP: Had you even heard of Ira Drew?

SC: Oh, of course. He was one of the leaders of our profession. But not necessarily in osteopathic pediatrics. We didn't know too much about him at

that time.

CBP: Dr. Tinley served as Chair from 1927 to 1945. Dr. Spaeth from 1945 to 1971. You, as I understand it, were 1972 to 1980.

SC: Right.

CBP: Who followed you immediately?

SC: Joseph Dieterle.

CBP: What years would that have been?

SC: 1980 to, I think, 1985, and then he became Dean.

CBP: And then Carl Giombetti.

SC: Giombetti. Yes.

CBP: He started in 1986.

SC: Something like that. For a couple years, and he went up to practice in the suburbs near Havertown someplace.

CBP: Who followed Dr. Giombetti in that position?

SC: I'm going to say Steven Snyder, and put a question mark after that, because it could have been maybe one or two other people besides that.

CBP: What is the current structure or leadership for pediatrics at PCOM?

SC: The only thing I know is Dr. Vickers is Chairman of the Department.

CBP: Dr. Rosemary Vickers?

SC: Rosemary Vickers. I know very little about her.

CBP: Do you recall hearing about a pediatrics clinic at the former facility at 19th and Spring Garden? I know Dr. Wagner was involved with it for a while.

SC: I know nothing about it.

CBP: How about a clinic at Women's Homeopathic Hospital when, in the 1950s, PCO acquired Women's Homeopathic at 20th and Susquehanna?

SC: I became part of the teaching faculty at Women's Homeopathic Hospital and Clinic. Being a member of the Pediatric Department, I had to serve in the pediatric clinic there twice a week for eight hours, and we would rotate either 48th Street or 20th Street, plus we had deliveries at 20th and Susquehanna, so you had to be assigned one location or the other. As more doctors became interested in pediatrics at that time we had much more teaching clinical facilities.

CBP: Explain that. Why did more doctors become interested in pediatrics?

SC: Well, because we had much more clinical material, with which to go ahead and discuss the various disease processes, and the doctors who came in were very interested, and were coming in from other parts of the state.

CBP: Was this just at PCO in Philadelphia, that pediatrics was getting more interest, or was this a national trend in the history of pediatrics?

SC: I can only allude to PCOM because I wasn't too involved in the outside pediatrics in the medical profession. But I will allude to that in a minute, in my other conversation. We started to have people coming into our clinical setting at the out-patient clinic from other parts of Philadelphia. People who were interested in "pediatrics."

CBP: In a 1987 Digest article, you commented that there were few opportunities for pediatricians in the late 1940s when you opened a practice in your home in North Philadelphia. Please explain why there were

not many opportunities at that time, as well as the developments that changed that outlook.

SC: I think it was a state of mind. Again, I want to allude again to the wartime years. We were fighting a war, and I want to say they wanted to fight another battle between medicine and osteopathic medicine at the time. So as the war ended and the soldiers came back home and the people started to enlarge their lives, bought homes, opened up new communities, the doctors became much more busy. Many of the general practitioners were now free to refer their cases to the D.O.s. And, of course, we used only PCOM, and I never made any attempt to apply to St. Christopher's or to Children's Hospital of Philadelphia. As one of their requirements you had to be an M.D. -- which didn't disturb me. Because in 1948, when I was a pediatric resident, one of our D.O.s, who had some office pediatrics -- put a case in Osteopathic Hospital, and he asked if I would call the hematologist at Children's Hospital, which I did. I.J. Wolman, M.D. Excellent

person. He called me and said, "I want you to have the patient ready at four-thirty Tuesday afternoon. I want to do a marrow on the lunbar vertebra on the child." Fine. So we went in the back room in the emergency room -- and then he took the needle and the specimen, made the slides. He said, "I'll be in touch with you, and when you get a chance, come down to Children's." I said, "How can I? They won't let me in!" He said, "You come down, mention my name -- there's no problem." Ever since then I never had a problem. I never used his name, but I attended their weekly seminars at twelve-thirty on Friday afternoons, where I saw many of my osteopathic friends. So we started to very slowly branch out and get more medical pediatric education outside of our Hospital and College, which was certainly a Godsend in those days.

CBP: I'm still not clear why the late 1940s was not a good time for pediatrics.

SC: You have to remember in the 1940s, there weren't many doctors because of the war. Many of the

doctors were in the service.

CBP: There was a shortage of doctors?

SC: Right. A shortage of doctors. And, of course, the doctors were pretty busy. But as soon as the war ended and more doctors came back and there weren't as many demands on the ones who were in practice -- they started to enlarge and become much more active and had a bigger practice.

CBP: So there was more supply than demand when the doctors came back?

SC: Absolutely.

CBP: When did you start feeling the impact of the baby boom on your pediatric practice?

SC: I'd say in the 1950s and 1960s.

CBP: Had your practice started to blossom even before the baby boom hit?

SC: Well, we had a neighborhood practice and we projected ourselves as a pediatrician, and we sent our patients to PCOM. I took care of the patients there. I took care of patients in the Hospital who were referred to me for newborn care, which came

back to my practice -- to my area. They were purposely located that way. So that was a way of enlarging your practice by getting these patients and getting referrals from them, and slowly you started to develop your practice.

CBP: What neighborhood in North Philadelphia were you living in?

SC: 29th and Allegheny. It was a Catholic neighborhood across the street from Corpus Christi Church.

CBP: Is that near St. Chris?

SC: St. Christopher's is about four miles down the street, down on Lehigh Avenue -- at that time.

CBP: But now?

SC: Now they're at Front and Erie. The Tastey Kake factory was in back of us on Hunting Park Avenue.

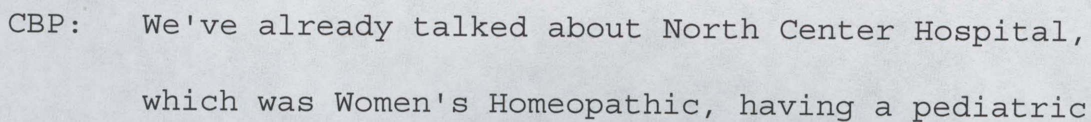
CBP: The war years, as well as the 1950s, brought about many advances in medicine. What were the significant developments in medicine during this timeframe that affected the nature of pediatric practice? For example, new vaccines or facilities for treating contagious diseases?

SC: Yes. Three things. The development of antibiotics, which was a Godsend to the pediatricians at the time. Secondly of all, the ability to help diagnose case with much more advanced techniques we learned post-war.

CBP: Could you explain that? Ability to diagnose --?

SC: Yes. If we had a certain patient who had, we'll say, an intestinal problem -- we would have to do kidney x-rays first, then intestinal x-rays to see if it was kidney or if it wasn't. You see, there were many more ideas we had to entertain prior to making a diagnosis, and part of your decision-making process was to go through a list of things that you had to eliminate. And, of course, with the newer techniques, the newer forms of treatments, the newer antibiotics, they helped us a great deal. The vaccines were invaluable. The whooping cough, tetanus, diphtheria, vaccines, then the development of oral polio. A Godsend in our time -- a Godsend.

CBP: We've already talked about North Center Hospital, which was Women's Homeopathic, having a pediatric



clinic. How about PCOM's other satellite health centers that were established a little bit later, such as Laporte in Sullivan County, as well as the Roxborough-Manayunk Clinic. What did they have in the way of pediatric care?

SC: What they did was clone what we did at 48th Street and at 20th and Susquehanna, and they decided to establish out-patient clinics in more affluent areas. Roxborough-Manayunk was one of them. The second was Laporte, to minister the rural population. Again, it was the cycle of the pediatricians covering the out-patient services in the various locations so that you would have exposure to the students. It was then only the junior and/or the senior students.

CBP: Organizationally and logistically, how was pediatrics structured within the City Avenue Hospital, beginning in 1967, when the Hospital opened?

SC: We had two units at 4150 City Avenue. City Line Avenue Hospital. We had both a nursery and a

pediatric in-patient unit. Very nice unit, by the way. Structurally, we had room for an examining room to examine the patients when we admitted the child to the pediatric ward in case he had some contagious disease so we could isolate the patient, which we did. Periodically we were concerned about certain infectious diseases. German measles, measles, polio, etc. The building of City Line Avenue was a Godsend to our profession, and it certainly put our name on City Line Avenue, and we were fortunate that when we bought the land. We owned all that land. Then we sold four acres of WFIL, and we used that money to help reinvigorate the Hospital and help the College. But it was a time of building and booming in the community and we were part of it, thank heavens.

CBP: Did you establish a pediatric clinic out of the City Avenue Hospital?

SC: We didn't have the clinic at City Avenue. Our clinics were at 48th and Spruce --

CBP: So you did keep a clinic at 48th and Spruce?

SC: Yes. Until we sold the building, and we had one at 20th and Susquehanna. And then we had one at Roxborough-Manayunk, but I don't know the time interval of when each one opened, so I can't be specific about that.

CBP: So it was not actually an out-patient clinic then at City Avenue Hospital?

SC: There was none.

CBP: Was your private practice still in North Philadelphia prior to moving it into Barth Pavilion Hospital in 1972?

SC: Yes.

CBP: Why did you move your practice?

SC: I wanted to be more involved with hospital medicine, and the demands were at the time becoming a little bit overwhelming. I had to come in for deliveries, come into the emergency room, come in for any emergency and come into the hospital. So I thought it better if I did just hospital pediatrics, and that's what I did.

CBP: Did your patients follow you to the City Avenue

location?

SC: Yes.

CBP: What was the employment status/fee arrangement for your practice at the Hospital? I'm not asking you how much money you made. I'm asking from an arrangement, as far as whole-time/part-time -- the whole faculty arrangement.

SC: I know what you mean, and I can answer your question very simply. In PCOM at that time, you had a structure where you became whole-time. That means you gave all your time to the Hospital. So you could be called at three o'clock in the morning, Tuesday afternoon, Sunday night -- whatever it was. They would pay a certain salary for the whole year. Plus, you taught classes, you ran the clinics, you came to deliveries, you took care of your patients -- you took care of your own patients.

CBP: And is that the system you were on? Were you considered whole-time faculty, when you brought your practice?

SC: Yes, Ma'am. Whole-time. Yes.

CBP: Does that mean, then, that you don't get paid what your patients pay you? You just get paid what the Hospital pays you?

SC: The College. The College hired me. In other words, If I would put a patient in the Hospital, PCOM would get the fee because I was whole-time and theoretically, it was my practice I was giving them. And eventually, all the money went to them and I didn't bill them for anything.

CBP: So you were basically salaried?

SC: Yes, I was salaried if that's the word you want to use. Yes.

CBP: Versus a private practice, where it's fee for service, and the fee goes to you?

SC: Yes, that's correct. If you had a consultation, the College or Hospital would bill the patient and they would get the money. I would never see it.

CBP: What were the checks and balances so that they wouldn't abuse a whole-time faculty member?

SC: Who is the word 'who'?

CBP: Well, the Hospital so it wouldn't over-burden you

with, "Come in for a consult now." "See this patient" -- sending you more patients than you can actually handle.

SC: It never occurred that way. We had, as I told you before in my previous comment, three senior pediatricians, if I can use that word with no insult intended, and then more pediatricians came on board as time went on -- the 1950s and 1960s and 1970s. Some of them got certified, some of them drifted away. So some of them got to work in a hospital through their obstetrician who liked them because they lived in a certain area. So I was never completely overwhelmed with the amount of work they would give me. The only thing that I was kind of overwhelmed with was exchange transfusions because that's how we had residents. You had to be present when you perforated an exchange transfusion, both at the 20th Street Hospital and City Line Avenue Hospital because we did do that in the middle 1950s and onward.

CBP: When and what was your role as Medical Director of

the Hospital?

SC: Dr. Rowland asked me in the spring of 1980 if I would accept the role of Medical Director of PCOM Hospital, which would mean I would give up my role as Chief of Pediatrics, which I did. We were fortunate to have Dr. Dieterle, who was a well-trained pediatrician at St. Christopher's Hospital, who had come into our College in 1974-1975, and he was on board for about five years before I was asked. In the meantime, we had other pediatricians in training, which would be people like Dr. Harry Flanagan, Dr. Alice Rogers Lomax, and a number of others whom I don't remember per se. Robert Berger, D.O., pediatric neurologist, was an excellent teacher, physician and friend.

CBP: What was your role as Medical Director of the Hospital? What does that mean?

SC: I had to handle the problems that the staff would give the administration of the Hospital that I had to resolve myself or with Mr. Meltzer, the hospital administrator, or with other members of the hospital

staff.

CBP: You alluded to this before, but I would just like you to clarify -- what, if any, has been the relationship between osteopathic pediatricians and the Children's Hospital of Philadelphia, as well as St. Christopher's Children's Hospital?

SC: I was very fortunate in 1976 or 1977 to ask Waldo Nelson, M.D., who was Chief of Pediatrics at St. Christopher's Hospital, if he would do a pediatric survey of my pediatric department, relative to in-patient care. He came in one afternoon and reviewed the necessities for me. He was a very wonderful gentleman. We tried to develop a relationship with Children's Hospital and we -- not necessarily I, but other people in our faculty -- particularly A. Archie Fienstein and I -- went down to Children's Hospital to talk to two of the pediatricians in order to get our students into the Children's Hospital of Philadelphia to examine patients and get some training. Our students had gotten down there, but we never saw an organized schedule of them going

down and having someone monitor them, and take them on rounds, and what-have-you. It may be done now in the last ten years, but I'm not aware of it right now. They weren't antagonistic, but they were just a little bit distant. They have gotten better over the years, though.

CBP: How about privileges for attending?

SC: I never applied to St. Christopher's or Children's as a member of their staff, and I have no reason to. My cup was too filled with PCOM, with all I had to do. But I don't think it would have added anything to my professional standing by joining their staff, to be honest with you.

CBP: If not you, what about other pediatric osteopathic physicians? Have they been on staff at those hospitals?

SC: One of our pediatricians by the name of Sandra Gawchik, D.O. took a fellowship in allergy and immunology with a Dr. Manson at Jefferson Hospital, and when she finished that period of training in two or three years, then she came and applied to our

College as a pediatrician to train people in allergy and immunology, and she was well accepted. Of course, she took her rotation in taking care of in-house patients and teaching and so forth.

CBP: In 1970 you were appointed Vice Chairman of Pediatrics and in 1972 you were promoted to Chairman -- a position you held for eight years. In your opinion, what were your greatest accomplishments in this leadership position?

SC: Dr. Spaeth apparently allowed me to blossom as a pediatrician, both as a teacher, as well as a leader in the osteopathic profession because he would give me assignments to develop rules and regulations for our pediatric department, or write various documents that were required for the Hospital or College that would assist us in passing for certification. This was done to help smooth out my rough edges and get me in a more acceptable position.

CBP: What have been your greatest accomplishments as a practitioner and a teacher?

SC: There have been many. I think the ability to be

accepted as a pediatrician, to be accepted as a teacher, and to be accepted as a human being in our profession is a great honor and I fully accepted that and relished that.

CBP: What and when was the PCOM program in the Philadelphia public schools that you pioneered?

SC: This happened during the 1980s, when I was asked if I would take two students with me to a different school each day for five days -- different students, different schools -- over a period of September to May, which I did. We would meet the students at the particular school that we scheduled, and we served in schools in Southwest Philadelphia, and in North Philadelphia.

CBP: What was the goal of this program?

SC: We would examine well pediatric cases who were going to school and who needed examinations on a standard form that was supplied to us by the school, by the city or by the state, and we had to complete it to provide the proper paperwork.

CBP: Is this while you were Medical Director?

wife] can help me with some of the others I have forgotten. One would be Arnold Melnick, D.O., who was maybe three years ahead of me. When I was an intern he became interested in pediatrics, and I imagine he sparked my interest in pediatrics. And then as I was getting more training, he developed into more of a leader in the osteopathic profession in pediatrics at the national level. He became President of the American College Osteopathic Pediatric (ACOP). Through him there were many other doctors that were involved. Dr. Thomas Santucci, Sr., Leopold Salkind, Dr. Sandra Gawchik, whom I mentioned already, but she was in the 1970s.

CBP: Are there any other pediatricians that you've left out so far that you think we should just mention as names?

SC: As I remember, Dr. Thomas F. Santucci, Sr. was an active member of our department, as well as Leopold Salkind, a pediatric practice in South Philadelphia. Parenthetically, Dr. Santucci was practicing in South Philadelphia, also, but not in the same

neighborhood. Dr. Otto Kirschner had a practice in West Philadelphia around 52nd and Lansdowne Avenue. He was very active in our department until he, unfortunately, developed a life threatening illness and passed away in the late 1950s/early 1960s. Dr. Patricia Cottrielle, D.O. -- she became the wife of the President of the University of Osteopathic Medicine and Health Sciences, and I think she lives in Florida right now. No longer active that I know of in pediatrics. But she did a good job at the 20th and Susquehanna Pediatric Clinic with Dr. Leo Wagner. They taught third year students -- anywhere between three to five days a week.

CBP: Over time, would you say that you personally have used OMT more, less or the same in treating your pediatric patients?

SC: I used more in the beginning, but I got more away from it. I became more hospital oriented and didn't have the time.

CBP: Did you see any change in outcomes in your patients' health because you used it less?

SC: Most of my problems had to do with blood diseases -- Rh factor, pneumonias, infectious diseases -- which osteopathic manipulation had a part, but couldn't play a total part in the care of the patient. It was part of the total picture, but we had to rely on antibiotics and other life-saving mechanisms to save the patient.

CBP: How would you characterize the trend in pediatrics, as far as using OMT in general?

SC: I don't know how to answer your question. I've been away from it now for about three or four years. But in the 1980s, I thought I detected less of an interest because either it wasn't taught or they didn't know how to teach it, or they were going to do it, and never implemented it. So I can't answer your question exactly.

CBP: Do you feel any less convinced of the value of OMT in treating pediatric patients then when you were taught to use it?

SC: I think the professors of my day in the 1940s, 1950s, 1960s and 1970s were much more aware of its

utility than the doctors in the later years -- 1970s, 1980s and 1990s. That's a personal opinion.

CBP: As a faculty member and a practitioner, how did you feel about the sale of the City Avenue Hospital in 1993, even though you might not have been as involved at that point?

SC: I have always felt that we were not getting the full value of the use of the PCOM Hospital at City Line Avenue, and I knew it was a losing proposition, but not being a member of the organization to help decide what to do with it, when it was announced that we were going to sell it, and finally achieve some monies to help relieve our threatening bankruptcy, I thought it was an excellent idea, and I still do. I'm very upset that it had to be done. If we could just apply all of our known-how in running a hospital like we can a college, we would be fantastic.

CBP: In your opinion, what has been PCOM's most significant contribution to the profession?

SC: I'll take one doctor, but that's not the only one we

have to talk about. Dr. McPhilemy is an orthopedic surgeon. Dr. McPhilemy is the team physician for the 76rs -- the basketball team. Many of our doctors in osteopathic medicine have now blended into the medical profession to supply services that we were previously denied, and many of our doctors were really according themselves a very excellent, excellent status in relation to serving the patients and the public.

CBP: That's PCOM's greatest contribution?

SC: No, it was training the doctors and making sure they had the tools and the know-how to go out and help serve the public that required the care.

CBP: What do you see as the primary challenges and goals for PCOM to meet as it approaches its centennial and the 21st century?

SC: Make osteopathic medicine distinctive. The word 'osteopathic' is starting to slowly lose its value. I think what they did in the earlier years, where we tried to use the basics to keep our students, and they succeeded, and slowly but surely we became too

manifold in trying to cover too many bases with too few people, and we started to lose our direction a little bit. But I think we have the College, and we're putting our time in the College, and it's starting to develop and be analyzed and directed by proper people. I think we have done a great deal with what we have, and we've done a lot with what we have.

CBP: Is there anything else you would like to add to this interview?

SC: No, but thank you for coming over.

CBP: My pleasure. Mrs. Caruso, I understand that you were involved in the Student Wives Organization?

MRS. CARUSO: That is correct.

CBP: Could you share a little bit of your recollections of that?

MRS. CARUSO: Don't ask me what year -- I don't know -- maybe my husband can remember what year -- he's good at the years. For about three years I was advisor to the student wives, and it was a very rewarding experience because I was never a student wife. We

were married when he was finished with his residency. But it was a very rewarding experience, going to their meetings and sharing your lives with others -- living just hand-to-mouth, and several of them having to work, and raising a family at the same time. It was very hard for them, and their husbands being busy all the time. I really enjoyed that experience a lot. It was a very good give-and-take. The one thing I always used to tell them -- and I still say that today -- they would always ask me, "How do you handle the situation of osteopathy versus medicine?" I said, "The one thing you don't do is you don't go in with the attitude that you're apologizing for who your husband is. Stick up for him." I have been convinced that osteopathic treatments have helped my children when they were very ill many times. So my husband did give them to his children, and it helped me one time, and I can tell an experience where we were out on a date, and I got very sick that night. We were at the movies and I was very ill. I had a fever, I was shaking.

He took me home, he gave me an osteopathic treatment and a hot toddy and I went to work the next morning at seven o'clock in the morning and I felt fine! I mean, he nipped it in the bud. So I'm a great proponent of osteopathic medicine. [laughs]

CBP: You had also mentioned before that you remembered going to the Charity Balls?

MRS. CARUSO: Right.

CBP: This was in the 1950s?

MRS. CARUSO: Yes, it was when we were still dating, actually.

SC: Late 1940s.

MRS. CARUSO: Yes. 1948 or 1949. They had Charity Balls then. As I said, it was at the Bellevue, and we had big-name orchestras, and everybody dressed up in these beautiful gowns and tuxedos. It was a fundraising thing for the profession, and they were really fun. I have pictures somewhere of us, with Dr. DeMasi and Dr. Gilberto, who was in his class. All of them were sitting around a table. They were fun times we used to have. They were really great.

CBP: You graduated from PCO School of Nursing?

MRS. CARUSO: That's right. 1950.

CBP: Do you feel that your training as a nurse in an osteopathic training school made you a different kind of nurse than one going through a more traditional medical hospital?

MRS. CARUSO: Yes, in a way. Well, first of all, our school was small, so we had very great individual attention. And we were very good beside nurses because we had that opportunity if you worked at a small hospital. It was a lot of good experience. We had medical, surgical, and we were lucky enough -- being nurses -- we could go to PGH even though PCOM students could not. We affiliated PGH for infectious diseases, and also pediatrics, and also psychiatry. So we had that experience. I used to think when I was down there, how lucky I was to be able to have that, and my husband didn't have the same opportunity. It was very frustrating. It really was. But it was a good experience. Oh, no, I think I had a really good nursing experience. Of course, I had that opportunity, plus, I came from a small hospital

where we had all that. And we were good nurses. We really were.

SC: She told me an anecdote of taking care of thirty-five premature babies, which is hard to believe in this day and age. She was the only nurse on the floor, and she had to feed all of them. Not at one time, but you know --?

MRS. CARUSO: I was on night duty at PGH, and I had thirty-five premature babies. They had to all be tube-fed and they all had to have penicillin injections around the clock, and I never finished what I had to do with them. It was just absolutely unbelievable.

SC: Now we have a daughter who is intensive care nurse at the Hospital at the University of Pennsylvania. She takes care of one and two pound preemies. So contrasting what she did and what she does, it's routine, you know?

MRS. CARUSO: Yes, but then she only takes care of maybe five or six at a time!

SC: Oh, yes. Very minimal. Oh, yes. They're very specialized at the nursery.

MRS. CARUSO: Yes.

CBP: Thank you.

MRS. CARUSO: You're welcome.

SC: You did a good job. I hope we answered your questions without too much enthusiasm.

CBP: No, not at all.

End of Interview

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