INTERVIEWEE: Dr. Frances Widmann
INTERVIEWER: Jessica Roseberry
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PLACE: Dr. Widmann's home in Chapel Hill, North Carolina

WIDMANN INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry, and I'm here with Dr. Frances Widmann. She's associate Professor Emerita in Pathology, and it's November 28, 2007; and we're here in her home in Chapel Hill, North Carolina. And I want to thank you so much, Dr. Widmann, for agreeing to be interviewed today.

FRANCES WIDMANN: Well, I think it's my pleasure.

ROSEBERRY: Well, I hope it is. I'm sure we'll have a wonderful discussion today. And I wanted to ask you a little bit about your background, just if you don't mind telling me the year you were born if that's okay.

WIDMANN: Oh, I was born in 1935, which makes me seventy-two at the moment.

ROSEBERRY: And did you know that you were going to go into medicine?

WIDMANN: Well, medicine was the family business. My father was a physician, my mother was a physician, my grandfather was a physician, my father's brother was a physician, and my grandfather's brother was a physician.

ROSEBERRY: So was there an expectation that you would go into the family business?

WIDMANN: Not really. Never anything overt. But I have a brother, and my parents said that very early on they recognized that my brother would not be going into medicine, and they just sort of waited to see what would happen with me.

ROSEBERRY: So you were a female, and that probably wasn't—?

WIDMANN: Well, since my mother was a physician, the intent had been established.

ROSEBERRY: Were they general practitioners?

WIDMANN: No, my father was pathologist and my mother was a psychiatrist.

ROSEBERRY: So did pathology—?

WIDMANN: Well, I got married in medical school to a classmate, and I ended up in pathology, and he ended up in psychiatry. His psychiatry friends would sort of nod and say, "Ooh, yes," when they heard that my father had been a pathologist and my mother a psychiatrist, and that I ended up a pathologist myself and married a psychiatrist. So I don't know, it's hard to say what drove all of that.

ROSEBERRY: Now, was your mother fairly unusual?

WIDMANN: Yes, I think so. She went to Johns Hopkins Medical School, which apparently had a tradition, they always had women students. They started out accepting women students, although there weren't very many of them. She got married shortly before she graduated. I don't know whether she actually did an internship or not, but she became board certified in psychiatry when I was—I must have been five or six years old. She practiced full time from the time that I was about five or six.

ROSEBERRY: So was it demanding on your parents' schedule to have two physicians in the family?

WIDMANN: Well, no not really, because both psychiatry and pathology are fields in which you can schedule your time. So both of them worked full time, days, did not work nights, and my mother had full-time household help. I was never aware of any kind of problems or tensions involved in the fact that they both had full-time careers.

ROSEBERRY: So what was interesting to you about pathology?

WIDMANN: Well, I used to occasionally say that pathologists were the last of the old-time general practitioners, because—at least originally in pathology, you pretty much were involved with every aspect of medicine but not with live patients. I think that was part of it. Also, that in the course of my clinical training, I realized that I did not want to spend my life dealing with patients.

ROSEBERRY: So is it research oriented?

WIDMANN: Well, pathology—there's a great deal of research, but there's also opportunities for intellectually satisfying professional activities that are not actually research. I am probably the only tenured faculty member at Duke, a research university, who didn't do research. I didn't do research. What I did, I wrote—I did a great deal of writing and editing I was not a discoverer. I was a synthesizer. I put together other people's work and wrote about it in a form that made it accessible.

ROSEBERRY: So this was acceptable to Duke, that you didn't do any research?

WIDMANN: Well, yes, but I never made full professor, probably because I didn't do research. On the other hand, I was extensively referenced in the literature, and I don't know whether they still have the *Index of Scientific Citations*, but that was a compilation of the number of times that your work was referenced in somebody else's bibliography. There was a period of several years when I had more listings in the *Index of Science Citations* than anybody else in the department. The reason for that was that I was the editor for several editions of the *Technical Manual of the American Association of Blood Banks*. After I finished that, I was the editor of the *Standards of the American Association of Blood Banks* for two editions. So every paper that was published, practically—every publication in blood banking, would start out by referencing the

Standards and frequently would reference the *Technical Manual*. So there I was, being referenced all the time. And so I think that was considered to be—

(*interruption; pause in recording*)

ROSEBERRY: So we were talking about your being referenced.

WIDMANN: Yes. Apparently, this was sufficient for the people who make tenure decisions, but they didn't feel that I was making independent contributions to the greater store of knowledge. So yes, that was a disappointment. I would have liked to have finished up as a full professor. But other than that, I had a very satisfactory professional career.

ROSEBERRY: So can you tell me a little bit more about those two items—the *Standards* and then the *Technical Manual?*

WIDMANN: Well, the *Technical Manual* was sort of referred to as the Bible of blood banking. It gave a certain amount of theoretical explanation of why you do the things that you do in blood banking, and then discussed numerous techniques to carry out the necessary activities. There's more than one way of doing a number of things, and the technical manual would discuss the merits and drawbacks of different procedures. Every blood bank in the country has a number of copies (*laughs*) of the *Technical Manual*, and similarly the *Standards*. I mean, obviously I didn't write the *Standards* myself single handed; it's a collaborative effort. But I was the chair of the committee and edited—literally edited—the publication before it came out.

ROSEBERRY: So this is the synthesizing work that you were speaking of?

WIDMANN: Yes. The *Technical Manual* and the *Standards* were publications of the American Associations of Blood Banks, which is a volunteer organization, so a great deal

of work went into it but zero in the way of remuneration. I also wrote several books that were widely used in—not so much in medical schools or for physicians in training, but for allied health professions: nursing and medical technology and physician's associate programs. What I thought was my best book was *Pathobiology.* But that was slightly—it was a little bit off the beaten track in terms of curriculums. So it never really was widely adopted. But the book that I had the most success with was called *Clinical Interpretation of Laboratory Tests,* which essentially explained what these tests do and how they contribute to diagnostic workups.

ROSEBERRY: So this is beyond the blood bank?

WIDMANN: Yes, yes this was all of pathology. Those books did not carry much in the way of academic luster, but they sold pretty well. So that was nice.

ROSEBERRY: Well, I wonder if we could go back a little bit and talk about medical school, if that's all right, and just ask where you went to medical school?

WIDMANN: Well, I went to Western Reserve University in Cleveland. And people say, Where did you go to medical school? And I say, I went to Western Reserve. And they say, Oh yes, Case Western! And I say, No, I went to Western Reserve. That university subsequently merged with the Case Institute of Technology, so that the University is now called Case Western Reserve. I think—maybe—I don't know whether it's Case Western or what—they keep changing the name. But the medical school now refers to itself as Case—Case Medical School of Case Western University. And that is not where I went to medical school. (*laughs*)

ROSEBERRY: Do you know if it's changed since its—?

WIDMANN: Well, I don't know whether the teaching philosophy has changed particularly, but apparently I was not the only alum who resented the fact that the name had changed past recognition. A couple of years ago they had a bit of a campaign amongst alumni about, How do you feel about, this, that, and the other thing, including the name changes? I was solicited at one point by telephone for contributions, and I said, I am not going to contribute to the medical school because the name has changed and it's no longer the school I went to. So—but that's where I went.

ROSEBERRY: How did you find your medical school experience?

WIDMANN: Well, it was fine. I never, never felt at a disadvantage, or an advantage, either one, of being a woman. Western Reserve, at the time that I went, had a somewhat experimental curriculum. They have subsequently had several additional experimental curriculums, but it was one of the first to break the mold of first two years, basic science, second two years, clinical practice, and so it attracted a rather progressive-minded faculty and progressive-minded students—students who were interested in something a bit different. And so there was a substantial—relatively substantial—number of women in the class. We had eight women in our class, and that was a very high number.

ROSEBERRY: And so treated no differently?

WIDMANN: As far as I could tell. I mean, I may have been just insensitive to all sorts of things, you know, just sort of went my way and didn't notice what was going on around me, but I really never had the feeling of, Oh, I am a persecuted minority, or, I am a privileged minority, either one—I just wasn't particularly aware of it. Sometimes patients would comment, but not very often.

(*interruption; pause in recording*)

ROSEBERRY: So sometimes patients would—?

WIDMANN: Yes. I had one experience—and this was in the emergency room.

ROSEBERRY: In medical school?

WIDMANN: In medical school. We were in the emergency room. Actually I guess it was when I was an intern but I interned at the same place that I had gone to medical school. And so we wore—interns wore uniforms. The men wore white pants, and the women wore white skirts, and you wore whatever you wanted to wear on top. One fine evening I was wearing a very pretty flowered blouse. It really was, it was very nice; it was one of my favorites. And we had a rather elderly patient, a man, who came in, and I was dealing with him, along with one of my fellow interns, who was a man. And at some point, I guess I had left the room or something, but at any rate, the patient said something to my fellow intern about, "Oh, yes the woman doctor with the pretty waist." Well, my fellow intern was aghast that the patient was commenting about my figure! It was a pretty good figure. But I told him, "No, no, no, no, you don't understand, this gentleman is using a usage—a linguistic usage, that is quite old fashioned, and he was referring to a shirtwaist." A shirtwaist was the old-fashioned term for a tailored blouse. And it was often referred to in the old, old days instead of saying a shirtwaist, you would just say a waist. And I was wearing a pretty shirtwaist. But that was one of the most sort of conspicuous examples of a patient commenting, or obviously being aware that I was a woman and not a man.

ROSEBERRY: So it does sometimes make for some interesting communication, it sounds like.

WIDMANN: Yes.

ROSEBERRY: So did you continue on at Western Reserve?

WIDMANN: No, we did our internship—both my husband and I did our internship in Cleveland, but then he was planning to go into psychiatry and I into pathology, so we were looking for a place—medical center—that had good programs in both psychiatry and pathology. We also knew that we wanted to start a family. And so the two medical centers that we were most interested in for residencies were Yale, in New Haven, and [University of North Carolina at] Chapel Hill. We decided that it would be much easier to start a family and have household help in Chapel Hill than in New Haven. So that was how we decided to come to Chapel Hill.

ROSEBERRY: Why so? Why was it easier in Chapel Hill?

WIDMANN: Because this was in 1961, and in 1961 there was still very much an expectation that upper middle-class families in the South would have household help, whereas in the north—northeast, household help was not that easy to come by.

ROSEBERRY: Now, I know that you had mentioned that at Western Reserve there was maybe a more progressive way of looking at the curriculum, and I also know that maybe around the 1960s Duke began to experiment with its new curriculum as well. Was that something that was interesting to you?

WIDMANN: No, I was not particularly aware of Duke's existence. (*laughter)* Both Duke and UNC—well, UNC was not a new medical school; UNC had been a medical school for decades, but only built the hospital in 1953 so that when we came in 1961, it was still relatively new as a four-year medical school and offering residencies. We were interested in the University of North Carolina and not at all interested in Duke because—I mean, we didn't investigate at all, so I can't say from personal experience, but it very

much had the reputation of being a research university. And at that time neither one of us was particularly interested in making a career in research.

ROSEBERRY: So how did you end up at Duke?

WIDMANN: Well, yes. It turns out that UNC (*laughs*) was a little bit more old-line Southern than you might have expected. I was not discriminated against as a woman, but I wasn't paid very well. I more or less found out afterwards the degree to which my salary was a lot less than men, comparable men. Also I don't recall exactly—oh, well, yeah. At that time, the clinical pathology area—pathology is traditionally divided into anatomic pathology, which is working with tissues, and clinical pathology, which is working in laboratories. And at UNC—at that time, the laboratories were not at all well-organized. They were under a number of different departments—the Microbiology Department would have the microbiology lab and the Department of Internal Medicine had the hematology lab and the Pathology Department had the blood bank and the coagulation laboratories. I mean, that was—the UNC Pathology Department's big area, coagulation. But it was just somewhat administratively chaotic, I was offered a position at Duke, but the laboratory I would be involved with was at the Veteran's [VA] Hospital. And the Veteran's Hospital had a cohesive centralized laboratory. I thought this would be a more desirable place to be. And so I picked myself up and went down the road to Duke, and I found out afterwards that the person who was hired in my place, who was somebody whom I had trained, was paid half again what I was paid. Admittedly, he did have a PhD as well as an MD, but that did not affect his leadership in the blood bank. And I debated—I really gave some very serious thought to bringing action against the Pathology Department at UNC for gender discrimination. And I'm pretty sure that I

could have got a fairly sizeable settlement in terms of discrimination, that I was clearly discriminated against on the basis of sex. But (*laughs*) I decided that it really—all it would do would be to give me a very doubtful reputation, and it wouldn't make a dent on the chairman of the department. He would not—I mean, it wouldn't really register on him that he *had* discriminated. He was just sort of acting the way he would have always have acted. So I thought, There's not much point of making an issue of it, so I didn't. Things worked quite well, being at Duke.

ROSEBERRY: So you found the pay scale to be a little bit more equal there at Duke?

WIDMANN: Yes. Well, of course, you don't go around and ask all of your colleagues, Well, now, what are you making? (*Roseberry laughs*) But I had the impression that it was probably more equitable.

ROSEBERRY: So what year did you come to Duke?

WIDMANN: Seventy-one. January of 1971.

ROSEBERRY: And you were working in the blood bank specifically?

WIDMANN: Well, I was at the VA where the laboratories were; it was a central laboratory. So my responsibility was called the blood bank and the hematology lab. (*pause in recording*)

WIDMANN: —had the responsibility for the blood bank and the hematology lab.

ROSEBERRY: So you were in charge of both of those at Duke?

WIDMANN: Yes. No, not at Duke, at the VA.

ROSEBERRY: At the VA?

WIDMANN: The Veteran's Hospital, of course, is a federal installation, and the employees at the VA Hospital are federal employees. But the faculty—the professional

direction at that time—some of the physicians at the VA were paid by the federal government, but the Radiology Department and the Pathology Department had a contract. The VA had a contract with those two departments so that the Radiology faculty and the Pathology faculty were paid by Duke. We were not federal employees; we were paid by Duke and were on contract for services to the VA. My service responsibilities were at the VA, but my academic appointment was at Duke, of course, and my paycheck came from Duke. So that remained in place for a long, long time. I never was a federal employee. I don't know what the setup is now, but the VA was trying to get rid of this contract arrangement. I'm not sure what had gone into the establishment of the contract or (*laughing*) what went into their wanting to get rid of it, but at any rate, I found it very satisfactory. I was Duke faculty, but preferred to have my service responsibilities at the VA rather than at Duke Hospital.

ROSEBERRY: Why is that?

WIDMANN: Because Duke Hospital didn't have a coordinated laboratory setup; the VA did.

ROSEBERRY: None whatsoever?

WIDMANN: Well, no. They were extremely fragmented. Duke Hospital was even more fragmented than UNC when it came to laboratory administration. And there was a lot of sort of—not really controversy but a rather strenuous path to what became a centralized laboratory department. There was a lot of interdepartmental jockeying for position.

ROSEBERRY: So when you say centralized laboratory, you mean specifically a blood bank or individual labs?

WIDMANN: No. All of the laboratories being under one direction: hematology, microbiology, tissue pathology and so forth.

ROSEBERRY: And that was not the case at Duke; they were individual—?

WIDMANN: Yes, individual fiefdoms.

ROSEBERRY: Okay, but at the VA—

WIDMANN: At the VA it was a single centralized laboratory, both administratively and physically. I mean, there was a laboratory floor, whereas there wasn't then and there still isn't at Duke, one place that you can go and know that that's where all of your laboratory (*laughs*) people are going to be. Although I think now—I think that most of the laboratories are physically completely separate from the hospital, that it's a completely extramural activity.

ROSEBERRY: So did you report to one central person at the VA who was in charge of the labs?

WIDMANN: Yes. The director of the laboratories was in charge of all the laboratories and of course was Duke faculty. So I was responsible to the director of the laboratories.

ROSEBERRY: So that person was in charge of those who were contract—?

WIDMANN: Well, everybody was contract at the VA. All of the pathology faculty was on contract—the chief of the department and all of the division chiefs were all contract.

ROSEBERRY: Were there other departments? You mentioned Radiology.

WIDMANN: Radiology had a contract. The other departments, as I understand it, were—the physicians were federal employees, but all had academic appointments at Duke, and presumably their salaries were augmented by Duke for their teaching responsibilities. I don't know that, but I assume that was the case.

ROSEBERRY: So were you teaching at all?

WIDMANN: Yes. As a Duke faculty member, I had teaching responsibilities at the medical school. So during the time that the medical students were engaged in the pathology curriculum, I would trundle over to the medical school four times a week for lectures and laboratories. That was the formal teaching of the undergraduate medical students. And then of course you're all the time teaching residents. The residents—the pathology residents—would come over to the VA for their blood bank rotation and would also—not so much for the other laboratory rotations, but for quite a while the VA laboratory was sort of the primary place that they had their blood bank training.

ROSEBERRY: So were you doing things—you were primarily doing the blood bank but also doing other pathology work?

WIDMANN: Yes.

ROSEBERRY: Tell me what running a blood bank entails.

WIDMANN: The major thing that the physician who is running a blood bank does is to make sure that the people, the technical people at the bench—the hands-on people—are performing the procedures in the standardized fashion. That's what the *Technical Manual* and the *Standards* are all about. And then as problems come up, and they always do—problems with individual patients, problems with whether a test is functioning the way you expect it to, whether there are some peculiarities that can't be explained, but mostly problems having to do with individual patients you have to be sure that their test results are accurate and appropriate, and that the transfusions that you are planning to give them are going to provide the maximum benefit and the minimum risk. So that it is a clinical

activity. You are dealing with individual patients and the problems of individual patients, but you aren't (*laughing*) dealing with the patients themselves.

ROSEBERRY: So you would be working maybe with another department or service, but just ensuring that—?

WIDMANN: Yes, I mean, I would be the one who would discuss with the surgeons or the internists—obviously, we didn't have (*laughs*) obstetricians—about, yes, you want to give this kind of transfusion to your patient, but here's some problems that we've run into and let's see how best we can resolve this.

ROSEBERRY: And you had a store of blood as well.

WIDMANN: Yes.

ROSEBERRY: And so that was—is that kind of like—I'm picturing the Red Cross. Is there donation involved in that, or—?

WIDMANN: Well, we did not draw our own blood. We got most of our blood—almost all of our blood, from the Red Cross, some from other institutions, but mostly from the Red Cross. So we would have a bank of refrigerators with stored blood in them, and then we'd have a bank of freezers with frozen products, and we would replenish our supply from the Red Cross. I mean, we would order up and hope that they had the blood to deliver.

ROSEBERRY: So you mentioned that there might be some difficulties with a certain patient. Can you give me an example of something like that?

WIDMANN: Well, yes. Only I may have to give you a mini-lesson in immunology. But you're familiar with ABO blood groups?

ROSEBERRY: Yes.

WIDMANN: What blood group are you?

ROSEBERRY: I'm not sure that I remember. I have it written down. (*laughs*)

WIDMANN: Well, I am group A, and group A is quite common, 40 percent of the white population is group A. But the thing about group A is that my red cells have a molecule on them that we call "A", and that's why I'm group A. But everybody who is group A has, in their blood, what's called an antibody, which is a protein that attacks something else. So somebody who's group A has antibodies that attack blood that is group B, and somebody who is group B has antibodies that attack group A. So if I am group A and I get a transfusion of blood from somebody who is group B, my antibodies are going to attack those group B cells, and I'm going to get into bad trouble; I'm going to have transfusion reaction. Well, that is not a problem except if something goes horribly wrong, because you never give group B blood to a group A person, so that is really a nonproblem. However, there are other kinds of antibodies that you can't look at somebody and say, Oh, yes, I see what blood group you are, therefore, you have antibodies against something else. That is not something you can predict. But some people do have antibodies, unpredictable antibodies that you don't know are going to be there. So you have to look at every single sample of blood—every single patient—to see whether they've got these antibodies; whether, all unbeknownst to everybody, they have something in their blood that will attack somebody else's red cells. So you do tests to see if there is an antibody, and then you have to do tests to make sure that the transfusion that you want to give doesn't have the kind of blood that's going to be destroyed if you give it to the patient with the antibody. So you spend a lot of time looking for antibodies. Then if you find that somebody has an antibody, then you have to figure out what antibody it is

and whose blood you can give them that isn't going to be destroyed. And that is not always straightforward; it can be quite complicated, because people can have more than one antibody. And you have to figure out, What antibodies do they have? They have anti-D, they have anti-K, and they have anti-P. So then you have to find blood that doesn't have D, doesn't have K, and doesn't have P. And that can be difficult. So that's the kind of problems that one is often dealing with. Other problems: you're dealing with a patient who's bleeding and bleeding and bleeding, and can we give something that will help them to stop bleeding? Why are they bleeding and what kind of transfusion product do we have that can stop the bleeding? That's a very common problem.

ROSEBERRY: Have those problems, issues changed?

WIDMANN: No. No, they really haven't. You're still dealing with antibodies, and you're still dealing with bleeding problems. You do have—some of the testing is automated that didn't used to be automated. And you do have somewhat more in the way of pharmaceutical agents—drugs—that are useful for bleeding problems, but they don't completely cure the bleeding problems, and sometimes, in fact, they create other problems. So that basically, blood banks are still dealing with red cell antibody problems, with problems of bleeding patients, problems with antibodies against the products that you use to correct the bleeding. So it hasn't changed all that much.

ROSEBERRY: Has the technology changed?

WIDMANN: Oh, yes. I mean, there are now many instruments in the laboratory that replace people sitting there looking at test tubes against a bright light. And this is quite worthwhile because there is more standardization, better computerization of records and so forth. The use of bar codes for patient identification rather than having a bracelet with

just your name which might or might not be spelled correctly and somebody might or might not read it correctly—the technology for identification is much better than it used to be.

ROSEBERRY: Well, how was the—I know the VA obviously is veterans. Is the patient population may be a little different than it was at Duke or—?

WIDMANN: Yes, that is very true. The patient population is heavily weighted toward men, not exclusively. I mean, even when I was there, and now much more so, there are women veterans. And just as I was leaving—I retired in 1998—I don't remember the exact dates but in the nineties, the VA set up a women's clinic and had a division that was devoted to women veterans. Did not have an obstetrics department. I mean, it's all very well to take care of women, and you can certainly take care of gynecologic problems in a general hospital, but (*laughing*) you're not going to put into place an obstetric unit at a VA Hospital. You contract them out to another hospital, in this case Duke Hospital.

ROSEBERRY: Now, were you working with the Duke Pathology department at all?

WIDMANN: Well, yes, mostly with the residents and of course at conferences and everything and teaching, I would be working with the pathologists at Duke Hospital. But in terms of day-to-day activities, the laboratory at the VA was then pretty much separate from the laboratory at Duke Hospital. I believe that has changed also, but I'm not really au courant with that.

ROSEBERRY: How many people were at the blood bank at the VA?

WIDMANN: Oh, mercy. The day shift—there would be about five or six people on the day shift and fewer at night.

ROSEBERRY: So was there a blood bank at Duke, a separate blood bank?

WIDMANN: Oh, yes; oh, yes, very much so, which for a long time was under the Department of Surgery, and it became part of the Department of Pathology, I don't know when that was, early seventies, late seventies? The blood bank at Duke Hospital is a Pathology Department laboratory but hadn't been originally when I was first was at Duke, there was a lot more problems about who was running what and who was responsible for aspects of transfusion. Now there's no problem at all, but there was then.

ROSEBERRY: So were you under kind of the same guidelines or you were reporting to the central—?

WIDMANN: I was reporting to the chief of the laboratory at the VA and really had very little direct interaction with the chairman of the Pathology Department at Duke. He paid my salary, but—and in terms of teaching—the teaching activities at the medical school, I was responsible to the chairman of the department. But in my day-to-day activities I had very little contact with the chairman.

ROSEBERRY: So who was the head of these labs at the VA?

WIDMANN: Oh, well, when I first went over there, there was a pathologist named Wendell Musser, and he left almost—he and I practically didn't overlap; I came and he left, but pretty much at the same time. So then the chief of the laboratories was Bruce Schlein and he—I forget where he went. Then for many, many years, the chief of the laboratory was Phil Pratt, who was a pulmonary pathologist. And when he stepped down, John Shelburne became the chief of pathology at the VA and subsequently—John is still there at the VA, but he's now the chief of staff for the whole hospital. So I had I guess four or five different chiefs.

ROSEBERRY: Did you ever feel that there was some kind—a difference maybe between Duke and the VA from Duke, that there was kind of a—did it feel like—?

WIDMANN: Well, yes. I was very happy to be at the VA, because it was a smaller professional group, and it was my distinct impression that everybody got along much better at the VA, that there was a lot more politics going on at Duke than there was at the VA. However, I am not at all political. I have always tried to stay out of professional politics. So it's certainly possible there was politics going on at the VA that I didn't know about (*laughter*), but it was my distinct impression there was a lot more politics across the street at Duke.

ROSEBERRY: Did you feel like Duke maybe looked at VA a little—?

WIDMANN: Well, I don't know. Traditionally, at many universities, the VA hospital would be an affiliated hospital and was definitely considered to be the poor relation in terms of intellectual activity, but I don't think that was the case. The association between Duke Hospital and the VA Hospital was much closer both intellectually and physically; I mean we were just right across the street, whereas in many universities, the VA Hospital would be all the way across town, and so that there would be much less in the way of day-to-day interaction.

ROSEBERRY: I lost my question, I'm sorry. (*laughter*) Well, did your husband remain at UNC?

WIDMANN: Well, no. We came to Chapel Hill in 1961, and I was going to do a pathology residency, and he was going to do a psychiatry residency. In the early sixties, physicians, men physicians, were subject to a physician draft. They were subject to be drafted into the armed services. If you didn't want to be drafted, you could make an

arrangement that at the end of your professional training, when you finished your residency, you would go into the armed services for two years. This was called the Berry Plan. You committed to entering the armed services for two years after completing your residency. This allowed you to complete your residency uninterrupted. It also meant that you were going to go—you knew what you were going to do at the end of your residency. Well, the psychiatry residency was a three-year residency, and the pathology residency was four years. So at the end of three years, my husband went into the navy. And the navy, in its wisdom, assigned him to a Cherry Point marine hospital on the Atlantic coast of North Carolina, which is not a very cosmopolitan location, not any opportunity for completing my residency. So he went to the navy and said, "Look, this is a terrible family hardship because my wife needs to finish her residency and you need to assign me to a naval base that is in proximity to a residency." So they did. We spent two years in Portsmouth, Virginia. Portsmouth and Norfolk are a huge navy installation. So there was lots of navy medicine going on and also there were several civilian hospitals. I completed my residency at one of the hospitals in Norfolk, and he did his two years in the navy and then we came back to Chapel Hill, I was named the director of the blood bank at UNC Hospital. My husband was only briefly on the faculty at UNC when he came back, and then he went into private practice. So from 1966 to 1970, I ran the blood bank at UNC Hospital, and he was in private practice, and then I went over to Duke.

ROSEBERRY: And he remained in private practice?

WIDMANN: Well, yes, he did. But we didn't remain married. After a while he left the area and moved back—actually back to Ohio, but that was several years later.

ROSEBERRY: You had mentioned that you were—one of the reasons that you moved to the area was because household help was—were you able to take advantage of that?

WIDMANN: Oh, yes. That was a very good decision, very good. The residency here starts July First, and I was pregnant when I began my residency, and the baby was due in mid-January. So we interviewed several people to be household help. And so we hired a lady whose name was Millie; she came to work for me on a Monday, and that Friday I had my baby. So I had two-and-a-half years of being a full-time resident, and Millie came five days a week and took care of first my one daughter and then my second daughter, Millie took care of both daughters and the house. When we left and went up to Virginia, (*laughs*) one of the other psychiatry officers, his wife found a maid for us. We got up there to Virginia and Zenobia walked in; I interviewed her and hired her, and we had Zenobia for two years in Virginia. When we came back here, it took a little while to find somebody, but I ended up with a wonderful, wonderful woman who was with me from the time that we came back to Chapel Hill until my children finished high school. And at that point I really didn't need anybody full time, or even half time—she went half time when the children were in high school and then came once a week after that. So I have been very fortunate in the people I've had to help me.

ROSEBERRY: And you mentioned also that you were able to kind of regulate your schedule.

WIDMANN: Yes. Yes. One of the things that I did feel was different for me than for my fellow residents and to some extent faculty members, as well was that when I finished my residency, I knew that I had to go home. I had to be at home at five o'clock so that my maid could leave. As a result, I got everything done before five o'clock, and then I

left. I never felt the need to stay at all hours so as to show how hard I was working. At an academic medical center, residents often pride themselves as: I am here at 5:30, I am here at 8:30, I am here at 10:30! Never felt the need for that. And I was just a lot more efficient than a lot of people. Of course you never know what would have happened, but I think that the fact that I—I mean, I performed very well as a resident; I was an excellent resident. I did everything I was supposed to do, and I did it well, but I didn't hang around. I left. And my feeling is that quite possibly if it had been obvious that I sort of had (*laughs*) more time to devote to the Pathology Department, that I would have become more involved in somebody's else's research. And I think that the reason I didn't end up in research really was a matter of sort of—I mean, goodness knows there was plenty of research going on, but I didn't put myself in the way of doing it or being asked to do it. And so as a result, I didn't have the research connections or the research outlook that I might well have had if I had been around at all hours. And who knows? But I did choose the way of life that I did choose, and it worked well for me.

ROSEBERRY: Well, I understand that residency is a very intense time. I'm sure that must have been difficult with maintaining a schedule and also knowing that you're going to have a child and trying to be that efficient.

WIDMANN: It took considerable (*laughs*) organizational skills.

ROSEBERRY: Do you feel like you had to work a little bit harder?

WIDMANN: Oh, yes. I think so. Well, not necessarily harder but smarter. You had to know what you wanted to do and see to it that you were able to get it done and not say, Well, if I don't finish it now I can do it later, that kind of thing.

ROSEBERRY: So I understand that, or I've heard that there was maybe black blood and white blood were separated out at one point in time?

WIDMANN: Not when I was in blood banking. That was earlier, much earlier.

ROSEBERRY: What time period would that have been, do you know?

WIDMANN: That would have been in the forties and fifties, early fifties. There was never, when I was in blood banking—well, I started my residency in 1961. But I didn't get into the blood bank until 1963, and at that time, it was never mentioned. It was never mentioned, so I don't know what it would have been like before. I do—I have read the same sort of history books that you have, and I know that at one time there was concern that in the South there would be problems with the racial origin of the blood, but I don't - really know when that was a problem and when it stopped being a problem.

ROSEBERRY: I know that there were rumors of the doctor, Dr. Charles Drew, who had some influence on blood transfusions—he was an African-American and there were rumors that he had some problems at Duke, which those rumors, I think, turned out to be unfounded. I don't know if that lingered or—?

WIDMANN: No, I don't know anything about that. (*laughs*)

ROSEBERRY: Okay. Well, can you tell me just kind of as a summary what you feel your contributions were?

WIDMANN: Well, I think that my major contributions were in, as I say, bringing together a lot of highly technical and highly dispersed information and putting it in an accessible and organized fashion, both in the publications for the AABB in which I was quite active—I was very active in the American Association of Blood Banks—and then in these other books, especially *Clinical Interpretation of Laboratory Tests*. I had a

funny thing happen. When I came over to Duke, the chairman of the department was Thomas Kinney, who was sort of an old-line pathologist. In fact, he had taught pathology at Western Reserve when I was there, so we were familiar with one another. He made it clear that this book I was writing, the *Clinical Interpretation of Laboratory Tests*, was *not* an academically worthwhile activity. He was, "All right, if you want to do it, you do it, but don't look for academic credit." "All right. All right." Well, some years later, Dr. Kinney suffered from cancer of the prostate, and in fact he died of cancer of the prostate. But while he was having these problems (I think he had retired from the chairmanship; I think Bob Jennings was chairman), while he was going through the middle of this ultimately fatal course, he said to me, "You know, I found your book very useful. I am able to find out what all these tests that they're doing on me mean. And I thought that was very interesting."

ROSEBERRY: So finally—

WIDMANN: Yes. So there is something to be said for being the guy who explains the high-powered research to the people who aren't doing the high-powered research. And that's what I've continued to do. Since retiring, I have taught a number of courses at what used to be called the Duke Institute for Learning in Retirement, DILR. It is now called the Osher Lifelong Learning Institute, OLLI. But essentially it is continuing education for older people, and so I have taught a number of courses related to pathology and immunology and blood, transfusion and so forth. This is sort of pathology for the educated layman. I enjoy doing this and people who take the course have told me that they enjoy it. So this is what I do; I explain things.

ROSEBERRY: And in your teaching, I'm sure that those same skills were—?

WIDMANN: I would like to think so. (*laughs*)

ROSEBERRY: So were you familiar with Dr. Jane Elchlepp when you—?

WIDMANN: I never really worked with her. She was very much involved with planning for Duke [Hospital] North, for the hospital, and so she really was not performing any functions in the Pathology Department that I came in contact with her.

ROSEBERRY: Was she still part of the Pathology Department or she, by this time, had a new appointment?

WIDMANN: Well, I think she still maintained her pathology appointment, but she really didn't—pretty much all her efforts were elsewhere.

ROSEBERRY: Were there other woman in the department or maybe in the VA that should be mentioned?

WIDMANN: Well, the other—there was a lady names Martha Vasquez who had been in tissue pathology—anatomic pathology—rather than clinical. I never overlapped with her. She had left before I came. But actually, her children went to the same school that my children went to, so I did have a little bit of contact with her as a Durham Academy parent, but I never really worked with her.

ROSEBERRY: Do you know what maybe her contributions were?

WIDMANN: She was not an academician at all. I mean, I think she really was interested in examining surgical specimens and rendering the report and teaching residents about this. I never really heard her referred to in terms of the university.

ROSEBERRY: Do you know who maybe the first woman in the department was? I can go back and find that if not, but I don't know if you—?

WIDMANN: No, I do not know. When I joined the department, which was in 1971, which is not that long ago, Tom Kinney would send out—every year when the time for the faculty picture came along—would send out a memorandum saying, We're going to have the faculty picture at such-and-such a time, wear a coat and tie.

ROSEBERRY: Still that assumption?

WIDMANN: Yes. And even later than that—I do not remember what year it was, but this was when Bob Jennings was the chairman, so that was not all that long ago, in his introductory lecture to the first-year medical students, their first-year pathology course, he said—he was talking about the department: "In the department we have so and so many faculty members and *every man is an expert in his field*." He said that, I heard him. He only said it once, because I mentioned this to him afterwards, and the next year he didn't say that. But that—that happened.

ROSEBERRY: What did you say to him?

WIDMANN: I said I thought it was inappropriate to say that every man was an expert in his field, and he sort of looked a little embarrassed.

ROSEBERRY: So there were maybe at that time only a few other women, probably?

WIDMANN: Yeah. I don't remember who else—I think there were one or two other women on the faculty. I mean, there were woman residents, but I think—I don't recall how many other women residents—women faculty there were.

ROSEBERRY: Do you know others in the medical center who might be interesting to mention or—?

WIDMANN: No. I—because I spent most of my time—my nonteaching time—at the VA, I never really got to know very many people at Duke Hospital.

ROSEBERRY: You mentioned a few examples, but were you ever treated any differently because you were a female?

WIDMANN: I don't think so, no, not in any substantive way. I was able to laugh at something like that. I suppose—as I say, I'm not a very political person, and I am not one to man the barricades or anything like that or even *woman* the barricades. (*laughter*)

ROSEBERRY: Well, are there any questions that I have not asked you today that I probably should have asked you, or anything we didn't cover today?

WIDMANN: No, I think you've done a very good job of covering a wide range of potential issues.

ROSEBERRY: Okay. Is there anything you'd like to close us with or—?

WIDMANN: I don't think so. I mean, I don't have any message for posterity. Well, I do have a message for posterity. As the number of woman in medicine increased, it was my hope that, women generally being—having more common sense than men and definitely having more nonprofessional responsibilities, it was my hope that with more and more women in medicine, that there would be less and less of this feeling that you have to be practicing your profession 24-7, you have to be conspicuously in your office after hours, that you have to at least present the appearance of medicine first, foremost, and always; I hoped that there would be a more balanced approach and more recognition that it is important to have nonprofessional interests and activities. But this has not really proven to be the case. It's not that men are adopting the woman's mindset so much as the women are adopting the men's mindset, or at least this has been my observation through the 1990s. I'm not really involved since then, but the kindler, gentler medical lifestyle doesn't seem to be taking place.

ROSEBERRY: Well, it sounds like you were maybe able to strike that balance?

WIDMANN: Well, I did, but I was sort of swimming against the current. My fellow residents and young faculty members, when I was a young faculty member, were much more aggressive about sort of devoting all their time to medicine rather than having a more balanced outlook on life. I—for quite a while, I was on the Admissions Committee for the medical school, and I was always in favor of people—applicants who had not necessarily taken a premed course. I didn't major in any of the sciences; I majored in history in college, and I was always looking for applicants who had a wide range of interests. And this has changed somewhat; the solid premed who never did anything else but laboratory courses sort of did fall out of favor; this is no longer what's being looked for. But once they get into medical school, they sort of put their nose to the grindstone, and there they are, men and women both.

ROSEBERRY: Well, thank you so much, Dr. Widmann. It's been a pleasure talking with you.

WIDMANN: Okay, well, it's been very interesting talking to you.

(*end of interview*)