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## Ruth Waddel Cathie Oral History

Philadelphia College of Osteopathic Medicine

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**INTERVIEW WITH RUTH WADDEL CATHIE, D.O. (CLASS OF 1938)**  
**by Carol Benenson Perloff for the**  
**Philadelphia College of Osteopathic Medicine (PCOM)**  
**April 25, 1996**

PERLOFF: Dr. Cathie, could you please state your name, date of birth, and the place where you were raised.

CATHIE: My name is Ruth Waddel Cathie.

CBP: Date of birth?

RWC: 

CBP: And the place where you were born and raised?

RWC: 

CBP: Where do you currently reside?

RWC: 

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

RWC: Oh, dear, that's a very long story. I'm not sure you're going to really want all of this. I was at George Washington University. I was admitted there when I was just under seventeen, doing a pre-med. I finished my first year in pre-med, but I took enough courses to do my full two years. Back in those days - - that was 1933 -- you only needed two years of pre-med to get into medical

school but only one year for osteopathy. Since I did poorly in my Physics course, I took the Pre-O course the summer of 1934. When I was at George Washington, I got sick. Now, this is the part I'm not even sure you want to put in. I found out later it was endometriosis, but at the time they weren't sure, I was seventeen, and they wanted to do a bilateral oophorectomy on me. Since my parents signature was required, my mother refused, and pulled me out of there immediately. And through my sister I got to going to an osteopath, who sent me to a gynecologist at PCO. It was through him (Edward Drew) that I ended up coming to school here at Philadelphia. That was the closest school, by the way, at the time.

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

RWC: No indeed. Women -- you weren't encouraged to do anything like that. Become a nurse, maybe. But a doctor, nonsense.

CBP: So you had two years of college experience prior to PCOM?

RWC: Well, two years credit -- yes.

CBP: Why did you select PCOM versus other osteopathic colleges?

RWC: Because it was the closest one.

CBP: What were the highlights of your educational experience at PCOM in the 1930s? By highlights, I mean particular courses that you recall or professors who particularly impressed you.

RWC: Well, since my father did not approve one little bit of my going to medical school, and he refused to give me any money for it, I had to work my way through. I started by doing laboratory work. We were allowed to come in and do urinalysis and blood counts, for which we were paid ten cents a urinalyses and twenty-five cents a blood count. It was under Dr. Otterbein Dressler. He was the professor of pathology at the time. Because I liked laboratory work, I eventually went into pathology because of him. The rest of it I worked at the five-and-dime nights and weekends for a quarter an hour. That was the Depression days.

CBP: What else do you recall about the courses you took as a medical student?

RWC: Not very much, except that although there were a fair number of women in the class, we were not really accepted. A lot of the courses were "embarrassing." You have to remember at that time that women were very much sheltered from the big, bad world outside, and some of the courses like -- we took a course in abnormal sexuality. It wasn't called that then. I've forgotten what the name of the course was. But it was really -- the things that they told us -- I never heard of such stuff in those days. Now you see it on TV all the time. [laughs] But it was a whole different world. And that's something that's very hard for young people to realize. My daughter, in particular, always says, "Mom, did you do this or that?" I'd say, "Kathy, you wouldn't think of it in those days!"

CBP: Are there any particular professors other than Otterbein Dressler that made a strong impression upon you?

RWC: Good and bad? [laughs]

CBP: Yes, I want to hear good and bad.

RWC: Well, the professor of anatomy at that time was particularly chauvinistic, and he went out of his way to embarrass the girls -- women. I say girls because we were all young then. We didn't need very much pre-med, so we were all rather young. I was the third youngest in the class. There were two males who were younger than me. But he went out of his way to ask us embarrassing questions.

CBP: What was his name?

RWC: I would rather not say. [laughs] He's not here to defend himself. But he was difficult. He was particularly difficult with women. He didn't like women in the class, and he was very careful to show it. Although he embarrassed the boys just as well. Particularly if he knew that there were two of you going together. I started going with a classmate of mine, so, of course, I got all the questions. "Describe the male sexual parts," and he got the request for the other way around. It was almost childish at that time, but that's what they did. Really I can't say very much about the man who became my second husband, Angus Cathie. But up in laboratory -- when we were up in the anatomy lab -- he was up there. He was a gentle person all the way through.

He wasn't like that at all.

CBP: Could you describe how the basic science courses were structured? Such as lecture, laboratory.

RWC: We did very little research. There was a lot of lecture, and there were always laboratories. One of the things that I do recall -- at that time, and it wasn't just in osteopathy, but it was also in medicine -- you had a tremendous amount of knowledge poured into you. You had to absorb it. You took exams at the end of the trimesters -- it was either trimesters or semesters. But I can remember at one point taking twenty-seven exams in one two-week period. Most of it was lecture. You got very little on the outside, until you got to about your third year, and then you were permitted to go out and assist at home deliveries. We did a lot of home deliveries in those days, in fact, 12 deliveries were required for graduation. I think we knew almost all of North Philadelphia in those days, because that's where we went. The laboratories were laboratories. [laughs] I can't think of what else you'd call them. We did have a tremendous amount of lecture material.

CBP: The Harvey School of Anatomy was incorporated in 1910. So it was around for quite some time. Do you know why it was called the Harvey School?

RWC: No, I should know that answer but I don't, because my husband told me about that, after he died, when we were going to change the name to the Angus Gordon Cathie, we couldn't really do that. It had to be called the Harvey

School, and I'll be darned if I know why. I know that part of it had to do with the way it was set-up in order to be able to receive the anatomical bodies. I would really have to think about that. I would have to try to pull from memory as to why that was. I couldn't honestly answer. And I don't know anybody alive who could. Yes. You know who might be able to tell you? Bob England, the former Dean. He might be able to give you an answer to that, better than the one that I'm giving you.

CBP: What ever happened to the Harvey School?

RWC: It's still there.

CBP: Is it still organized as the Harvey School?

RWC: I think it is still called that. I know there was a plaque we made-up for Angus. Yes, because we had to call it just the museum. We had to leave that as such, and I believe it has to do with the anatomical law in Pennsylvania, but I cannot honestly be sure.

CBP: It is my understanding that your clinical training while a student at PCOM started in the second semester of your junior year. Could you describe the clinical training that you received, and comment on the strengths and weaknesses of that part of the curriculum?

RWC: We were sent down to our clinics. Now, I remember the one on 48th Street as a student. There was a clinic downstairs at 48th Street -- that's West Philadelphia. That was a pretty good sized clinic at that time. We did

everything there. We had a lot of OB patients coming in. We weren't doing anything that was spectacular. Nothing like any suturing or anything like that. Ours is all run-of-the-mill. Not even what the family practitioner does today. We were brought up to be what we called GPs at the time -- General Practitioners. The name has been changed since then. Family practice. That's what they had us do. If we had anything that we had a problem with, then we had to take it to the proper professor or whoever was on call at the time.

CBP: Other than when you had a specific problem, were you treating patients without an attending's supervision?

RWC: Osteopathically, yes. If we knew what we were doing, yes. We had our own "booth." And I remember seeing OB patients. I do remember that. But it was mostly to find out how they were getting on, and we listened to the fetus. We didn't know very much about it then. We made sure that it had a heartbeat and that the baby was moving. There's been a lot of advances since 1936. [laughs] It's almost hard to remember what we did back then. That's pre-penicillin days. That's the other thing. We did see a lot of women patients for trichomonas and monilia. I don't know what we called it at the time. We always had to pick-up a Wasserman for syphilis on them, and we always did smears for gonorrhea, but not much else. You were more like a glorified clerk than anything else. For instance, if I saw a case that I thought



was trichomonas, only I didn't know to call it that, I would have to call in the supervisor. In other words, I did not stick my neck out on that myself.

CBP: What if a patient that you were seeing in the clinic needed a prescription?

RWC: We were not doing it. That had to go to the supervisor. At that time most of the states did not permit D.O.s to write prescriptions. Pennsylvania did. We had a course in prescription writing. It was very complicated then. It was not a matter of just asking for this pill or that pill and getting the whole thing. You had to write the whole thing out fully. A prescription was a four-page letter sometimes. [laughs] We didn't do very much of that. We did it in class, but we were not permitted to prescribe for patients. In fact, our fourth year was mostly outside OB and surgery -- observing the surgery. They were semesters then -- I remember now. The second half of it was spent purely in didactic work. Going back over the whole four years because you had to take full boards at that time. It was unbelievable the number of exams you took then. That was all to prepare you for the state boards that you were going to be taking all over the country. Every state had its own board. That's what we were doing, mostly.

CBP: Could you describe the clinic setting a little bit more? How it was arranged physically, how patients were assigned to medical students, what the booths were like?

RWC: Do you have any idea what the 48th Street building looked like?

CBP: Yes.

RWC: That was the basement. There were back entrances to it. Patients came down through the back, and they walked down an all gray hall -- battleship gray. All hospitals were battleship gray. Nobody had whites and nobody had colors -- it wasn't allowed. They walked down a long corridor, and as they came in, if I remember correctly, somebody stopped them -- I'm not exactly sure who. By that I mean they had to give their name and what they were there for. How were they assigned? I don't remember. I used to get one real nut all the time. She would request me. [laughs] No, I don't know how they were assigned. Someone else would know more about that. Coming off this long corridor, as they entered, there were alley-ways, and I think there were about six of them, and on either side they were divided into booths, and the booths were maybe six-by-eight or something like that. Not very big. That's where we examined our patients, and that's where we treated them if we had to give them osteopathic treatment. That was a busy clinic. It really was. When I came back in 1954, they still had that clinic going, and they had one at North Center, and it was still the same type.

CBP: What, if any, practical experience did you obtain outside of the hospital clinic setting? For example, you did mention home deliveries.

RWC: Yes.

CBP: Were there any other clinics that you assisted in, or in doctors' offices?

RWC: Other than the home deliveries, I do not recall any of the other functions. We began to divide up into whatever speciality fields we thought we might be interested in. For instance, my first husband, who was my classmate, was interested in OB/GYN, so he did things with the OB/GYN Department. I was interested in pathology, and Dr. Otterbein Dressler used to take me with him down to the medical examiner's office in Philadelphia, just to watch them do autopsies -- forensic autopsies. I also recall I used to go out and do some of the blood pick-up for the patients who couldn't come in. But other than that, I couldn't think of anything else offhand -- no. Remember, we weren't giving any transfusions. Well, yes, we were giving transfusions, but they were direct transfusions in those days. None of the indirect that you see today.

CBP: Could you please describe whatever formal training you received after graduating from PCOM, including internship/residency, preceptorship, and postgraduate courses.

RWC: All right, we'll go back. It was 1938 when I graduated. One of the requirements of the American Osteopathic Association was that before you specialized, you had to have two years in "general practice." That's so you would be halfway well-rounded. While I was doing that, I became involved with Dr. Angelo Sala, who was an M.D., who worked for the City of New York. By that time I had moved to North Jersey, to a town near the site of the

George Washington Bridge, which wasn't there at that time, but it was eventually. I took a preceptorship. There were no residencies. Now, that's not exactly true. In the entire United States, there were nine fellowships -- they were called fellowships at that time -- open for osteopathic physicians in pathology. I did not get one of the nine positions. So I branched out and I got this job -- whatever you want to call it -- with Angelo Sala. He took me on as a preceptor. He didn't know me very well at all, so at first I just did scut work around there until he figured out that I did know what I was doing.

CBP: Was this immediately after graduation, or did you do an internship?

RWC: No. Well, again, I say no internships. They were not required -- let's put it that way. The only requirement that they made for us was that we had to have two years in general practice. I guess I kind of cheated a little bit because while I was doing that -- I didn't have too many patients at that time - - I used to go out and do some lab work in the local hospital. I knew how to do that. I knew how to do blood counts and urinalyses. I was paid ten dollars a week. That was a good salary in those days. [laughs] Essentially, that's the business side of this. It wasn't until after that that I began to do some specialty work. Through Angelo Sala, I did some training at the hospital in New York that was comparable to Hahnemann Hospital here, in pathology. That was the extent of it, then. That's as much as I did at that time. I was working for the City of New York, really, at the astounding

salary of a thousand dollars a year, which wasn't bad, by the way. I was doing mostly lab work, under Angelo Sala. He's an M.D.

CBP: Speaking of M.D., I read an article about you that mentioned that you had received an M.D. degree from Kansas City University, but that you never used the degree.

RWC: Yes.

CBP: Could you please explain this?

RWC: You have to remember something. When I first started out to try to work for New York City, I was not acceptable as a D.O. It was just about that time that World War II was beginning to heat up, and they were beginning to pull a lot of physicians, so that there was really a shortage of physicians at that time. I found out that the University of Kansas City was going to have a stepped-up program, two days a week, open to graduate D.O.'s living in states that did not have their own medical college (or schools as they were then called). New Jersey did not have a medical school at that time. Their classes were held in Chicago (I guess it was a mid-point). I used to travel to Chicago on a Tuesday and come back on a Thursday on what later became troop trains.

CBP: On a train from New York?

RWC: Yes. It was quite an experience. Now that I think about it, yes. It was quite an experience.

CBP: How long was that train ride?

RWC: I used to get on at night, and I'd get there in the morning. There were no berths or anything like that. Eventually, towards the end of this -- I finished in 1942 -- that was during the war -- there were troop trains then. And believe me, I can remember sitting on a suitcase all the trip there and back, since all civilians were put in one or two cars with the rest of the train carrying troops. But I did it two days in a row, so actually, it wasn't that bad. But they allowed you to do it that time. But you worked. You started out at seven o'clock in the morning, and you finished at ten o'clock at night. What they pushed into those years. They were mainly training years for didactic work, and I have to admit, they accepted a lot of what I had because my training was equivalent. I snidely remarked it's on a part-time basis, and it sounds crazy, but that's what they did back then during the war. There was nobody around.

CBP: Did you ever use the M.D. degree for anything?

RWC: Only to be able to go into some of the courses that I would not have been admitted to otherwise. You got your degree, but in general, medical schools were not too happy with women physicians. They didn't want women. I think, in fact -- that was in 1938 -- the only school that was admitting women was Women's Med and New York Women's Infirmary.

CBP: Well, actually, Penn had women graduating by 1918.

RWC: Yes. But you had to know somebody to be able to get in. They may have accepted a few.

CBP: But it was nowhere near the numbers that PCOM did.

RWC: No.

CBP: Did the Depression impact your experience as a medical student, or had that passed for the most part by the time you were active at PCOM as a student?

RWC: No, it was very much in evidence at that time. Most of us were really poor. Now, you have to remember that our tuition at that time was six hundred dollars a year, a huge sum during the Depression. And room and board we could get for fifteen dollars a month. Now, that sounds great except that we had no money coming in. So most of us had to work. As I mentioned before, I worked at the five-and-dime at night for a quarter an hour. I did that five days, plus Saturday. I made \$8.75 a week, which paid for my books. I bought one skirt in my entire four years. I had a pretty good wardrobe before then because my father was quite liberal with me while I was in college. That was okay with him -- but not medical school. I had enough clothes. But you just didn't have the money to spend. Lunch was always a tuna fish sandwich and a Coke for fifteen cents. The best evening meal you could get was at Betchen's, which later became Paul's, which was across the way. That was a corned beef sandwich.

CBP: Where was that located?

RWC: On Spruce Street between 48th and 49th Streets. We used to get a corned beef sandwich and a Coke. We used to give him five dollars a week for the entire thing. It was a huge sandwich about that size. You asked me something else and I strayed. That's what happens when you get old.

CBP: I was asking you about the Depression.

RWC: Yes, it seriously impacted us. Maybe we had more patients because of it. I don't know. We had all kinds of problems. In fact, I still have some slides of tuberculosis. Yes, I'm going to see the tubercle bacillus again, but for a while they were absolutely gone.

CBP: What were the highlights of your social experience at PCOM and in Philadelphia while you were a medical student?

RWC: Well, I guess the highlight is I started going with a man who became my husband. [laughs] He was a classmate. We had a good time. We enjoyed it. I'm going to go back a minute. One of the things that impressed us very, very much when we got there was we were allowed to go up into the operating room amphitheater, and we were allowed to do that from the time we were freshmen, as I recall. We used to sit way up at the top and look down at all this "exciting stuff". It was really thrilling. And we also watched the O.B.s that were delivering in the O.R. We were allowed to do that, too. What made me think about it is that when you asked about "social experience" I used to go out with my husband, after our visit to the O.R. for some reason or



the other at night, then we would go for a walk through the cemetery on Baltimore Pike because it was a good place to neck. [laughs] It was just a nice experience. You could walk there any time. It was such a safe place to be. It was nice to be there then.

CBP: Where did you live when you were a medical student?

RWC: It was on Spruce Street. They had student houses, and I lived at Campbell's my first two years. It was Spruce between 47th and 48th -- something like that. Across the way and down a bit from the College. I can't remember.

CBP: Were these boarding houses specifically for the students?

RWC: Yes.

CBP: Co-ed?

RWC: Co-ed. Yes.

CBP: Were you involved with sororities at PCOM?

RWC: No, I was not. In fact, they didn't have sororities, come to think of it.

CBP: I think they did.

RWC: No, I don't recall sororities. I know they had fraternities. There were so few women there -- we just had a small group. I don't remember any sororities at all -- they had discontinued them by the time I got there -- too few women.

CBP: Could you describe any PCOM student traditions that you remember, such as junior spree day. Does that mean anything to you?

RWC: We got in trouble. I remember that. [laughs] We were the first class that got

up and rebelled, and I don't even remember what we were rebelling about, but I remember the whole class decided they were going to cut class for one full day, and it wasn't done at that time. I don't even remember why. Nothing else I can remember.

CBP: How about Dufur Day? Was that around in your day? Going off to Dufur Sanitorium in Ambler for games and a picnic and dancing at night?

RWC: No.

CBP: It might have stopped by then. Students were doing that in the early '30s and late '20s.

RWC: The only thing I remember doing -- we went to Norristown State Hospital, and it wasn't for fun. It was for a psychiatry course. I can remember the horror of seeing this little old lady sitting in a rocking chair, rocking back and forth. She kept saying, "I'm a bed bug, I'm a bed bug, I'm a bed bug." And, of course, we were all upset by that particularly when they told us that she was a medical student who cracked. Well, that was about it for us. [laughs]

CBP: [laughs]

RWC: That's why I remember this one so vividly.

CBP: How did you get to Norristown?

RWC: I don't know. [laughs] How did we get there? I don't recall. I know that by the time we were seniors my husband had a car. Well, we weren't married then. My boyfriend had a car because we had to have a car to make all these

house calls. Whether we got there that way, I don't recall. I don't think so.

Maybe by bus. I have no idea.

CBP: What was the Junior Women's Osteopathic Association to which you belonged?

RWC: I don't recall it.

CBP: What was the nature of faculty-student relationships when you were a student in the 1930s?

RWC: It was very rigid at that time, just like it was in college, when I was at George Washington. Your professors -- you had to bow down to them. Well, you had to here, too. There were several of them who were a lot more friendly. They were the younger professors. They were more friendly and more understanding. And there were a couple of the older men who went out of their way for us. But in general, it was a very rigid thing. You didn't associate with them really. They were held up on a pedestal.

CBP: Were there any student-faculty activities that helped bridge those gaps?

RWC: Not that I know of. There could have been. Maybe with the men. We had one woman professor. I can't remember her first name, but Elias (pronounced Ellis) [Helen] was her last name. She was very stiff, too, so I don't even recall being friendly with her.

CBP: I wanted to ask you a little bit about courtship in the 1930s, and I know you're the person to ask about that. Student social life -- where did students go on

dates?

RWC: Well, actually, we had no place to go. That's not true. There weren't any specific things. I can remember going to 40th and Market Streets. There was a theater there that we used to go to. They had burlesque. But burlesque isn't like you've heard about it. It was crazy dancing and jokes, and stuff like that. We did a lot of walking. We'd get on the trolley car for a nickel, and it would take us out to Fairmount Park. We used to go out there -- especially in the summer, when we were stuck here in the summers, and lie out on the grass and look at the stars. I'm trying to think. Even though the students' houses were co-ed, they were privately owned, and I can remember Mrs. Campbell being pretty rigid about that. We were allowed to bring our boyfriends in, but they couldn't go up, even though there was a guy who had the room right next door to me -- that was different. Later on, too, we also had our own apartments. They had student apartments. We were a little bit friskier there. But actually, there wasn't a lot for us to do. We didn't have the money to do it, for one thing. True, gas was about nineteen cents a gallon then, so we could use the car for that. We didn't use it very often. Of course, nineteen cents went a long way. We didn't have that much. What else did we do?

CBP: Did you do things in town?

RWC: I can remember going into town. You took the trolley into town. I can remember wandering through Wannamaker's and Strawbridge, and there was

one other store we used to visit. We never bought anything because you couldn't afford it, but it used to be wonderful to go down there. A group of us girls would go. Gee, wouldn't you like that? Just look at it. But we didn't buy anything. No, there were very few things that we did in town. Whatever we did was mostly locally. I can't even think of what there was locally right now. I can remember I had my first drink. I never had any alcoholic drinks. I had my first Cuba Libra.

CBP: Cuba Libra?

RWC: Do you know what a Cuba Libra is?

CBP: No.

RWC: It was nothing but Coca Cola and rum. And since you couldn't taste the rum because you tasted the Coke, I tried it. That was the first drink I ever had in my life. I guess I was about nineteen or twenty by then. By the way, I started going out with my husband in my sophomore year, but it was later on that we really started going steady.

CBP: Women comprised roughly 10% of the graduating Class of 1938. In your opinion, how were the female students of the 1930s treated by their male classmates and the faculty?

RWC: Well, as I mentioned before, the faculty was a little bit rough on us. Some of the women did all right. I'm going to say this -- this is going to sound bad. The bigger women -- they were a little bit on the heftier side, and they could

handle their own. They had more of a tendency to be masculine, I guess. They handled it. I was 5'2" and weighed 98 pounds. There were a couple of us like that. We were the ones that were kind of shoved off into the corner, until we each got our own protector. Of course, once I started going with Harold, he had his bunch of male friends who all made sure that we weren't bothered. Now that you think about it, sexual harassment was a thing we just accepted. That was it.

CBP: How were the women accepted by the patient community?

RWC: At that time?

CBP: Yes.

RWC: Most of them were very fond of us. Most of the women were very fond of us. Especially the OB patients. I didn't like OB. I didn't have much use for it. My boyfriend at that time was very interested in it, so we hooked up as pairs, and I was sure to try to hook up with him because I didn't like to do the OBs but it was required. We needed 12 deliveries to graduate. I did the anesthesia while he did the OB. Those patients were really great. And by the way, those who came into the clinic would very often ask for women doctors. And yes, we were assigned patients in the hospital, too, for osteopathic manipulative therapy. Some of the older women always requested women doctors.

CBP: How did the male patients respond to the women medical students?

RWC: Not too good. [laughs]

CBP: They would refuse to be treated by you?

RWC: No. You had to be careful. It was crazy in those days, come to think of it. If you got a man into the booth by yourself -- now, most of the time it was all right except that sometimes it wasn't. You were in a closed cubicle. They could be very difficult. In fact, I had my share of problems with that. I got to the point where I almost refused to take any men patients. I stuck mostly with the women.

CBP: At any point during your career in osteopathy have you sensed changes in the position of or attitudes toward women in the school and in the profession?

RWC: Yes, later on. I'm skipping a lot of years now. That's what you're planning for me to do, right?

CBP: Yes. When did that shift start to happen, that women were more accepted or treated better by their colleagues and faculty?

RWC: Somewhere in the 1950s. About the middle of the 1950s, when I came back. Of course, I left in 1938 and started working in New York City at the time. I came back in 1954. I was doing some extra work under Otterbein Dressler. Was it then? No. I'm wrong. In 1954 when I came back, Ed Owen was chief of pathology. And by that time I had some knowledge of cytopathology. Oh, yes. I worked under George Papanicolaou in 1947. I had been doing some special training in cytopathology, so when I came back, I was given a great

deal of respect by by students (and some of the staff doctors). They always kidded. They always jollied with you. I was very careful always to wear a high neck blouse because I taught male students in clinical laboratory, and I was forever having to bend over a microscope to show them whatever they needed help identifying. I found that it was very uncomfortable. They wouldn't pull any punches about low necked blouses. But as the years progressed, I guess I was known as a devil, nobody pulled anything on me after that. I became a little bit -- I think I changed a lot, too. I think I refused to accept any of the garbage that they were trying to hand out. The professors or the other teachers or the students -- I wouldn't take any of that from any of them. By that time, I had a smart mouth and I used it. So I became a little bit formidable.

CBP: How about the treatment of women in general? Were men becoming more open-minded by the mid-50s?

RWC: No. I think you have to move a lot further up. When did Betty Fredan start shooting her mouth off?

CBP: I don't know.

RWC: That feminist woman, the one who wrote the book.

CBP: Gloria Steinham?

RWC: Betty Fredan wrote one, too. Once they started writing about it -- I don't know that men accepted it, and I'm not sure they still accept it, particularly.



But it began to be a little bit easier for women. I think women became more used to standing on their own two feet. You see, we were brought up to be dependent. I was an anomaly because I was so independent. I defied my father, of all things. You just didn't do things like that. I always had my own mind made up on things. I think it wasn't until later that women started to do that.

CBP: In your opinion, which PCOM women, either students who were colleagues of yours, or later faculty, warrant recognition for their outstanding achievements?

RWC: Just women?

CBP: Yes.

RWC: Well, if I go back to my college days, I cannot say that there were any women at that time who were particularly influential. I remember somebody by the name of Dorothy (in Hematology). I can't think of her last name. She tried to help us out. She was a couple of classes ahead. My own classmates -- we had eight women in our class, though I understand they added other people who were behind and then were put into our graduating class. Of that group, I was friendly with about two of them. Two or three, I guess, at that time. Teachers? I can't think of any women. If you go back in the yearbook -- you're talking a long time ago. Marion Dick and Ruth Tinley -- they were there, but I don't remember them being overly friendly. Professors weren't

overly friendly -- many of them. So I can't say that they influenced me one little bit.

CBP: How about if not in a friendship way, as teachers?

RWC: I admired them, but I didn't want to be a pediatrician. Marion Dick was a neurologist, but I didn't want to do that either. So I can't really say that they did. The person that influenced me the most was Otterbein Dressler.

CBP: How about women who were generally well respected by the students or later, when you were on the faculty, women who were respected by the faculty? Regardless of whether they influenced you personally in your career, which women from PCOM do you think are outstanding achievers? I'm asking for a woman's opinion about women.

RWC: I think it was very, very difficult for me. When I came back in 1956 -- I'm just trying to think of the women who were there in any particular field. You'll have to go back in the yearbooks to find out who was there, and you tell me some names, and I'll tell you if they influenced me. But obviously, it couldn't have been too much. No, I don't recall. In fact, even as we were going along, by the time I left in 1971, there weren't that many women around. There just weren't. For some reason -- it couldn't have been the college, because the college was accepting enough. It's just that there weren't enough women who applied. And also, we were raising kids. So maybe that made a difference, too.

CBP: Based upon a review of your yearbook, your graduating class contained no African-Americans. Over the years, what changes have you see in the position of minorities in thee school and/or in the profession?

RWC: We did not begin to get minorities -- there were none in my class, and there were none in the classes after that, that I can recall. There was one black female (a fellow in OB) who helped us with home deliveries -- Ruth Cook. We accepted -- not in my class -- this is going to sound crazy -- as a minority student, a student who was blind. He came in with his dog. I remember thinking that that was a great thing for us to do. That's what we did. If you were disabled, there was something wrong with your head. It wasn't just a physical thing. I remember that. I don't believe that I started seeing students -- African-Americans -- coming in until the 1960s. Not just African-Americans. We had a couple of people I guess from Haiti or West Indies who started coming in. I took over the department in 1963, and I do recall Ethel Allen. She became the Secretary of State here in Pennsylvania, but died shortly after of breast carcinoma. I remember her coming in. Now, mind you, I had a number of so-called African-Americans. I hate that term. They're not African-Americans. If they went to Africa, they wouldn't know what to do there. I had a lot of the black people working for me for a lot of years. They were good technicians. They were really fine technicians. I had no problem with the hospital laboratory, but you're asking me about the

college. And there I remember Ethel being one of the first to come in. We always had a couple of black students. Just a couple of them -- always in every class -- after that, if I can recall. I don't promise you that I'm remembering right. I just had one of the fellows -- his family is originally from Barbados, I think. When he sees me at a meeting he comes over and gives me a big hug. He towers way over me. It really is gratifying. He was such a nice kid. I really don't remember thinking about them as being anything different, so I don't know. It's hard to tell.

[end of side one]

CBP: Dr. Cathie, before we get back to the questions I have prepared, is there anything you would like to share with us for this interview?

RWC: Yes, I wanted to tell you about the Class of 1938. We were called the Rebels, and we were the earliest group to become specialists in the osteopathic profession. I'm talking about PCOM. We were what we called the openers of the doors. We opened a path for all people who came. For instance, I was the first D.O. who was ever allowed to come in as a D.O. to the Armed Forces Institute of Pathology for their annual lectures. Up to that point, we were not even admitted. I was a member of the American Society of Cytology -- now the American Society of Cytopathology. Even though I was

a pathologist -- but because I was a D.O., they were very hesitant at first to give me a medical membership. It wasn't until we really pushed that we were accepted. A lot of us became presidents of our various societies. I was President of the American Osteopathic College of Pathologists, and a number of my classmates became presidents of their respective specialty colleges. So we were the forerunners of the new osteopathy. I'm going to have to call it that, because before that time specialties were very much restricted to single people who never allowed anybody but their hand-picked people to come in and follow them. I just thought that part was interesting.

CBP: Could you please mention some of these classmates of yours who you feel became leaders in the specialties, and what specialties they pursued?

RWC: I would do better if I had a book in front of me. I didn't think you were going to ask me that. I can think of Lester Eisenberg, who was in OB/GYN. Don Avery and Stu Harkness, each of whom was the president of the American College of Osteopathic Internists. I have to look that up. I can't pull from memory on that.

CBP: Just for your information, I am going to talk to Lester Eisenberg in two weeks.

RWC: He is a blessed person.

CBP: He seems like a very nice man.

RWC: Yes.

CBP: Could you please describe the nature of your professional practice over the years? Your role as a practitioner in pathology, not your role as a teacher.

RWC: I do what a pathologist does.

CBP: In what settings have you worked?

RWC: In various hospitals. When I started out working in New York City, I had five hospitals I used to go to. You went to one each day, picked up whatever specimens there were, brought them back to your base hospital, and then they processed it, and then you returned your reports the following week. Not like it is today. There was no push on that. From there, I went to a small hospital in New Jersey that was owned by the D.O.s in New Jersey. I ran the laboratory, but when the x-ray technician was sick or couldn't come in, I did the x-rays. I didn't read them, but I did them. In other words, I was a good technician there. We were what they called shirt-sleeve pathologists in those days. I used to take the tissues back to New York. Later, I processed my own tissues from the New Jersey hospital initially. We had no technicians to do that. That came much later. It was, I guess, in the late '40s or early '50s before we actually had what we now call histo-technicians. Come to think of it, I also learned how to do blood banking because I used to do that at the Post-graduate Hospital in New York City, and they had a big blood banking clinic there. I used to go in and do the blood pick-ups and then go to the lab and learn how to process it. But that's later. Once I started working in New

Jersey, I would do the tissue work, and do any laboratory work. When I came back to Philadelphia, I was doing what they called fine needle aspiration biopsies, only we didn't call it that in those days. I can't even think of what we called it at that time. But I had learned to read them because of my association in New York. I did a fair amount of cytopathology when I came back, in the '50s. What else did I do? I helped run the lab and did the autopsies. We used to do a lot of autopsies then.

CBP: Why did you come back to PCOM in the 1950s?

RWC: Because I decided that I wanted to pick-up some additional information for my boards. I was certified just in clinical pathology initially, and I decided I wanted to go for full pathology at the time, and too many years had elapsed, as far as my training was concerned, at least as far as the Osteopathic Board of Pathology was concerned. They told me to come back to the closest college for retraining. That's when I started coming back. I did all the autopsies there. It was one full year. I did two hundred and fifty autopsies in one year. [laughs]

CBP: How do the training and practice of an osteopathic pathologist differ from that of an allopathic pathologist? Or do they differ?

RWC: Not now. Not anymore.

CBP: Did they differ early on in your career?

RWC: Well, I would presume so. Remember, I was restricted in where I could get

any training. That's why I had to pick-up that M.D. certificate so that I was even permitted into the various hospitals. But initially, no. Initially, our training was pretty lousy way back then. [laughs] It was a matter of doing -- you just worked with the person, you did it, you observed, and that's how you learned. But then it became more formal after a while. Now I don't think there's any difference in it at all. Except for volume. I would assume that there's more volume in some of the medical institutions. You also had some cracker-jack medical pathologists. Some really good ones. But you never saw them. I mean, it all sounds great. But actually, if you're going as a resident, you never see the chief pathologists. You're working under this wonderful halo.

CBP: Could you outline the history of the PCOM Pathology Department?

RWC: I've been waiting for you to say that. Yes.

CBP: Beginning as early as you can remember.

RWC: Yes, yes, yes. That's what I have written down.

CBP: Part of this question is to share with me what have been some of the department's greatest achievements and its greatest problems?

RWC: Well, initially -- and this goes way back -- the department was headed up by Otterbein Dressler.

CBP: Do you know when he began to head up the department?

RWC: I think he graduated in 1931, so it would be shortly after that. Nobody was



trained really as a pathologist in those days, but he started working with -- I can't remember his name -- out of Presbyterian Hospital. I'll have to think of his name. I used to go down there and work with him. This aggravates me. I'm so bad at names. I really am. I could never become a Jeopardy contestant because I can't remember names. Oh yes, it was Philip Custer. Anyhow, he started working there, and we used to go down to -- it wasn't the medical examiner at the time, it was the coroner's office. I used to go down to learn to do forensic autopsies. Well, he was the one who really started that department. Boyd Button came after he graduated in 1939, a year after I did. That's when they started a fellowship program there. Bill Silverman in my class got a fellowship. That was one of the reasons I didn't get the fellowship -- he got it. They always favored the men there. There was Bill Silverman. They were all "Fellows" -- and Boyd Button. Boyd Button stayed in pathology. He also started teaching. There was sort of a controversy between Boyd and Fred Barth, and he left, I don't remember -- I can't remember when that was. By the time I came back in 1954, Ed Owen was head of department, and at that time, working with him were Tobias Schild and Morris Osattin. The three of us worked together under Ed Owen. We ran the department, really, when you come right down to it. After Ed Owen, I left again. I left for a year. I was doing all the teaching in clinical pathology, and I left for a year. I had a slight falling out with someone, and decided I

was not going to come back if that was the way they were going to treat me! I don't remember if it was because I was a female or why, but I know that I didn't like what was happening to me. And then the students requested that I come back. I did finally come back. I originally came back in 1954. I came back full-time as an assistant pathologist in 1956. Yes, because it was after my first husband had a myocardial infarction, and then I had to support the family because in those days they put him to bed for eleven months. It was a really bad one. We had no means of support. I got a better salary there than my one thousand a year. That's why I came back, too. My husband lived, even though they told him he wasn't going to. We moved from North Jersey to Schwenksville. They kept telling him he was going to be dead in two months, dead in two months. That was devastating. He was only thirty-eight years old when they told him that. So it was very hard on him. I took over the department right after he died in 1963. I became head of the department. That's when I told you that I was -- in all of Philadelphia, other than Women's Med. -- I was the only female head of a basic science department. Now, they did have women at PCOM who headed up departments before. Ruth Tinley, Marion Dick.

CBP: Medical departments?

RWC: They were medical departments -- yes.

CBP: What were the major challenges you faced as PCOM's Chair of Pathology

from 1963 to 1971?

RWC: It was difficult being accepted as a women as head of the department. I had a couple of these men --most of them are dead today, but there's one still alive today -- who, when we had a problem with hospital-acquired infections, and I told him that he had to do something -- change his technique -- was furious with me, and then he was even more furious when Fred Barth said he had to do it! I think I was pretty much of a devil. It's hard for me to know. They always said that I was tough but fair, but I think I was kind of extra tough. Initially I had a problem when I took over as department head. Finally, I think, I earned enough of their respect that it was a really easy job for me. I had a lot of people who were willing to work with me, for instance, Herman Kohn, who used to be a professor of surgery -- a lot of that group knew me well enough and knew what my capabilities were, so that they backed me up on almost everything. I didn't have too much problem, once they got used to me being there. It probably took about maybe six months for them to begin to say, "Okay, she's here now. We'll accept her." And it wasn't condescendingly either. I'm afraid that I scared a lot of them because I was very opinionated. [laughs] I didn't hesitate to say what I thought. I was on a lot of the college committees, too. I had the backing of Sherwood Mercer, too. I was on the Academic Standing Committee. A number of those committees there that were quite influential. I don't recall having too much

problem after that initial part.

CBP: Has the sale of the City Avenue Hospital affected pathology training for PCOM students?

RWC: I have no idea. I have stayed as far away from that as I possibly could. I wasn't too happy with what had happened before, and I was very uncomfortable with it, so I did not follow through on it at all. I understand that Robert Fogel, who is, I think, a professor of pathology at the New Jersey College, does come over and lecture to them. If he does, then they have a tremendous course --he's a tremendous lecturer. He's really good. I don't think pathology is like it used to be at all. But none of the basic sciences are now. So I really have not followed it in any way.

CBP: What do you see as the major shifts or trends in the curriculum at PCOM since the 1930s?

RWC: Away from didactic into more practical stuff. In fact, it almost reminds me of the fact that we're going backwards. If you go back many, many years ago to become a doctor, yes you had a couple years of schooling. Then you went out and you worked under a doctor until you learned enough to be able to go out and do it. And I think that's what we're doing now. We're going backwards.

CBP: Do you think that's problematic?

RWC: I think it will be. I know that if I can teach you by word of mouth that A + B

+ C is going to be D, and you get a patient who has A and C, but no B, and you haven't learned all about the basic pathogenesis and some idea of the morphologic changes, you can't put it together. Now, it's fine. Here, I'm very opinionated on this. I think they're missing the boat on it. I think they're giving them too much freedom. It's like the students coming over here [POA Convention]. They embarrass me. Well, I can remember doing the same thing -- well, not to this place, but to other places. A student comes over here and just goes through the exhibit hall. They come out with these huge bags of stuff. Anything that they can get their hands on that's free. Well, this is what happens to them. They are not professional. They go out and they get all this stuff. They think it's all coming for free. And they're not connecting anything together. So, yes. I didn't approve of that. But that's only my opinion.

CBP: Are there any other shifts or trends in the curriculum that you'd like to comment on.

RWC: I do not know. I have stayed away from it.

CBP: Back to the 1930s. In the 1938 synopsis, Dean Edgar Holden remarked, "The crowning glory of osteopathy is osteopathic research . . . The Administration and the Faculty are 'research-minded.' Their attitude may be expected to be a stimulating factor and to impel consideration of research work elsewhere along unimpeachable lines." As a student in the 1930s, did you perceive this

emphasis on research to be the case at PCOM?

RWC: No. No. But it wasn't anywhere else, either. There wasn't very much research being done. The University of Pennsylvania. I don't know if Hahnemann was doing much. Temple, maybe. Jefferson, maybe. But that's about it. There wasn't much research done in those days.

CBP: Then why do you think this statement talks about a research mission?

RWC: I don't know why he said it. I guess maybe they were going to do some someday.

CBP: Not in your time, though?

RWC: Not that I remember. Let me put it that way. Not that I remember.

CBP: As far as you remember, what had been PCOM's contributions to research?

RWC: Probably one of the biggest things is holistic medicine. I think the very fact that they taught us that we had a patient and not a disease was one of the smartest things that they ever did, and good for the general public.

CBP: Was that a contribution to the profession or to research? I'm asking specifically about research. What has PCOM done in the way of research?

RWC: Since that time, or back in the 1930s are you talking about?

CBP: Either during the 1930s or since then. What would you highlight as achievements in research?

RWC: I honestly can't answer that for everything. I do know that we were working on research in the Department of Pathology, and again, I was working on the

basis of my cytopathology, and attempting to figure out a way of evaluating pleural effusions, which is very difficult to interpret microscopically. We were trying to get a chemical interpretation on certain diseases so that if we couldn't tell just by looking at these cells whether they were benign or malignant, we could use the chemical changes as an adjunct. We did some work on that and submitted that as a paper. I know that there was work done, in other departments, but I don't honestly recall very much about that.

CBP: In what direction do you see osteopathy going, regarding research?

RWC: I think now that they're going to start -- now that they've been accepted in their thinking -- that this isn't some crack-brain notion -- I think that they're going to be doing more along the lines of -- I started to say along the lines of osteopathic manipulative therapy. But not just there. Not just mechanical, but also some of the effects of the manipulation -- I am a firm believer in this -- that there is a viscerosomatic effect. And they're beginning to show it, but I think that this is where they should be moving, anyway.

CBP: I'd like to talk to you about four of the administrations at PCOM, and talk about some of their highlights and shortcomings in your opinion. Beginning with the Barth administration, could you please share your comments and thoughts about that?

RWC: I happened to like Fred Barth. I'm one of possibly the few people who did. Without Fred Barth we would never have had a school. It was going

bankrupt at the time. I don't remember when he picked it up. It was somewhere in the early '50s, I think. He was able to swing it so that they were able to get enough funds to continue. He was pretty much influenced by Sherwood Mercer, as far as I was concerned. He agreed with him in hiring me. In other words, it was Sherwood really, I think, who pushed for me, and I think Fred went along with it. Fred was not an easy man to get along with, but I ended up being his fair-haired girl, with Jack Gilligan in radiology -- the head of the Department of Radiology -- his fair-haired boy. He listened to us a great deal. We were two of the people who could walk in and tell him off. If he was doing something wrong, we could actually challenge him, where he'd accept it. He did a lot of good for the place. He did a lot of good. He bought City Line. I'm sure they told you the story about his picking it up. I think it went for one million dollars, or something. I don't know. It was some ridiculous amount. And then he sold the piece off to Channel 6 for four million. I don't know. Figures like that -- I presume they're somewhere. I liked Fred Barth. He was a -- I was going to say a Dutchman. He wasn't a Dutchman. He was, I think, Welsh, he was a very rigid person. But I had no problem with him, so therefore, to me, he was great.

CBP: How about the Rowland Administration?

RWC: Tom was my kid brother, so you can tell I'm fond of him. Or I was, anyway. Tom was schooled by Fred to take over. He was totally different from Fred



Barth. As stiff as Fred Barth was, that was as free as Tom was. He was just a good-natured person all the way around. Not that he was easy -- he wasn't easy. I had left by the time Rowland took over. He was president only a short time before Angus Cathie died, and I decided I was going to leave. Besides, Tom Rowland had a friend in Bill Silverman, who was a classmate of mine, who was a surgeon -- took the pathology residency, then became a surgeon and then came back into pathology. Tom decided that he would prefer him as head of the department since he was a far better business man than I -- I was a lousy business woman. So I left then to go to Wilmington. Tom worked with Virginia Thompson, and don't forget to mention her! I mean, you will not hear too much about her. She was an RN, and she was one smart cookie.

CBP: What was her role in the Administration?

RWC: She worked directly under Tom Rowland. Assistant whatever her title was. I don't know what title they gave her. I had gone by that time, and I was absolutely just taken aback when I realized what a beating she took. Too many people -- doctors taking orders from an RN, and a female RN at that! So it was a little bit tough on her. When I heard that Tom was dying, I had hoped that they would offer her the position of CEO, if not President. But they didn't. They didn't. There were too many people who decided they didn't want to be bossed by a female RN.

CBP: How about the Tilley Administration?

RWC: He was a nice, easy guy. I enjoyed Pete. I think he was good. I think the only mistake he made was in attempting to bring too many people in -- I'm going to say from Penn, but I'm not sure that that's where they all came from. He was trying to bring in a bunch of people who he thought would pull the college and hospital together a little bit better. And he pulled in some rather high flying people. High paying people, too. I think that was his only mistake. He was good. Pete Tilley was good. He was head of radiology after Jack Gilligan left.

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

RWC: I don't know if I can say. I guess the fact that they put out good students. That's about it. That's as much as I can say about it. I don't know otherwise.

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

RWC: Oh, oh, oh.

CBP: Where do we have to go from here?

RWC: I'm not sure where it has to go. I see it becoming another medical school, and forgetting the basis of what they started as. In other words, you will find students who would never think of giving an osteopathic treatment once they graduated. The point is, they do not use it as they should use it. Of course,

with Managed Care -- where they want you to see three or four people in the time that you would spend with one if you were doing osteopathic manipulative medicine, it might not be feasible. Since you're paid on the basis of capitation -- or however they pay you -- I don't know -- thank God I got out when I did. It's a little bit hard to say. It's hard to say whether they can afford to go back to it, or whether they'd be allowed to go back to it.

Let's put it that way. I would like to see it go back because had it not been for a darn good D.O. who took me over when I was seventeen, I would have been minus ovaries. I wouldn't have had my two kids, and I wouldn't have had my two grandchildren. So, no. It was nothing but manipulation at that time. Oh, yes. I remember now why I came to PCOM. I forgot about it. I got to know Edward Drew at the time, and he explained to me about endometriosis, which he figured I had, and he explained to me that I had a choice. At that time they would remove your ovaries. They had no medication for it. Or you could put up with the pain, get married and have your kids, and then have your ovaries removed. Well, it was good common sense, which is what I did. I would just like to see them remember a little bit more of their origin. They don't know who they are. A good example of this is the fact that the students of today have no idea of what we older people had to put up with. I was talking to someone -- there were a couple of us -- there was this one gal, who wasn't from PCOM, but she was at one of the meetings that I went to in Chicago

when I was on the Committee on Post-Doctoral Training. She was complaining about something and I said, "Don't complain about it. You have no idea what we had to do to be able to do this," and I started to tell her that we started hospitals -- paid our own money out of our own pockets to start a hospital -- and she just went like this to me. That pseudo violin bit. She said, "Oh, we've heard that before." Well, if this is the attitude they're going to take, then they've lost something, somewhere. I would just like to see them -- you can't turn the clock back. What am I talking about? It doesn't turn back. They're here now, and they're going to stay here, and they're going to do it their own way.

CBP: Dr. Cathie, is there anything else you would like to add to this interview? Any questions that I might not have asked you, but things you would like to share?

RWC: Well, the only thing I would like to share -- somewhere I'd like to see his name in print -- because he was one of the finest teachers that we've ever had. Mort Greenwald. Morton Greenwald. He was a spectacular teacher. He was in general practice. He did pathology. Not at first -- he was only teaching pathology. He was just a good teacher.

CBP: Was he a classmate of yours?

RWC: Oh, no, no. He graduated in 1942 or 1944, or something like that.

CBP: Thank you very much. This concludes the interview with Dr. Cathie.

End of Interview

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