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F. Munro Purse Oral History

Philadelphia College of Osteopathic Medicine

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INTERVIEW WITH F. MUNRO PURSE, D.O. (CLASS OF 1933)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
May 1, 1996

PERLOFF: Could you please state your full name and date of birth?

PURSE: [REDACTED]

CBP: Where were you raised?

FMP: [REDACTED]

CBP: What is the full address of the place where you currently reside?

FMP: [REDACTED]

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

FMP: That's an interesting question. We had an osteopathic physician as our family doctor, and he wanted my sister to be a nurse at the college, and when she turned that down he said, "What are you going to do?" I said, "I'm going to be a CPA." He said, "Oh, you don't want to be one of those guys," and he talked me into it, with the idea that I would learn my anatomy, which I should know, anyway. The more I got in deeper into it, the more it became interesting. And then when I was a junior, I guess

it was, I got interested in pediatrics.

CBP: A junior in medical school?

FMP: Yes. In those days, you didn't have to have the college education that you do now. You had to have a year in chemistry and physics and biology, and I passed physics and biology on high school knowledge. The state gave exams, and if you passed these exams, you could have a year's credit. At that time I did take physics and biology, and I went to the University of Pennsylvania for chemistry.

CBP: Was that chemistry course at Penn the only college course you took prior to PCOM?

FMP: Yes.

CBP: Why did you select PCOM for your education?

FMP: Closest, I guess. And the family doctor was from PCOM.

CBP: What was the name of the family doctor?

FMP: Charlie Barber.

CBP: Any idea when he graduated?

FMP: Oh, no.

CBP: It must have been early on.

FMP: Oh, yes. I got into the class in 1930, and he was practicing -- it must have been 1910 or 1915 -- something like that.

CBP: What were the highlights of your educational experience at PCOM in the 1930s? Courses, professors?

FMP: You got me on that one. I don't know if there's any one. My freshman year, of course -- I was probably one of the youngest in the class because I came right out of high school with one year of college. I guess it wasn't until the sophomore year -- what was the girl's name that was a pediatrician? She got me interested because she showed me things in the class. She apparently saw my interest in pediatrics because she would let me do many things with children.

CBP: Was this Ruth Tilley?

FMP: No. She's practicing down in Media. I can't remember what her name was. But she's the one who got me interested in it. And when I started to work in the clinic, of course, I gravitated toward

pediatrics. There was a man by the name of Leo Wagner, who was a pediatrician. He and I had gotten very friendly, and then, of course, he steered me more and more toward pediatrics.

CBP: Was he one of your teachers at PCOM?

FMP: Yes.

CBP: You were among the first students to be educated in the new building at 48th and Spruce.

FMP: Yes.

CBP: Could you share your recollections of that facility?

FMP: Well, I started originally at 19th and Spring Garden. Of course that was an old dilapidated building that they fixed. Of course, 48th was a brand new college with big classrooms. We had over a hundred in our class, which was considered quite a big class at that time. I guess the newness of the whole thing was probably the thing I remember most about it. Of course, the hospital was attached to it. It was a U-shaped building, and the one side was a college and the other was a hospital. I guess it was the newness about it that impressed me most.

With all the equipment that you would need -- in other words, before we used old tables to treat and examine and that sort of stuff, and here, in the new building, we had new buildings and new examination rooms, and all that sort of thing.

CBP: What do you remember about the neighborhood at 48th and Spruce?

FMP: It was a nice neighborhood at that time. I commuted. I lived at home and I commuted. And you walked down the street and never thought a thing about it. Facilities around you were -- West Philadelphia High School was in the next block. But that, as I remember, was the newness of the whole thing, and how well the area was kept as compared to now, but we won't go into that.

CBP: Could you describe the clinical training you received in the hospital clinic while you were a medical student?

FMP: How do you answer that one?

CBP: How were you supervised?

FMP: Basically in small groups -- five or six in a group

-- something like that. Your clinic was again in the small groups, and it was always somebody rotating -- a licensed physician with you ninety percent of the time. Maybe he had three or four students, and he'd go from one to the other, and if you had questions, he was there to answer them. If you wanted to know how to do something, he was there to show you. I forget the woman's name who practices in Media, but she saw my interest in pediatrics, and she was a pediatrician.

CBP: How many hours and days a week did you work in the clinic?

FMP: That I don't remember.

CBP: Was it every day that you were in the clinic?

FMP: Oh, yes.

CBP: Morning or afternoon?

FMP: It was the afternoon. It seemed to me we went to class in the morning and were down there for I'm going to say two or three hours every day.

CBP: Was this your junior and senior years?

FMP: Yes. The senior year you acted as a supervisor for

the juniors, and when you didn't know it, then you asked the professors. That was where I got in touch with a professor. I complained that the students didn't remember what they were taught in the classroom, and you know what happens to the guy who complains. "If you can do it better, you do it." Well, I came home and I talked to my wife at that time and I said, "I've got a good job if I can figure out something to do." We went over the literature and the figure three appears two hundred and fifty-five times in pediatrics.

CBP: Figure three?

FMP: Yes.

CBP: What's figure three?

FMP: One, two, three. In other words, a baby does something different every three months. He holds his head up, he rolls over, he sits up, he stands up, and he walks at three month intervals. He's twenty-one inches when he's born, in length. And two and one is three. And you go all through it. So I came down and that's how I got my job at

teaching in the college, because the students could remember that. In fact, one day my son was taking his mother out for dinner for Mother's Day or something of that sort, and as we went in the restaurant, Dick said, "There's one of your students." Dick is my son. So I went over and talked to him. Now, I hadn't seen this guy for years. He said, "Are you still teaching that damn pediatrics three?" [laughs] He remembered it all those years. It was fascinating.

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

FMP: Every patient in the hospital got an osteopathic treatment twice a day, regardless of what was wrong, and you were the ones who did it -- the students. And then, of course, when things were going on -- for instance, somebody was setting a fracture or putting on a cast or what-have-you, you were there to watch. In other words, you were divided into groups. One group would be in the emergency room,

the other would be in the O.R., the other would be in the orthopedic room, cardiology, and that sort of stuff. You were there when patients were being examined by their doctor.

CBP: How did this fit in with your time in the clinic?

FMP: I believe that this would be as a senior in college.

We had so many -- and I would never know how many hours a day you spent in the hospital, instead of in the clinic because you'd serve your time in the clinic, and now you were with the actual patient. But the hours, I don't remember.

CBP: But it would have been in your senior year that you were seeing patients in the hospital setting, not the clinic?

FMP: I think so. I doubt that they would let a junior -- third-year student -- in the hospital to treat patients and that sort of thing. I don't really remember, but I would doubt that they would let a junior go.

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

deliveries or assisting in doctor's offices? This is while you were a medical student.

FMP: I'm going to say none.

CBP: No home deliveries?

FMP: No. In the first place, I didn't like obstetrics, and I'd get out of it every time I guess I was asked to do anything. I always said, "I'll take care of the baby afterwards. You get it out of there."

[laughs]

CBP: Did you serve an internship upon graduation?

FMP: Yes. I was at Baker's Hospital in Lancaster.

CBP: Could you describe your training and responsibilities in that position?

FMP: Well, it was a small hospital. As I remember it, I'm going to say there were twenty-five or thirty patients. And you were the only intern. So you worked in the OR, and you took care of clinic patients, and that sort of thing. It wasn't the internship that you get now. It was more personal contact because the doctor who owned the hospital was a surgeon, and you went and made rounds with him

every day, and you did all the work, as far as the patients were concerned. All the laboratory work you did. In other words, you don't have a lab setting that we have now. You learn to do the blood counts and the Wassermans, and so forth. I always thought it was a more complete training than they get now. And I say that because you were the only one to do it. You didn't wake up the surgeon in the middle of the night because something was going wrong. You did it. When you caught the devil in the morning because you didn't do it right or you didn't call him -- you learned what you could and could and could not do, is what I'm trying to say. In the first place, the doctor was one of the best diagnosticians that I ever trained with. He had a very down-to-earth way of explaining things that you remembered and heaven help you if he told you twice.

[laughs]

CBP: How long was your internship?

FMP: A year.

CBP: Was there any specialty training in pediatrics as

part of this internship?

FMP: No.

CBP: In looking back to the day you started to practice medicine, in what way or in what ways could your education at PCOM have better prepared you?

FMP: Do you mean things I should have gotten in the college?

CBP: Right. Or do you feel that you were as qualified as you expected?

FMP: Oh, I think we were as qualified as expected because it was so much one-on-one that the outside physician had more direct contact with the students. Now -- well, I haven't been working in the hospital for a long time, but I don't remember much about -- I remember more about the doctors in the clinic and so forth -- the direct contact with you -- than they get now.

CBP: Do you remember any of those doctors in particular, that you had direct contact with, that impressed you?

FMP: This Dr. Wagner, who was a pediatrician -- of

course, again, he could see my interest in pediatrics, and he, being a pediatrician, he did more in my training to be a pediatrician, I think, than any of the others in the department. That doesn't mean that I didn't learn from the others, but I think he's the one. Is that what you meant?

CBP: Yes.

FMP: Is there any one man?

CBP: Yes.

FMP: Yes, I believe so.

CBP: What was his first name?

FMP: Leo. Leo Wagner.

CBP: How did the Depression impact your experience as a medical student?

FMP: I guess it was because I had to work while I was going to college. In other words, I worked in the post office, and I had to get up at five-thirty or six o'clock to collect mail and that sort of thing before I went to college, and then when I got through college in the afternoon, I did the afternoon rounds, and then I did the work in the

summertime.

CBP: Where was the post office?

FMP: In Narberth. I worked at Christmastime. In other words, any time I had off from college, I worked in the post office. The postmaster happened to be a very good friend of my father's, and he saw to it that I was the one who got the first choice if there were things to be done and I had time to do them. So that I suppose you would say that the Depression was the thing that made it necessary for me to work to stay in college. And the fact that we learn the basics of life -- the one thing they don't teach you in college or did not was the business attitude towards your patient. Now, for instance, they have a program now -- my son is also a doctor. When he was a senior, I guess it was, they did what they called preceptorship. They went out into doctors' offices and watched them work in their own setting.

CBP: What years would that have been that they were doing the preceptorships?

FMP: Senior years.

CBP: Was this the 1950s?

FMP: Let me think. I got out in 1932.

CBP: Did you get out in 1932 or 1933?

FMP: [laughs] I had to repeat a year or a fraction of a year so that I went through college with the class of 1932, but I had to wait until 1933 to get my diploma. He would be eighteen years after that. That was in the 1950s.

CBP: So the preceptorship was in the 1950s.

FMP: Yes. The senior year for the student in the 1950s. When he did his preceptorship he said to me, "Dad, the students you taught in college are charging more for an office visit than you are." Of course, I'm a kind-hearted guy. You have a young couple with one or two children, and you think of their total expenses, and so instead of charging two dollars for an office visit, you charge one. Or instead of three, you charge two. House calls were three dollars. The doctor went to the patient's house for three bucks! I know! No one can believe that. I did a home delivery when I was in practice for

thirty-five dollars. That was the total cost. Prenatal care, delivery at home, and so forth. Of course, she had twelve or thirteen children at the time, so I figured --

CBP: She knew what she was doing. [laughs]

FMP: That was an interesting thing because I had arranged with the chief resident to help. I had never done a delivery. There was always somebody there in the hospital or the clinic or whatever to help me out. But as I say, this was her twelfth or thirteenth. Mrs. Kelly. I'll never forget her. [laughs] When she went into labor I couldn't find him, so there was nothing to do but me deliver. I got the first baby out and he walked in. He said, "Sit still, doctor. There's another one there." That's the first I knew there were twins. So you can see how immature I was as an obstetrician. She was a wonderful woman. With thirteen kids, I guess she had to be. [laughs] Her husband drove a truck for United Parcel Service. Each store had a truck. Gimbels had a truck; Strawbridge had a truck --

instead of now, it's United Parcel Service. He would always bring her out to my office when she was to be examined. I'll never forget the guy. But they were quite a family. I don't know whether you're Catholic or not, but I always blame the fact they were Catholic for the reason they had so many children. One time in my practice a lady came in with four children. The first time I had ever met her. She said, "And I'm not Catholic either, Doctor." [laughs]

CBP: [laughs]

FMP: Getting back to the figure three, we now advise parents to have three children. Pop spoiled one, Mom spoiled the other, and the rest is history.
[laughs]

CBP: Did the other students typically work, as well -- the other medical students -- while you were a student?

FMP: There were many of them -- yes -- that worked. I'll never forget Ed Farin was a conductor on a train going down to the shore. He would take the evening

trips to go down. Of course, if he got his work done, he could sit and study while the train was going. But we used to get on his train when we wanted to go to the shore, and he never collected our tickets. [laughs] Just a little side story.

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

FMP: Oh, I guess the dances and parties that the College gave would be the highlight for the social. That was my one problem. I was too much involved in my community in Narberth. My wife was very active in community affairs, and we went to an awful lot of community affairs outside the College, so that if I think of the things that we did in the College, it would be the parties that the College gave. I don't remember anything special about them, either, other than everybody went.

CBP: Were you married by the time you had started at PCOM?

FMP: How do you think I got through? [laughs] That's an old story. You know, you marry somebody to support

you while you're in college. [laughs]

CBP: You must have married very young.

FMP: Oh, yes. I was married when I was twenty, I guess.

Or twenty-one. She was a nurse at the hospital.

The one I married was a nursery school teacher. The

one I went with in college was the nurse. She's the

one that supported me while I went to school.

[laughs]

CBP: But she's not the one you married?

FMP: No. The one I married was a patient of mine. She

had cut her finger and came in to have it -- those

were the days when you did everything. You sewed

the fingers, you set the fractures. Not anymore.

You have to go to a surgeon.

CBP: Where did you and other students live and eat?

FMP: I lived at home, but my lunches were at the

fraternity house.

CBP: What fraternity did you belong to?

FMP: Iota Tau Sigma. ITS. At that time they were the

leading fraternity on the campus.

CBP: Tell me about some of the fraternity activities.

FMP: No. [laughs]

CBP: No! [laughs]

FMP: The parties always contained women. [laughs] And you know what goes on within a fraternity house with women. No, that's not quite fair. Well, we did have some parties outside the fraternity house. Big parties. By that I mean fifty or sixty people there. The parties that were in the fraternity house itself were small.

CBP: Where was the fraternity house?

FMP: Right down the street from the College. The College was at 48th Street and the fraternity was at 47th.

CBP: 47th and Spruce?

FMP: I've forgotten the exact address. It was on the other side of the street, so it must have been the odd number. It was a corner house on 47th Street and Spruce.

CBP: And some of the fraternity brothers lived there?

FMP: Oh, yes. I guess there were fifty or twenty who lived there. Don't ask me how many were in the fraternity, because I don't remember that.

CBP: Why did you pick that fraternity?

FMP: Let's put it this way -- they picked me. [laughs]
The College had what's called a Neo Society. Nine
Embryo Osteopaths. Did you ever hear of it?

CBP: I've heard of the Neo Honorary Society.

FMP: Well, I was a member of that, and I was on the
basketball team, and a few things like that. I
suppose that was the reason why. Don't ask me.
They picked me as District Governor of Rotary, and I
haven't the slightest idea why they did that,
either. [laughs]

CBP: Where did some of the other students live if they
weren't commuters and if they didn't live in the
fraternity house?

FMP: Oh, they just lived in the apartments around. In
back of the 48th Street hospital was an apartment
building. Of course, there's many buildings around,
and most of them would go together, and three or
four of them would rent an apartment and live and
eat and sleep and so forth, in those apartments, if
they didn't live at home.

CBP: I understand that you lettered in basketball.

FMP: Yes.

CBP: Could you describe the demands on your time to participate in athletics at PCOM?

FMP: [laughs] As I remember it, they were in the afternoons when we were through with class and clinics and things like that. In other words, we got out of college at four, when the clinics closed, and so forth. We went up to a gym at 52nd Street. 52nd and something. West Philadelphia Y. We practiced up there. Games were always at night. We played the local basketball teams from around this area. One of the most interesting things -- we played up at -- I'm going to say it was Gettysburg. I'm not too sure. But after the game, the cheerleader -- the boy -- came down and said, "This girl wants to meet you." In other words, she had been in the audience and saw somebody she liked, or appeared to like, and they took us over to the social room, where they had their social activities at the college.

CBP: At the college or at the Y?

FMP: Where we were playing. In other words, when you went to the game in Gettysburg, you stayed in the dormitory over night and came over the next day. But one of the girls -- there were lots of us who had these dates -- but they would see a player that they thought they would like, and they'd find out his number, and they'd go over to this social hall, I guess, is a better name for it. We had Cokes and so forth. But that, to me, was one of the most interesting things of my basketball career, to have a girl pick my number out of twelve or fourteen of us that were there, and say she wanted to meet me.

[laughs]

CBP: Around this basketball schedule and clinic schedule, you were also working at the Narberth Post Office, and studying?

FMP: Yes. Our Rotary Club gives an award every month to what we call the student of the month. He is picked from one of the local high schools by counselors, I guess it would be. He would tell us which is the

outstanding student that year, and we'd bring him to Rotary. Rotary is a group of business and professional men, and the student would come and listen to our speaker that day, telling us what it's like to be a doctor or a dentist or what-have-you. This is the twenty-eighth year, I think, we're doing it. But it's that sort of thing that we do for the students. But when you listen to what you do -- now, these are high school students -- seniors. But they're in the glee club, they're in the honorary society, they're president of student council, and you wonder -- just like you're wondering now -- how do you get the time? I guess it's because you learn to space your time. Just like this morning.

[laughs] I had two things confusing me, and you were kind enough to come back. But you learn to do that, as you probably know what I mean. You don't waste your time sitting around doing nothing. In other words, you plot your time so that you have time for everything that really counts. It's like you went to class until four o'clock, and then you

went to practice basketball until maybe six, came home and had your supper and sat down and studied from seven to eleven. But that's how you learned to do it.

CBP: Was there peer pressure to participate in one or more sports?

FMP: No. I did it because I liked it. I was a three letter man at high school, and basketball was the only thing that they had at the College at my time. And I just drifted into it. Well, my mother, I guess it was, encouraged me to do it. She wanted to get me away from studying twenty-four hours a day, and she thought, if he'd get out and get into some sport that would take his mind off an exam that's due tomorrow, he would be better off for it. Now, I suppose, if I were a musician, she would have encouraged me to play the instrument so many hours a day, or maybe the school band, or something of that sort. But just to get your mind off what you're doing all day long. Because in our day, you went to class at eight o'clock and you got out at four.

Just one hour after another. Physiology, anatomy, whatever.

CBP: Please describe any PCOM student traditions. For example, class rush or junior spree day. Do you remember what that was?

FMP: No.

CBP: Do you remember Dufur Day?

FMP: No. There was a Dr. Dufur there.

CBP: Right. He had a sanatorium in Ambler, and there used to be a student outing there every year.

FMP: I guess that's when I crossed off -- when I wanted to do something else. [laughs] Boy, you got me. That's too far back.

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

FMP: I'm going to say very little personal contact, if that's what you meant. [laughs] I rode in from home every morning on the same train as the Dean. [laughs] The Dean of the College lived in Ardmore, which is just up the road. He and I were on the same train because we had to be in class at the same

time. I got to know him perhaps better than any other of the professors.

CBP: Who was the Dean at that time? Was it Holden?

FMP: No, it was before that. I'll think of his name. A big, heavy-set fellow. He always had a frown on his face. Strict as all get-out. I remember those characteristic because I had him the first class. We'd get off the same train, got into the same college, and I met him in the same room. [laughs] He was a nice guy, really, but he gave you the impression that he was very strict. Whereas others you got to know -- I'm not going to say happy-go-lucky, but you could learn to like them very quickly. The only one I liked and disliked at the same time was a guy by the name of Cressman. He taught dermatology. I hated dermatology. I still don't know much. I can tell ivy poison, impetigo, but a lot of these -- well, in my time we had contagious diseases. Measles, chicken pox, German measles. You learned to distinguish them, but I think I learned more after I got into practice

because I liked to. I didn't like it in college, and I guess I showed it. But after you got out in the practice, you had no choice. Mother comes in and says, "What's this on my child's arm?" Well, you've got to say, "That's impetigo," or "That's ivy poison."

CBP: During the 1930s, women comprised roughly 10-13% of the graduating classes. In your opinion, how were the female students of the 1930s viewed by their male classmates and by the faculty?

FMP: Oh, I would have to say equal. We all had the same thing to do. Now, I know if there was a female patient to be examined, the girl got it. But I would say they were trained and respected and equal. You were classmates, you were going to graduate, so that you were -- the same way with the women professors. This Mary Hough you said taught pediatrics, and she got as much respect as anybody. I don't think there was -- Ruth Tinley used to be head of the pediatrics department. She was, shall we say, held apart.

CBP: In what way?

FMP: Well, the class didn't take to her, like they did to E.G. Drew or Pennock or Leuzinger. You were closer to those professors, I think, than you were to Ruth Tinley.

CBP: Is that because she was a woman, or because she was just a different type of person?

FMP: I'm going to say it's because she was a different type of person. I won't say that the fact that she was a woman didn't alter that opinion because we would socialize, basically, and being a woman, she was off with a little crowd of her croonies, and we would have little to do with her. I would assume that would have something to do with it. As you can see, I'm not very much for women. [laughs]

CBP: I can see that.

FMP: Oh, I don't mean that. I still will look at a pretty girl walking down the street. [laughs]

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

FMP: Changes in them?

CBP: Changes in the position or attitudes toward women?

FMP: Oh, I think, shall we say, almost equal. I use a number of pediatricians from Children's Hospital, or I did when I was in practice, and it didn't make any difference to me whether the cardiologist was a woman or a man. If she knew her stuff, that's all I cared. Of course, after you're in business a while, you get to know who does know their stuff. You take the patient to the one you think that knows the most, so that there is a selectivity there. But it's not because she's a woman. It's because she knows her stuff. Would I have a woman as my own personal physician? The answer would probably be no. Why? I guess it's because I know more men than I do women physicians. But I wouldn't hesitate -- I go to Dr. D'Alonzo, and he has a woman associated with him in his office. There's three of them in there. If I got sick, I wouldn't hesitate to have her. I know she knows her stuff. But the fact that she is a woman -- if Al wasn't there to ask her,

"What's going on?" -- I don't know. I don't think that would make any difference.

CBP: With very few exceptions, African-Americans were essentially absent from PCOM's classes in the 1930s. Over the years, what changes have you seen in the position of minorities in the school and in the profession?

FMP: Oh, I think they're handled as equals. I've never had any problem with them. I would think they're treated just as -- their color didn't make any difference.

CBP: Why do you think there were so few around the time of your graduating class?

FMP: I think it was economics. I don't think the average Afro-American could afford to send his children to college, and then on to medical school. We had one in our class -- Johnson. I've worked in too many places, like the post office, where if you work with them -- I used to be a gardener, and my boss was a colored man. We got along very well. I never had any problems with him. And the same way with --

there's a surgeon at our college. Johnson is his name. But I wouldn't hesitate -- I know he knows his stuff. I wouldn't hesitate to use him or to recommend him to anybody. No, I don't think there's any difference in it now. But I think the reason there wasn't any earlier is because they just didn't have the money to send their kids to college and then to medical school. Although I must say that college in those days was cheap. [laughs] College at PCOM was less than five hundred dollars a year, so you can imagine. And those of us who lived at home -- of course, that was -- well, I'm judging myself. My father worked for the Pennsylvania Railroad, so I got passes, so I rode the trains back and forth without cost. But I think it was a matter of economics.

CBP: How did you get to 48th and Spruce by train?

FMP: You went from Narberth to 30th Street Station, and then you walked to the College.

CBP: You walked from 30th to 48th Street?

FMP: Sure! You couldn't afford the fifteen cents for the

trolley. Fifteen cents both ways -- that's thirty cents a day -- that's a buck a week! In those days, that buck could take you and your date to a movie! [laughs] You girls don't realize how much we spend on you!

CBP: Today it's Dutch treat. [laughs] You don't spend anything.

FMP: [laughs] Oh, those were the good old days!

CBP: It's my understanding that in the mid-1920s Dean Edgar Holden asked Drs. William Spaeth, Ruth Tinley and Mildred Fox to start a pediatrics program at PCOM. How did this timing correspond with the development of pediatrics as a specialty within osteopathy?

FMP: Oh, I think that was the basis of it. Did you mention Ira Drew?

CBP: No.

FMP: He was the original guy. Tinley came in next, and then Bill Spaeth came in. But they were the basis of pediatrics in our college.

CBP: Was Dr. Drew the first to start the program?

FMP: Ira Drew was the first one to start a program. Now, that's different than Ed Drew. Ed Drew was a surgeon. Ira was a pediatrician. I guess it was because Ira had political connections with Harrisburg, and got money for us to start a clinic and run it.

CBP: A pediatric clinic?

FMP: Yes.

CBP: This was at 19th and Spring Garden or was it before that?

FMP: I started my freshman year at 19th and Spring Garden, and it was going then, so I'm assuming it was before 1928-1929. Before that. But I can't tell you how much.

CBP: Do you have some concept of the development of pediatrics within osteopathy as a specialty? When it started to be separated?

FMP: I never thought that they gave the pediatric department the respect it deserved. Now, maybe it's because it's like a football team in a college is the one who brings the income in. And a

pediatrician was never expected to spend the same as the adult, or bring in as much. I assume that's what does it. Because even now the cardiologist I go to -- his office is a hundred dollars. I don't know any pediatrician -- and I know a lot of them from Children's Hospital and Bryn Mawr Hospital -- and they don't charge anywhere near -- I'm sure they're up in the thirties and forties. You got me, because I'm away from it and have been for ten years. When you're away from it you don't hear it. This used to be Wannamaker's next door. Now it's Hecht's. It's going to be closed the 1st of June and become Strawbridge & Clothier.

CBP: Please describe the evolution of PCOM's pediatrics program, including undergraduate osteopathic education, preceptorships in pediatrics, post-graduate courses and residency programs. First the undergraduate osteopathic education.

FMP: I'm going to have to bypass that because I don't know what they're doing in there now.

CBP: How about as much time as you can tell me about.

FMP: There are a number of post-graduate courses being given at our state conventions and national conventions, and so forth, and we are now being allowed to attend medical post-graduate courses. For instance, when I was still in practice, we used to go down to Florida every year to a week post-graduate course. In other words, it made no difference that I was an osteopathic pediatrician -- just so you paid your hundred dollars, or whatever it was. But that source has been opened up to us. In fact, I just got something in the mail from Dupont to come down -- they're having some special program that they want. They didn't care that I was an osteopathic pediatrician or not. They were giving this program and they wanted more doctors there. Did you know John Porter Scott, by any chance?

CBP: No.

FMP: Well, he was from Children's Hospital. He took care of my sister-in-law's children and I got to know him pretty well. It was before we were allowed to

attend these things. He would say to me, "Just come down and sit down and walk in, and don't say anything, and nobody will say anything to you."

[laughs] I'm sitting there one day and this guy sitting next to me says to me, "Do you know there's an osteopathic physician in this room?" I said, "There is? How did he get in?" [laughs] Playing dumb. Now, whether he knew that I was or not, I don't know because I'd been in practice for a while, and was known because I'd refer patients to Bryn Mawr or Lankenau, or wherever. But I had to laugh at him.

CBP: What specialized training did you have in pediatrics?

FMP: Do you mean after I got out of college?

CBP: And after your internship?

FMP: Then I attended the various ones in our state conventions and national conventions.

CBP: The various what?

FMP: Pediatric courses. And then I began to attend the courses at Children's Hospital and this one at

Dupont.

CBP: Were you having a general practice while you were attending those courses?

FMP: I was in general practice for about ten years. My secretary got me out of adult practice. I began to have favorites. Adults that I liked I would continue to treat. Every child in my practice got a treatment every time they came in, and the interesting thing about it was I read an article in one of the medical journals that this intern -- he's working in an emergency room now -- every other patient that came in with an upper respiratory infection of any kind -- the first one got an antibiotic regardless, and the other guy got aspirin -- "Call me in the morning." And he named some of the complications I had never seen. So I went back over my records, and if you want to lose a secretary, that's what you do. Ask her to pull out the records of these children. I found that I had considerably -- and I've forgotten the exact numbers now -- considerably less complications if a child

had a treatment every time he came in my office with a cold, than this guy did giving him antibiotics. His conclusion was don't use antibiotics unless you have to. My difference was that they didn't get antibiotics -- they got treatment. In fact, I lecture at the College every year on that. I've got the records there somewhere. But that's how I got to realize that manipulation prevents complications. There's no question about it. His complication rate was, I'd say, as a medical doctor, something like twenty percent would get complications. Mine was seven percent. Seven percent of my kids needed antibiotics eventually. Twenty percent of his. They don't teach that anymore. Well, I almost lost my secretary by doing it, but that's all right.

[laughs]

CBP: But your training in pediatrics was through post-graduate courses? You didn't have a preceptorship or a residency?

FMP: I did not have a residency, yet it was all attending the post-graduate work.

CBP: Do you know when PCOM started a residency program for pediatrics?

FMP: Well, I taught in it, and I got out in 1930. I'm going to say it was in the early 1930s, because I remember I taught in the post-graduate work -- courses that they gave. And Leo Wagner -- I travelled all over the country.

CBP: So it would have started a residency program in the 1930s?

FMP: I'm going to say yes. Oh, yes. It must have been.

CBP: Please comment on the leadership and special talents of Drs. Spaeth, Tinley and Fox, and their respective contributions to PCOM.

FMP: Can I eliminate the first two? [laughs]

CBP: Sure.

FMP: Fox?

CBP: Mildred Fox. You're eliminating all three?

FMP: I never heard of her.

CBP: She was one of the three that Dean Holden asked to help organize the Department of Pediatrics in the mid-1920s. Maybe she wasn't there by the time you

came in in the early 1930s.

FMP: I never heard of her -- somebody by the name of Fox in the Pediatric Department. No.

CBP: William Spaeth?

FMP: Those two -- please don't ask me to comment on.

CBP: Okay.

FMP: There was a feud going on in our college at that time, between Wagner and I and Spaeth, too, and it got very unpleasant so I'd rather not make any comment about it.

CBP: Okay. In 1966 you organized the Pediatric Outpatient Clinic at 48th and Spruce. Please describe the evolution and operation of that clinic.

FMP: Oh, gee. I suppose it grows like any other. The clinic was two days a week when we first started -- Tuesday and Thursday. I remember that. When it got to be a daily clinic -- I can't answer that one.

CBP: Did this evolve out of the general patient clinic at 48th and Spruce?

FMP: Yes.

CBP: This was specifically for children?

FMP: Yes. In other words, while clinic was going on -- and it was every day, five days a week, for adults as well as children. Children, at the beginning, came in two days a week because we didn't have that many. But then as the clinic grew, there was a daily thing, five days a week.

CBP: How long did you direct the 48th Street outpatient clinic?

FMP: That went on out here. In other words --

CBP: Did it move to the City Line location?

FMP: Yes. In fact, it got pretty big at City Line. Gee, I guess I was active in there -- Bill Spaeth was the director when we came out from 48th Street to City Line.

CBP: He was the director at that time?

FMP: Yes.

CBP: But you were the first director of the pediatric outpatient clinic?

FMP: No, I wasn't. I worked at it, but I wasn't the director. No. As I say, there was a little going-on between Wagner and I.

[end of side one]

CBP: What else really happened to the pediatric outpatient clinic, that went from 48th Street over to City Avenue?

FMP: Well, while it was at 48th Street, it began to expand to clinics throughout the city. And that expansion -- there's one in Roxborough, one at the College, one at 48th and Lancaster, or some place like that. I've forgotten.

CBP: Was there a pediatric outpatient clinic at the North Center Hospital?

FMP: Yes.

CBP: How about at Laporte in Sullivan County?

FMP: Gee, I went up there for years. I don't know whether that's still going or not. You're going to have to find out that question. [laughs] I used to go up once a month. They have a clinic there that had this pediatric day. One of the cities around -- Eagles Mere or Laporte or somewhere -- I've forgotten now. So I'd go up once a month and

supervise this clinic. We had maybe a hundred or a hundred and fifty children. They'd save them all until I came up, and then I'd supervise their examination. I'm going to say there are four or five clinics, both here and up there that have developed since we went to City Line, so that it has expanded tremendously.

CBP: What happened to the clinic at City Line, though, with the sale of the hospital?

FMP: It's still there.

CBP: It is?

FMP: Yes.

CBP: Is it a part of the graduate hospital now -- the pediatric clinic?

FMP: No. I don't think so. I think that was part of the College. You see, the College has no connection with Graduate. The reason I'm saying this is because it's held in the -- what's the name of the medical building?

CBP: Rowland Hall.

FMP: Rowland Hall.

CBP: So that's where the pediatric clinic is now?

FMP: Yes. Boy, you know more about that college than I do. [laughs]

CBP: Only certain years. [laughs]

FMP: Well, it's amazing. When you get away from it, you lose these things that are happening.

CBP: Once pediatrics moved over to City Avenue Hospital as a department in the 1960s, who was running pediatrics? Who was the Chairman?

FMP: Tinley was dead by that time. I guess it was Dr. Spath. Bill Spaeth.

CBP: What, if any, has been the relationship between osteopathic pediatricians and the Children's Hospital of Philadelphia?

FMP: What has been the relationship?

CBP: Yes. Do osteopathic pediatricians have privileges at CHOP? Do you send referrals to CHOP?

FMP: There was a man by the name of Dieterk -- Joe Dieterk. But he went to -- what's the one in North Philly?

CBP: St. Christopher's?

FMP: St. Christopher's. He was chief resident up there. I don't think that there has been that connection in Children's -- at CHOP. Now, why, I don't know. But I do know that Joe was the first one to be Chief Resident at a medical hospital. There were two or three after him. In fact, I taught at Women's Medical for a while. They had an evening program that they were teaching students how to take care of children. [laughs] I saw this ad in the paper, that this clinic was being started in which the doctor got paid. Well, I made it a rule in my humble way -- when I got retired from practice, I was going to do nothing for nothing. You paid me if you wanted me. [laughs] I saw this ad that said you're going to be paid to teach these students how to examine children. So I went over and talked to the girl who was running it, and she said, "Sure." So I taught over there for two or three years. How to teach children to examine their children. In fact, I've got a book that I made called Holding Techniques -- it's in the library at the College --

with illustrations to show you how children should be held when they're being treated, or held when they're being examined, so they don't hurt. In other words, you don't sit a child up, like you do an adult, to look at their ear. You lay them down and press their head against the table so they can't move their head. Because if you ever get that instrument stuck in his ear, it takes a while to get it out of there. So we've devised this technique, and as I said, I've published this book called Holding Techniques.

CBP: Do you know if, in general, osteopathic pediatricians do get privileges at CHOP?

FMP: Oh, yes.

CBP: They do?

FMP: Yes.

CBP: What has been your greatest accomplishment as a practitioner and teacher?

FMP: [laughs] I'm going to say to become President of the National Pediatric Organization -- ACOP. I would say that to me, that meant more than anything

else I had done. Now, granted there were political factors that held me back at PCO, but I had a good practice. In fact, I'm still being asked to come back and teach manipulation. Apparently they don't get as much as they want. Now, when a student will be in class until five o'clock, and then come back at six o'clock and listen to me yak for a while, you know he's hungry for what he didn't get in school. If he had gotten it at school, I either wouldn't have been asked, or there would have been five people there. So the fact that I'm being asked to come back, and being a member of their staff for so many years, that I would consider that an accomplishment. But for me, the crowning thing was to be elected President of the National Organization, because they're from all over the country.

CBP: Which other pediatricians at PCOM warrant recognition for their contributions as teachers and/or as practitioners?

FMP: I would assume Wagner would be a top one there.

Arnold Melnick, who is down in Florida -- I don't know if he's Dean of the college down there, or not. I've forgotten. But those two stand out to me, as being outstanding. When you're talking about just our college, those are the two that stand out to me.

CBP: Given the perspective you have from your years on the faculty, please describe how the curriculum has evolved since the 1930s. For example, major trends or new courses in teaching at PCOM.

FMP: In pediatrics?

CBP: No, overall. Comment on overall. If not, in pediatrics. What would have been the significant trends in the teaching of pediatrics?

FMP: Well, I suppose the fact that we are allowed to do more in the allopathic institutions than we were ever allowed to do. In fact, as I said, we'd go down to Children's Hospital to their conferences every week, I just came in and sat down and listened to what they had to say. Nobody knew who I was when I went down there. Now the association between the two is there. I can say very little about the other

institution, with the exception of our cardiologist has been asked to teach at many of the medical institutions. I guess you'd say they're expanding to the point where they're being included in allopathic institutions.

CBP: What is changing in the curriculum that is leading to that expanded role?

FMP: Oh, I suppose it's the recognition of the work that's being done at the College. In other words, the other colleges are seeing what's being done at our place, and therefore, they're given more recognition in the outside profession.

CBP: What is it that has changed in the curriculum such that allopathic institutions now look at PCOM, and are willing to acknowledge it more?

FMP: I don't know. I can't answer that one. I really don't know. We were known, of course, for the manipulation, period. Now some of our boys do cardiac surgery and neurological surgery and that sort of thing. That gets out and people say, "I was operated on -- a cardiac surgeon did it." "Who was

he?" "He was from PCOM." That gets out. So I guess it's by word of mouth that it's expanded.

CBP: What do you see as PCOM's contributions to research?

FMP: I can't answer that one. You'd have to be connected to the College, and as I say, I've had almost no connection for the last ten years.

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

FMP: Every patient of mine gets a treatment when he comes in. If he has a cold, he gets a treatment. If he has pneumonia, he gets a treatment. Every patient, so that I can't say that there's been any change. I must say that a lot of people come to me because they get it. Unfortunately, it's hard work. There's no question about it. Manipulation is hard work. You get a four-year-old that's squirming and doesn't want to sit still. It's an art to make him sit still so you can treat him. Unless you love children, many men just treat them because a parent brought them in. But he's more apt to give medicine

than he is to give a treatment because it's hard work. There's no question about it. I'm tired at the end of the day. When you've seen fifteen or twenty kids. Most of mine -- I was told by my insurance people, never to close the doors of my office, so that the door from the waiting room -- the door to my house -- is always open. So the kids -- they come in and come running right into the office. They don't care who is in the office or what is going on in the office. They come in and they want to see me. And, of course, their mother is trailing them in, trying to get them back out again. But I've taught them that. They're allowed to do that. Unless there's some personal thing or private thing that I don't want them in, then I will close the door between the waiting room and the office, so that the only person that comes in while I'm there is me. But if it's just a routine examination and that sort of stuff, I don't care. They can run in and out if they want to. I think that's the thing that bothers most general

practitioners. It's hard work. You have to love children to do that, and there's no question about it -- some of these kids that I had when they were growing up and now have their own children -- they'll see me in town and they'll come running and throw their arms around me and that sort of thing. I'm the only one they've known all through their developing days, and when I tell them they're going off to college, and I no longer take care of them, they say, "Oh, Doc. You can't do that." They'll come to me and say, "He doesn't examine my children like you did." It's that that brings them -- to me it's just second nature. I do it because I love children. So many doctors -- they're really strictly for the business, and they won't take the time to play with a child. It takes time. There's no question about it. But I tease the people I go to. I say, "I've been sitting out there in your waiting room for twenty minutes. There's no excuse for that." My waiting room would be a shambles if I had my patients twenty minutes late. Just think

what they'd do to my waiting room. Holy Christmas. But I think that's why there's less manipulation used. Because it's hard work. And at the end of the day, it's easier to give an aspirin, "See you in the morning."

CBP: As a faculty member and practitioner, how did you feel about the sale of the City Avenue Hospital?

FMP: I didn't like it, but I understand why it was done. I have seen this coming, of course, over many years. The opening up of their hospital to us was trying to swallow us, if I may use that word. They don't want us in an individual profession. They want us with them. This is the impression I got, and I understand why they had to sell the hospital. It was a losing proposition. It was either that or go under. All hospitals are the same way. Bryn Mawr and Lankenau and Paoli. All three of those are together now. They're all from the same profession.

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

FMP: Oh, I think it's the increase in number of our doctors going out. They tell me they had three thousand applicants this year for college. They can take two-fifty. When you have three thousand people applying for two hundred and fifty seats, it speaks well of the College. And I think that's the biggest thing. You'll have to ask Carol Fox about that -- how many they put out every year. I'm going to say it's two hundred in our college. There's colleges coming up all over the place. There's one in Jersey. Many colleges are being formed now that never were, and I think it's because -- or, in fact, I know -- it's because of the value that the public has seen in our profession. I would give that to reason -- the best accomplishments we've done.

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

FMP: Oh, I guess it's simply to continue to put out well-trained physicians. We treat our students, "You're our family doctor." If I may so, it seems to me the

medical schools are training to be a specialist. They don't want to bother -- I was going to say three to five dollar treatments. [laughs] My cardiologist charges a hundred bucks. They're much more apt to be a family doctor. In fact, you spoke of Eagles Mere and Laporte. We opened that clinic purely to show the student what it's like to be out in the area. I was there one day -- they had a boy brought in who was using a saw up in a tree and he fell, and he was cut in so many places. I said to him when they brought him in, "You better take him to Chambersburg," and the father said, "No, you sew it here or I'm taking him home." I think it took two hours to sew him up. But we did it deliberately so that if a boy came in with a fractured arm, they set it. They didn't ask for an orthopod. The family would say, "The doctor did the best he could," if it didn't turn out right. And that's what I think our biggest contribution is -- the development of a typical family doctor that every family wants. They don't want to have to go to this

guy for their heart, and this guy for their nose and throat problem. They want to go to one doctor. And sure, he makes a mistake, but they say, "Well, he did the best he could." That's the impression I got. You know, you're getting a damn good insight into the profession, being able to -- I don't know how many you do, but if you did as many questions as you're doing for me to answer, you're learning an awful lot from my answers and then for Dr. Joe's answers and Dr. Pete's answers. I'd love to do this! [laughs]

CBP: Would you? We have to make sense of it at some point. [laughs]

FMP: I'd love to see what this comes out! I was thinking as I was answering these questions, "Gee, that girl is going to know an awful lot about our profession and the attitude we take against our profession or for our profession." As I say, when I first got into practice, our doctor was an osteopathic physician, and that was simply because my mother, when she was young, was run over by a trolley car.

Whoever fixed her did the best he could. [laughs]
It was up in Hazelton, which is up in the boondocks.
She had a lot of back problems afterwards, and
that's how we got medics who just say, "Get a
brace." My mother would wear one, and she heard of
Dr. Barber. I think that our expanding out into
becoming a complete family doctor is the best
accomplishment I can say for our college because as
I see more and more -- we lived down at the corner,
where that beautiful tree is. A man and his wife --
he teaches at Lankenau and she teaches at Women's
Medical. Specialists. Cardiologist, and I've
forgotten what she is. But they all want to be
specialists, and I understand why. The money is
there. Some guys charge forty bucks for an office
visit. The best I got out of mine was fifteen. And
fortunately, I think, for our students now, they're
teaching a little bit about the business of running
an office. I tried to sell my house the other day.
Two girls came from the real estate people. I said
something like, "I have an office attached to it."

You can't do that anymore in this Lower Merion Township, unless it's there when you come in. And I thought, therefore, it would be an asset. But it isn't. Doctors now go three and four together in an office building. They don't go to a doctor's house. I thought it was a big asset. I tacked fifty thousand on for the office and the girl said, "Well, maybe if some mother wants to be with her children, they'd make a separate apartment where your office is, and use the waiting room as a living room."

CBP: This is going to conclude our interview. Thank you, Dr. Purse.

FMP: You're welcome.

End of Interview

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