

1996

Frieda Vickers Oral History

Philadelphia College of Osteopathic Medicine

Follow this and additional works at: https://digitalcommons.pcom.edu/oral_histories

Recommended Citation

Philadelphia College of Osteopathic Medicine, "Frieda Vickers Oral History" (1996). *Oral Histories*. 3.
https://digitalcommons.pcom.edu/oral_histories/3

This Article is brought to you for free and open access by the College Collections at DigitalCommons@PCOM. It has been accepted for inclusion in Oral Histories by an authorized administrator of DigitalCommons@PCOM. For more information, please contact library@pcom.edu.

INTERVIEW WITH FRIEDA VICKERS, D.O. (CLASS OF 1939)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
May 15, 1996

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

VICKERS:

CBP: Where were you born and raised?

FV:

CBP: Please give us the complete address of where you currently reside.

FV:

CBP: Dr. Vickers, what made you want to pursue a career in osteopathy?

FV: Well, I didn't at the beginning. I was going to a homeopathic college, and the tuition went up.

CBP: Which college was that?

FV: A homeopathic school in New York. So I told my mother that I was going to Philadelphia and was going to Women's Med. On the way, I was in a trolley, and I saw at 48th Street Philadelphia

College of Osteopathy. I said, "Homeopathic, osteopathic -- they're all schools of medicine." So I got off the trolley, walked in there and got myself registered. And I'm not sorry.

CBP: Did you know anything about osteopathy before you walked in the door?

FV: No. But I found out later what it was all about.

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

FV: No.

CBP: What got you interested in medicine?

FV: Every time there would be an accident in Brooklyn, I would just run down and find out what's going on, and what they were doing, and everything else. I was interested.

CBP: What college education, if any, had you received prior to matriculating at PCOM?

FV: Brooklyn College.

CBP: Had you completed a degree there?

FV: Yes.

CBP: A four-year degree program?

FV: Yes.

CBP: Did you have a particular major area of study?

FV: No.

CBP: I was going to ask you why you selected PCOM for your education, but I think you've already answered that -- by the chance of a trolley. [laughs] What were the highlights of your educational experience at PCOM in the 1930s, whether it be courses or professors that you recall?

FV: It was all very interesting and I enjoyed the lectures. One time, a long time ago -- over fifty years ago [laughs] -- way over fifty -- I had some cramps, while sitting in the class, I walked out and the teacher followed, gave me a treatment and the cramps went away. So I said, "This is the best thing yet."

CBP: Were there any particular courses that impressed you highly, or more so than others?

FV: No. I wasn't going to be a specialist; I was just going to be a family physician with a general practice.

CBP: Were there any particular professors who were outstanding in your mind?

FV: It's so far back, I can't remember. Dr. Cathie was pretty good. He was in anatomy.

CBP: Could you describe how the anatomy courses and labs were taught?

FV: Too far back.

CBP: Did several students work on a cadaver together?

FV: Oh, yes. There were four of us working on it. I'll never forget -- I actually can't remember whether it was at the other school or here -- but in the anatomy, they had these bodies hanging up, and they opened the door. I said, "Oh, my God," and half of the people -- a lot of them -- just gave it up. But I continued. And I enjoyed watching, and there were four of us at each body, and we worked on it.

CBP: How many years did you study at a homeopathic medical school before you came to PCOM?

FV: One.

CBP: When you got to PCOM, did you repeat certain courses?

FV: I started all over.

CBP: You did? So you did your four years at PCOM?

FV: Yes.

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

FV: They were wonderful. They were wonderful. They were very interested in their students -- the faculty.

CBP: Did students and faculty socialize outside of the classroom environment?

FV: Yes, they did.

CBP: In what ways?

FV: Sometimes we would get together and talk about certain things, and we would get some wonderful answers from the lecturers.

CBP: Could you describe how the basic science courses were structured, as far as lecture and laboratory work or research?

FV: It's been so long I just actually can't remember all of it now, but I think it was very satisfactory, otherwise I wouldn't have stayed in the college.

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

FV: Well, we would go along with the doctor -- with the instructor on rounds and he would explain all these things, and we would go from one room to another. So-and-so was there, this is what happened, we're doing this and this and this. And it was very interesting.

CBP: Were there any specialized clinics, such as dermatology or obstetrics?

FV: Not at that time.

CBP: Was pediatrics all part of the regular clinic, as well?

FV: No. It was all one. Whatever we got into, we decided, "Oh, that's nice," and so on and so forth. I enjoyed everything that was done, and I did a lot of studying.

CBP: What, if any, practical experience did you obtain

outside of the hospital clinic setting? For example, doing home deliveries or assisting in doctors' offices, while you were a student?

FV: No, I didn't, but I believe in my senior year I went with an obstetrician.

CBP: Do you recall his name?

FV: Yes. He was given the O.J. Snyder Award last year.

CBP: Dr. Eisenberg?

FV: Yes. We would go out somewhere where there were no steps or anything, and we would jump down, go into the house, and the woman was just ready to have a baby, and we'd sit in a rocker and wait, and then he'd say, "Well, it's time now," and we'd deliver.

CBP: Do you recall what neighborhoods you were in?

FV: Oh, no. Outskirts of Philadelphia. Poor neighborhoods.

CBP: Do you recall there being an OB clinic at 3rd and Lehigh?

FV: No.

CBP: Do you recall an OB clinic near the airport?

FV: No.

CBP: Please describe whatever training you received after graduating from PCOM. For example, internships or preceptorships or post-graduate courses.

FV: Well, at that time we didn't have internships. We didn't have any of those. The doctor's name was Lebeskin Williams. I would go in town to Philadelphia, and work in preceptorship with him. He would show me what he was doing, and I would follow-up. It was quite interesting. But, no. I did a lot on my own. Of course, at school, the guy that was in front of me -- I wasn't Vickers then. I was an O'Shever. And the classmate at the end -- I would treat him and he would treat me. He would hurt me. But I would treat him. He's gone now.

CBP: What was his name?

FV: I don't even remember.

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

FV: It didn't bother me -- the Depression -- because my sisters were working, and they would send me the money that I needed for the college. Of course I

remember a very funny incident. I had a room somewhere and there's another student somewhere else, and he would come in and say, "I have a carrot. Do you have something that would go with that?" [laughs] Oh, those were the days.

CBP: What were the highlights of your social experience at PCOM? The types of social and recreational activities, both on and off campus?

FV: Not very many, until I met my husband, of course.

CBP: Were you a student when you met your husband?

FV: No, I had just graduated. That's a story that you would like. I'll tell you that later.

CBP: Okay. While you were a student, what did you do when you weren't studying or attending classes?

FV: Couldn't do very much because I was in a room -- I don't know if I was in a room with another student at that time. One of the women -- it's been so long. Fifty-seven years -- more than that -- almost sixty years.

CBP: Where did you live while you were a student?

FV: In a room -- and I can't even remember the place

where it was.

CBP: Was it within walking distance to the campus in West Philadelphia?

FV: Oh, yes. Yes.

CBP: Did you eat your meals there, as well?

FV: I can't remember. It's been so long. I wish I could, but I can't.

CBP: Did you participate in any athletics at PCOM?

FV: No.

CBP: Do you recall if a lot of students did participate in athletics?

FV: Yes. There was Dr. Lutz -- Wilbur Lutz -- he was a character, and he would tell us stories. Where we were -- there was an outside field, and they were yelling like anything -- you know, playing ball or whatever. He would say, "All right now, let's listen to what I'm telling you." Wilbur Lutz -- he was a character.

CBP: Were you a member of a sorority at PCOM?

FV: I don't even think we had a sorority then. I don't remember.

CBP: They were in existence.

FV: They were?

CBP: Yes.

FV: I guess I must have been then.

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

FV: At that particular time it wasn't effective or anything. It wasn't like it is now, of course. We would try to discuss different things that were happening. You didn't do too much.

CBP: Did the fact that it was a women's osteopathic association direct your discussions at all towards women's issues in the profession?

FV: In everything -- not only women's. Of course now, with this crazy government and everything else, it's changed.

CBP: Do you recall an event called Junior Spree Day?

FV: No.

CBP: Do you remember Dufer Day?

FV: No.

CBP: An outing in Ambler, at Dr. Dufer's Sanitorium?

FV: I can't remember that.

CBP: According to your yearbook, you belonged to the George S. Rothmeyer Gastroenterological Society and the Pediatric Society.

FV: Yes.

CBP: Why were these societies founded?

FV: At that time it was just founded and that was it. I figured, "Well, I might be a pediatrician, and I might be in OBS." That's as far as it went.

CBP: What types of activities did these societies offer?

FV: I really couldn't tell you much about it because it was such a long time ago. I mean, if it was twenty or thirty years ago, I'd say, "Sure, I can remember a lot of these things." But I can't remember. And I'm sure I'm not getting Alzheimer's Disease.

CBP: No, it's a long time ago. Do you recall a publication called The Chronic Critic, founded in 1938, with Saul Bernstein as Editor-in-Chief?

FV: No.

CBP: Women comprised roughly sixteen percent of the graduating class of 1939. In your opinion, how were

the female students of the 1930s treated by their male classmates and faculty?

FV: Well, we respected one another, and that's about all. Maybe sometimes we'd say, "Hey, let's treat you and see if you'll feel better," and we'd correct their cervicals or whatever, just to make sure that we're doing the right thing.

CBP: Could you explain that? Whose cervicals are you talking about?

FV: Oh, one student to the other.

CBP: Was there any distinction in the way that the male students were treated from the way in which the female students were treated?

FV: No, they were supposed to do the same thing each one did. [laughs]

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

FV: They accepted them very well.

CBP: Did male patients accept women very well?

FV: Yes, they did. And, of course, I've got a lot of stories that I can tell you about some of them when

I first graduated and I had my office.

CBP: Could you share a story right now?

FV: One guy -- he came into my office and he stripped and put a handkerchief right over there, and I treated him. Another one was getting too close to me and I said, "Get your things on, and get the hell out of here!" Whenever I had a new patient, I would have my next-door neighbor come in and sit in the waiting room, in case -- of course, I couldn't trust them. One guy -- he came in with a beautiful car. I was young -- I must have been pretty. He said, "You're so pretty, and nice enough to kiss." I said, "Get your things on and get the hell out of here." He said, "Oh, I need you." I said, "Don't come back again." That's the way it was at that time.

CBP: Out of the fifteen members of the Pediatric Society to which you belonged, five or 33-1/3% were women, while women represented only 16% of the graduating class of 1939.

FV: Yes.

CBP: Please comment upon the specialties which women pursued in the 1930s, and the extent to which these were self-imposed choices or limitations imposed by male peers or patients.

FV: I don't think any of the women wanted a specialty. They just wanted to go into general practice, at that particular time.

CBP: Why do you think women were not as interested in specialties then as men?

FV: I really can't answer that. I don't know why they were more interested in general practice rather than a specialty. I really can't answer that.

CBP: Are you aware if women were being encouraged or discouraged from pursuing specialties?

FV: No, they weren't discouraged. It was the way they felt.

CBP: Do you have any thoughts about why these attitudes shifted later? Why women decided that they did want specialties?

FV: Yes.

CBP: Could you explain that?

FV: Later on, they decided they were going into different specialties, especially Rosemary Vickers - - they think she's my daughter. She's a pediatrician. I saw her at the Graduate Hospital dinner/dance two weeks ago. I said, "Get married. Change your name. Everybody comes says, 'I saw Rosemary. She's wonderful. She must be a wonderful daughter to you.'" I say, "She's not my daughter! I'm not related to her!"

CBP: Do you have any idea why women started pursuing specialties later on?

FV: No. That was their own initiative.

CBP: Do you recall the nursing students participating in subjects for hands-on OMT training by the medical students?

FV: They didn't mind it at all.

CBP: They didn't mind it?

FV: No.

CBP: During the post-World War II era, which corresponded to your years on the faculty --

FV: Yes. My husband was away. He was in the

Philippines. I never thought he'd come back, but he did.

CBP: During this time, admissions policies discouraged women from applying to PCOM. I'm talking about the late 1940s.

FV: I don't think they did.

CBP: I read some reports from the time period.

FV: Is that right?

CBP: Yes, and they were discouraging women from applying, and that's why the classes -- you started to see very few women in the 1940s and in the 1950s.

FV: Yes. And then they started to increase.

CBP: My question to you is was this policy recognized by the faculty?

FV: No.

CBP: Did you even sense the shift in the student profile during this time period -- the decrease in women?

FV: No.

CBP: In your opinion, which PCOM women -- either fellow students of yours or faculty -- warrant recognition for their outstanding achievements?

FV: I don't remember anyone that really was looking for any outstanding achievements.

CBP: Is there any woman that impressed you more so than other people at PCOM?

FV: No. I impressed myself because I knew what I was doing.

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

FV: It was increased. That's right -- I can't remember any African-Americans in our class.

CBP: Could you describe the nature of your professional practice over the years? Was it strictly general practice?

FV: It was strictly general practice. At the beginning, of course, I did OBS. I delivered over one hundred babies.

CBP: Was this while you had your office at 51st and Pine?

FV: Yes. Herman Kohn, supervised me when I started OBS.

CBP: Who was Herman Kohn?

FV: He was an obstetrician and chief surgeon.

CBP: He went with you while you were in practice?

FV: Yes, in the beginning. There was one time -- it was New Year's Eve, and my husband was sitting home by himself and I had to go to 48th Street and wait, and then finally I delivered her and came home. "Happy New Year!" [laughs]

CBP: At what point did obstetrical care for patients shift from the general practitioner to the OB specialist?

FV: I guess about ten or fifteen years later they became specialists.

CBP: Can you give me an approximate timeframe of when the OBs took over deliveries?

FV: I couldn't tell you exactly when.

CBP: After your graduation?

FV: Yes.

CBP: After the war?

FV: Yes.

CBP: What have you done as consulting physician to Merck

since 1982?

FV: I gave employees complete physicals, and every now and then I would sneak out and treat them in one of the rooms. Of course the medical director -- he thought I was not doing my work, which I was. But I was also helping him, too, and gave him a treatment, which straightened him out.

CBP: How did you get this position with Merck?

FV: It was thirteen years with Merck. I just went in there. I knew they needed somebody, and the chief nurse there -- her husband used to come to me, and we were talking, and I went in there and got myself registered as a consulting physician.

CBP: What is or what was West Point Health Services?

FV: It is an excellent situation there. They would treat the employees -- anything that happened to them. We had an operating room in Merck.

CBP: Was West Point Health Services within Merck?

FV: Yes.

CBP: What was its relationship to Merck?

FV: It was a division to service all employees in health

matters.

CBP: Was it strictly an employee health service?

FV: Yes.

CBP: Did you direct that service?

FV: No.

CBP: Did you work in that service?

FV: Yes, I did.

CBP: I'm going to shift gears here a little bit and talk about osteopathy. To what extent do you feel that today's osteopathic medical students are genuinely committed to osteopathic principles, specifically OMT? And to what extent are they using osteopathic medical schools as an alternative entre into the highly competitive medical profession?

FV: They're not doing it the way they should.

CBP: Please explain.

FV: They go to an osteopathic school and were taught OMT, it works beautifully, and half of these doctors don't take the time to treat. They sit back, and they write the prescriptions, which I can do, too, but I always give patients a treatment. And they

feel better. They smile when they walk out. I can't understand why a lot of these doctors don't use OMT anymore. Why did they go to our school? In the hallways -- I'd treat some patients and their DOs. I'm not going to tell you their names.

[laughs]

CBP: Many allopathic physicians used to view osteopaths and osteopathy as quacks and quackery. To what degree have these attitudes and antagonisms changed?

FV: Well, a lot of people go to chiropractors and they get nowhere, and then they're told to go to an osteopathic physician and they get results from the ones who use OMT. In fact, about six months ago I had a woman who was told by her daughter who works at Merck to come see me. I treated her -- I gave her two treatments -- and her daughter said, "My husband and I have been going for years to chiropractors -- four times a week." I gave him one treatment. He's fine. So then she says, "Can you treat me, too?" I said, "Sure." So the chiropractor called them up and said, "I don't see

you anymore." She said, "I have a new doctor."
[laughs] I had a problem with my back and I went --
just a few years ago -- to see Dr. Meals,
Radiologist -HPCOM. He checked my back. Another DO
said, "They have a table in the emergency room. Let
me treat you." So I went with him. That's when we
had the hospital. He started treating me and I
said, "Stop, you're hurting me." He said, "What did
I do wrong?" I said, "You get on the table." I
treated him and I corrected him. Whatever bothered
him. He said, "Where did you learn that?" I said,
"The same place you learned it. You don't dig in
with your fingers. You use the palm of your hand,
and you feel where the problem is."

CBP: Who was your instructor of OMT when you were a
medical student?

FV: I can't even remember that now. But whenever we go
to a staff meeting now, [snaps fingers] the doctor I
treated goes like that. [laughs]

CBP: Within the allopathic controversy again, to what
extent do you feel the attitudes have changed

towards osteopathy?

FV: They don't call it osteopathy. Rehabilitation medicine they call it now, instead of osteopathy.

CBP: That's what the allopaths call it?

FV: Yes.

CBP: Are they doing manipulative treatments?

FV: They're trying. But I don't think they're getting very far. They have to go to our school to find out how to do it properly so they don't end up like their chiropractors. [laughs]

CBP: The struggle for professional recognition for osteopaths has been ongoing.

FV: Yes, it has.

CBP: What were your perceptions of these struggles during the 1930s and over the decades to follow?

FV: It was hard, but people didn't realize what an osteopathic physician was. And, like I said, they would try anything, and they would go to chiropractors. And when you'd say, "I'm an osteopathic physician," they'd say, "Well, what does that mean?" Then you have to explain to them that

you're like any other physician, except that you know osteopathy. And it helps. So they listen and they tell their friends. I was real busy when I first started practice, but now it's different. After fifty-seven years -- oh, that's a long time.

CBP: Do you feel that the public is less interested now in osteopathy?

FV: Yes, in a way. When they have anything on TV, they always quote chiropractors. But they never say anything -- maybe once or twice I would hear them say "osteopathic physician." But outside of that, it's chiropractors. And they are getting more and more around all over. In fact, in Harleysville, right across the road from an osteopathic physician's office they opened up a chiropractic office. [laughs]

CBP: In what ways has PCOM strived to overcome prejudices towards osteopathy, and to obtain professional recognition for its osteopathic students and alumni?

FV: They are making the students realize the importance of osteopathy. It's very important to know what

it's all about. But like any other young physician, they either use it or they don't use it. I'll never forget it.

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

FV: Well, they're doing a better job than they did when I went to school. I mean, they didn't have all the opportunities.

CBP: What kinds of opportunities?

FV: I'm trying to remember the things that we wished we had and we didn't have. Of course, the internship was optional. The college now is so much more advanced in the treatments of people who need them. Whether they use the practice an osteopathic physician should have, I don't know. But I know I do. They have more advances now in the osteopathic profession that we didn't have.

CBP: What kinds of advances?

FV: Look at Rowland Hall now, and they have all these different specialists now that are teaching the students. It's entirely different than what we went

through. "Yeah, I'm a doctor, and that's it."

CBP: 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?

FV: Yes. I thought it was very important to have this research.

CBP: What kinds of research did you do as a student?

FV: I can't remember, it's been such a long time ago. But I was interested in different things, and I tried to contact one of the professors -- "So-and-so, what would you do in case you had so-and-so?" It's been a long time. I can't really give you too many things about it.

CBP: How has PCOM compared to other osteopathic schools, as far as a research mission is concerned?

FV: I think they do more research at PCOM than they have

done at any of the schools.

CBP: Can you think of any specific contributions to research that have been made by PCOM?

FV: The only thing I can remember is OMT.

CBP: Research in OMT?

FV: How to do it, and what's right, and what's wrong, and what you're doing right, and what you're doing wrong.

CBP: Was there anybody in particular who was involved in evaluating OMT in an empirical way?

FV: I can't remember the teachers' names.

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

FV: I think they're going to do very well if they stick to their problems and take care of them.

CBP: Are osteopaths getting funding for research?

FV: Much more effectively than in previous times.

CBP: Could you please share your impressions of the highlights and struggles of various administrations at PCOM, beginning with the Barth Administration? Could you share your recollections of that time

period -- the ups and downs?

FV: We all have our ups and downs. The Barth Administration -- they weren't pushy enough for osteopathy.

CBP: Pushy in what way?

FV: In treating people more than just taking history and making a prescription and writing a prescription and telling them, "Oh, yeah, you're all right." I feel they're stressing OMT now, more than they did before.

CBP: Any recollections of Dr. Barth?

FV: He was all right. [laughs]

CBP: How about Tom Rowland?

FV: He was very interested in the college, in the hospital. He was an excellent person.

CBP: What do you think were his outstanding accomplishments for the school?

FV: He did everything that needed to be done. He was an excellent promoter.

CBP: How about Dr. Tilley?

FV: Tilley was all right, but he wasn't like Rowland.

Rowland was -- in fact, I'll never forget when they were putting up Rowland Hall -- he saw me walking around. He said, "What should we call it?" I said, "Call it the Vickers Hall." [laughs] He was a great guy, and he was very interested in the osteopathic profession. In fact, when I saw him immediately prior to his death -- I hated to see him go, but the Lord above says, "It's time to go."

CBP: What have been your impressions of the Finkelstein Administration, and the activities of the last five to six years?

FV: Finkelstein -- he's all right. There's no one like Rowland. He was really after everyone to help out. Finkelstein is trying very hard to get things organized a little better.

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

FV: OMT. That was the best contribution, but you've got to know what you're doing. And, you know, because of this malpractice insurance, I'm afraid some of

these doctors are afraid to treat. They'll say, "Oh, I might do something wrong. And, of course, then the patient will sue me." I never had a malpractice suit against me in the fifty-seven years I've been in practice. And I can't see why I had to carry it. My patients say, "Look, I'll come to you. I'll give you a gift. But please don't retire." But my husband says, "When are we going places?" We went to a lot of places. All over. Wherever I go - - is there a doctor in the house? On planes and cruise ships I treated many fellow travelers and employees, on request. Afterward the comment - "Oh, doctor, you helped me so much." OMT is wonderful if you know what you're doing. But forget it if you don't use it.

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

FV: The goal's to teach the students. The fact that the osteopathic physician has a wonderful profession.

CBP: Do you have any concerns of osteopathy as a

profession getting lost?

FV: Sometimes I think that, and sometimes I don't. But when I hear about this doctor and that doctor -- oh, they don't use OMT at all. And I can't understand it -- why they go to our school and then don't use it.

CBP: Between PCOM and the other osteopathic schools in the country, do you feel that there are enough osteopaths graduating each year to meet the demands for osteopathic care?

FV: Yes, I think, because the instructors now are really bringing it to their minds and saying, "Hey, you're going to an osteopathic school, and you've got to learn what it means."

CBP: Do you feel that there are enough potential patients out there looking for osteopathic physicians to justify the ongoing survival of the profession?

FV: Yes. Just like this morning when a patient called me. She has a friend who lives in Green Lane. She said, "I'm working next to her, and her back is so bad." I said, "All right. Send her in tomorrow

morning." And I'm sure I'm going to help her.

CBP: Is there anything else that you would like to add about your impressions and experiences at PCOM?

FV: Every time I go to a seminar, especially St. Thomas every year, the doctors are all lined up. "Dr. Vickers treat me." They sit back and they listen to the lectures, and I'm standing up because I'm treating.

CBP: On the plane you're treating?

FV: No, no. When we get to St. Thomas. "Where'd you learn that?" they'd say. I'd say, "The same place you learned it." One time one of the doctors said, "Oh, boy, what did you do?" I said, "Didn't they teach you how?" So I had to get my husband down and show him on the table how I treated him. He said, "My pain is gone." That's the way I met my husband.

CBP: He was a patient of yours?

FV: I was studying for my state boards and I had a room. I'd sit on a bed and I'd fall asleep. His aunt was one of my first patients. She said, "Here's the key to my apartment, and study there." So I took the

key. It was on Diamond Street then. So I'm sitting and studying and I hear the key in the door, and in walks Jim with two packages of groceries, coming in from Atlantic City. He looks at me and he says, "Oh, I know you. You're my Aunt Lola's doctor." I said, "Yes." This was in the 1940s. When I was studying for my state boards, I was thirty, I guess. He said, "I got a headache." I said, "Lay down on the couch." I corrected his cervicals. He said, "My headache is gone. Could you cook?" [laughs] I had my first doctor's bag. I was so proud. I had no car. So I made lunch for him. And then he's walking me to the trolley. He didn't have a car, either. He was looking for work. He's walking me and he's saying to himself, "I got to know her better." That's how we met. We'll be married fifty-five years in September. That's how that happened. So osteopathy really works.

CBP: Well, we'll conclude the interview right now. Thank you very much.

End of Interview

Index

anatomy	4
athletics	10
Cathie, Angus G.	4
curriculum	26
Depression	8
Eisenberg, Lester	7
faculty/student relationships	5
Finkelstein, Leonard	30
Holden, Egdar O.	27
home deliveries	7
Hospitals and Clinics	
48th Street	1
Junior Women's Osteopathic Association	11
Kohn, Herman	19
Lutz, Wilbur	10
Meals, Robert	23
OMT	13, 16, 21-24, 28, 30-33
Organizations	
George S. Rothmeyer Gastroenterological Society	12
Junior Women's Osteopathic Association	11
Pediatric Society	12
osteopathic physicians	22, 24-26, 32
research	27, 28
Rowland, Thomas	29
Student life	9
Students	
African-American	18
Tilley, Peter	29
training, clinical	6
Vickers, Frieda O.	8
qualifications	2, 8, 18, 20
Vickers, Rosemary	16
Williams, Lebeskin	8
Women	12, 14-16
admissions policies	17