

INTERVIEWEE: William G. Anlyan  
INTERVIEWER: Jessica Roseberry  
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PLACE: Dr. Anlyan's Office

#### ANLYAN INTERVIEW

JESSICA ROSEBERRY: This is Jessica Roseberry, and I'm here with Dr. William Anlyan. He's Chancellor Emeritus and Professor of Surgery. And today is June 20, 2007, and we're here in his office. And I want to thank you so much, Dr. Anlyan, for agreeing to be interviewed today.

WILLIAM ANLYAN: Well, I appreciate it very much, and I've been pondering about your questions. Let's begin with Susan Dees. I just said that she was quite a role model for a lot of people. Becky [Rebecca] Buckley would be one person who succeeded her and trained under her. Sam Katz could give you another slant on her; Mary Semans and her late husband, Jim, were very close to Susan and John Dees, going way back. In fact, they were responsible for Mary meeting Jim. I would like to shift over to Jane Elchlepp. Jane Elchlepp was probably the most brilliant person I ever worked with. She had many, many different professional facets. I first met her about 1952 or 1953, when she was a fellow in the Pathology Department under Dr. Wiley Forbus. She was on some sort of federal grant in the Public Health Service, assigned to Duke in the Cancer Control section. I really didn't have much to do with her, but as she climbed the Pathology ladder, and Dr. Tom Kinney succeeded Dr. Wiley Forbus, then he recognized her multiple talents and made better and better use of her—other than just having her looking through a microscope or doing autopsies. When I was chancellor of the Medical Center,

I was aware that Dr. Kinney had had an extensive out-of-town schedule. I was always amazed when he'd have a scheduled meeting with me the next morning, and present detailed plans that were on the professional side, for some of the renovations that he wanted to make in the Pathology Department. Then I discovered that Jane, who always accompanied Dr. Kinney to these conferences, and who always kept quiet, was the backbone of the planning effort in Pathology. This was at a time when I wasn't really happy with the physical planning for the Medical Center. Lou Swanson was very good and very industrious—up to a point. But if I got down to where I'd say, "Lou, we have two alternatives, which would you recommend?" he couldn't come to a decision. I wanted somebody who could do that, and particularly in working not only with physical planning, but with engineers and computerniks, in terms of integrating the components of any new construction. And Jane had expertise in all of those. She was respected by the computerniks; she was respected by the engineers and architects. I think there was some question as to how well she got along with the men reporting to her. Let me say I never heard anything except profound admiration from very macho people—you know, as some of the engineers tended to be, before women got into engineering. So I asked Tom Kinney's permission to offer Jane a one-third part-time job, and to be responsible for a third of her pay. Well, after about two months, she came in, and looking at me very shyly, said, "You know, I thought a third of my time was a third of eight hours, not twenty-four hours!" (*laughs*) But after that, she never complained.

ROSEBERRY: So this became her job completely?

ANLYAN: She gradually spent full-time doing all that. She, more than anybody else, was responsible for pulling all the pieces together for the building of Duke [Hospital]

North—starting with planning in 1972, putting it in architectural blueprints in '75, and opening the doors in 1980 right on schedule. And of course, that varied from not only the bricks and mortar, but all the engineering components including the transport system. You name it, and Jane was on top of it, and very highly respected by everybody. She was referred to almost universally as Lady Jane. Her only sin was she was a heavy smoker, and I think that's what got her in the end. But she was a remarkable person, and I'm saying *person* and not *woman*, because, you know, she was above all that.

ROSEBERRY: Do you know how she got the skills that she eventually would use in that—?

ANLYAN: Jane had an interesting history. She came from a very poor family in St. Louis, and at that time thought there was no future except to become a schoolteacher, which she did. One of our subsequent woman professors of biology discovered her and said, "Hey, you're too smart to do that, to stay in that slot," and sent her to night classes in Chicago, where she caught the eye of whoever was in charge of admissions at the University of Chicago. They admitted her to medical school, and somewhere along the line she also got a PhD. She was recognized as someone who's bright as can be, highly motivated and well-educated. But she did things on her own. One day she came by my office and said, "Would you mind if I leave early this evening?" And by early, we're talking about six p.m. instead of going into the night. I said, "No, that's fine. Your time is your own. By the way, what are you up to?" She was not the socialite, so that was not an issue. She said, "I'm taking a course at Durham Tech [Durham Technical Community College] in bricklaying." I said, "Why do you have to take a course in bricklaying? You get two bricks, and you put one on top of the other, and go from there." And she just

about threw a brick at me! (*laughs*) But she didn't mind being very straightforward with you. One day she came to see me and said, "You know, I've been looking into your filing system, and there's one big problem." I said, "What is it?" She said, "It's you. I mean, you don't indicate to the secretarial staff whether to throw stuff away, file it for three months, six months, or a year, so the whole system just bulges." And she was correct. Since then I've always put hold for one month, or indicate a time, on the various papers. Whether the secretarial staff does that now or not, I don't know.

ROSEBERRY: It sounds like she was able to see a bigger picture?

ANLYAN: Oh, yes! And she worked very well with other people. I didn't have to attend a lot of the meetings, because she held court on her own. She was a terrific person. I haven't met anybody like her since. I think I've told you what I wanted to say about Jane.

ROSEBERRY: What—if you were to kind of summarize what her impact would have been?

ANLYAN: Well, she was a real leader in the evolution of all that you see over here, except for the buildings that were developed after I was no longer chancellor. She was in on all the planning with the academic staff, the engineers and architects. She also did not go for fancy stuff; she was very down-to-earth about what you really needed to complete the various functions. I mean, no frills.

ROSEBERRY: So she was planning, and then she was in charge of the crews, as well, that was doing the building?

ANLYAN: She would continue the dialogue with the architects, the engineers and the computer people. But no, it was up to them to—I think she'd go frequently on inspection

tours. I have a picture of her somewhere. It may be in one of the other rooms. Well, I've told you most of what I know.

ROSEBERRY: Thank you.

ANLYAN: Now, you have Mary [Duke Biddle Trent] Semans.

ROSEBERRY: Mm-hm.

ANLYAN: A lot of people can tell you about Mary Semans. She's one of my favorite people, and she's like a sister to me. So I don't have to be biased, because she is terrific. And I've known her since '49, when I first came to Duke. At that time she had just lost her first husband, Joe Trent, after whom the Trent Collection and Trent Street are named. He died in December of '48 of a very malignant cancer. I didn't come on board 'til June of '49, so I never knew Joe except by reputation. Mary was always available to consult on anything. She was intensely interested in the university and especially the medical center. Susan and John Dees introduced her to a fellow urologist, also trained at Hopkins, who was practicing urology in Atlanta, Jim Semans, whom she married. She had had four children with Joe Trent, all girls, and she had three children with Jim. Mary is remarkable in terms of being a mother, being a matriarch, and doing all the things that she does. We just celebrated her fiftieth anniversary as a trustee of The Duke Endowment. She's always on top of what's important. I'm sure that she was responsible in 1990 for persuading people to make me a trustee of The Duke Endowment. We've worked very, very closely on issues that we consider important. She's a terrific lady!

ROSEBERRY: What impact has she had on the medical center, or on Duke at large?

ANLYAN: She has made an impact any time there have been matters of particular interest. First of all, the total welfare of the medical center and university is in her heart.

She's had a special place for the history of medicine, for the Trent Collection and for a variety of facets of the components of the medical center. There's hardly any nook or cranny that she's not interested in, particularly if there's a problem. And, you know, she and I work very closely together, particularly since I was no longer chancellor and was appointed as a trustee of The Endowment. She keeps up with what's going on, but she's always got a very light touch. She knows that you can't be intruding in everything, and is very selective about what she speaks to. In the course of her career, at one point she was vice chair of the City Council in Durham, and for a while was mayor pro tem. So she's been involved in the community very much, as well. She's been very concerned particularly about the African-American population of Durham and their welfare. But she's a subject unto herself. You ought to get multiple views on her, and maybe interview her yourself. When you do, give her all your time. Well, you can ask her about Susan Dees as well as anybody else. Do you want to move on to Ruby?

ROSEBERRY: Sure, if there's—

ANLYAN: Unless you have questions about Mary Semans?

ROSEBERRY: Well, I mean, you mentioned that she had been interested in medical history, and that she was able to kind of look at some problems, and kind of deftly move through those. And I wonder if there are any other specific examples of her working within the medical center?

ANLYAN: Well, of course, she's been very interested in just about every department and has a grasp of matters such as in Psychiatry, and she's especially been interested in Surgery. Joe Trent was the emerging leader in chest surgery or thoracic surgery. She went with Joe when Dr. Hart sent him to Ann Arbor, Michigan, for a couple of year for

training by the leading chest surgeon of the time. Since Jim Semans was an urologist, she was especially interested in Urology. But I couldn't exclude any component of the medical center. She is interested in all the departments.

ROSEBERRY: So she's been able to support those—

ANLYAN: She has always been supportive of the Duke Endowment giving money in a particular area. For seven years, I was chair of the Health Committee, and she never missed a meeting. She was always very, very supportive of what was going to be good for not only this medical center, but all the applications in North and South Carolina. Children are especially important to her as well.

ROSEBERRY: Thank you.

ANLYAN: Okay.

ROSEBERRY: We're going to talk about Ruby Wilson next.

ANLYAN: Well, I've known Ruby since the late fifties, and I've always called her Ruby Doo-bee. She was a hands-on clinical instructor in surgical nursing. I got to know her on the surgical wards before I became dean and chancellor. And (*laughs*) I don't know how it is now, but in those days the head nurse and the nursing staff of each ward were running the ward. And then you had the Ruby Doo-bees, coming in with the nursing students and supervising the students on the ward. She was a real doer. She would come to my surgical outpatient clinic as well as my inpatient rounds. Ruby would be at many of those conferences, just because she was interested. Then she left the School of Nursing, and I think she joined the Rockefeller Foundation. (You'll have to check on that.) And at some point was overseas quite a bit. She had worked here under Dean Anne

Jacobansky, who made the transition from the old diploma from the nursing school to a Baccalaureate degree.

ROSEBERRY: Was it a two-year program?

ANLYAN: No, a three-year program.

ROSEBERRY: The three-year, I'm sorry. That's right.

ANLYAN: The Bachelor of Science program was four years in length. After Anne retired we had a dean who was very difficult. There was a lot of turmoil, not only in the School of Nursing, but also the nursing service. I will not go into any of the details.

When she left, I was looking for a dean who really knew patient care. It was at that time I tracked down Ruby. She was in Bangkok for the Rockefeller Foundation. I persuaded her to come back and become dean. And I think at that time Ruby had a Master of Science in nursing, which to me was the standard. Our current dean and the staff that she's assembled are academic leaders with doctorates. So Ruby came over and became dean, and she did a very good job. Ruby, like Jane, didn't mind arguing with me.

*(laughs)* We knew each other for so many years that she could tell me what she really thought!

ROSEBERRY: So that turmoil that you were talking about, did that—?

ANLYAN: It evaporated. It was ugly.

ROSEBERRY: So how did the relationship with the medical center and the School of Nursing—I'm sorry, the School of Medicine and the School of Nursing—how did that progress from that, Dr. Wilson's—?

ANLYAN: Well, keep in mind that it wasn't a school of medicine and a school of nursing. Each was a separate entity, but I was the chancellor of the whole medical center,

so the dean of the School of Nursing reported to me. And so I had to balance out what was good for Medicine and what was good for Nursing. Now, there are a lot of places that objected to having one person in charge of the School of Medicine and having the School of Nursing reporting. And when I got that feeling, I appointed somebody else as the director of medical education—to be responsible for the day-to-day affairs of the School of Medicine—and subsequently became the dean of medical education. So, yes, there's a history of evolution there.

ROSEBERRY: Mm-hm.

ANLYAN: Now, did you mention Molly Bernheim in your letter?

ROSEBERRY: I didn't, but I would love to hear about her.

ANLYAN: Well, I really didn't know Molly that well. I would meet Molly and her husband walking to the lunchroom once in a while, and it was always very cordial. But speaking of role models, she certainly was, in Biochemistry. It wasn't just a token thing; she really had the scientific credentials. I was trying to think of those who are still alive and who you can talk with about her. One person may be Bob (Dr. Robert) Hill. Have you talked to Bob at all?

ROSEBERRY: Not about that topic, but—

ANLYAN: Yes, he would be one person. He was her chairman for many years. She was very highly regarded. Since you're interested in women's health and women's issues, one other thing that I would like to mention is when I went to medical school in the forties. There was sort of a joke about there were three sexes: male, female, and female medical students. I must say my classmates who were women (there must have been about eight of them) were all very, very nice people. I've been good friends with

some of them; one of them in particular who married my long-time colleague. She and I went to graduate school in New Haven and medical school. So that was not a problem with me. When I came to Duke, it was just about the same situation. Women medical students were rare, but there were about six or seven per class. There were two major transitions when I was dean: one was bringing in more women, whom I fully supported, and also bringing in the first black students. Duke was not integrated until about 1963, and I was responsible for admitting the first black medical students, whose careers I followed very closely. As the number of women per class increased, they began to assume positions of leadership. (*laughs*) And one of the departments that they changed (and I hold them responsible for all the good changes) was Ob-Gyn. Ob-Gyn was a male chauvinist domain! As I think back of all these male egos taking care of all the women, I recall how the women would raise all the questions that made some of the professors of Ob-Gyn sweat! I sat in on some of those sessions, and they were right!

ROSEBERRY: So the patients were raising the questions?

ANLYAN: No, this was the female medical students.

ROSEBERRY: The medical students were raising the questions.

ANLYAN: As you got more and more women into medical school, they were no longer the shy fifth wheel sitting quietly in the back. They became much more vocal. Many of them ended up going into Ob-Gyn, and I'm very proud to see all the women who are not only into Ob-Gyn, but Surgery as well.

ROSEBERRY: So what time did these things begin to change? I'm sure it was different within different departments, or different—

ANLYAN: In the early sixties.

ROSEBERRY: Early sixties. So that's when the female medical students started coming more and more?

ANLYAN: More. I think it's about fifty-fifty now. Let me say they're very attractive young women.

ROSEBERRY: So what were some of the issues that were maybe being raised in Ob-Gyn, or in other places, maybe like—?

ANLYAN: Well, they'd say, "Why are we doing this this way?" I won't go into all the ramifications in gynecology, but all the way from birth control to cesarean sections, I think the field is in good shape now. And a lot of women prefer a woman obstetrician or gynecologist. It's just like a male patient thinking of a woman physician coming to do a rectal exam. (*laughs*) Early in my deanship I had pneumonia and was hospitalized. The attending physician was a woman, the resident was a woman, the intern was a woman and the medical student was a woman. So I had four rectal exams! (*laughs*) It's just a matter of record.

ROSEBERRY: Well, was there a time when maybe things like the tenure clock, or those kinds of issues, began to be addressed?

ANLYAN: You mean the tenure?

ROSEBERRY: Mm-hm.

ANLYAN: Well, that's an interesting story unto itself. It's a seven-year clock, not a ten-year clock.

ROSEBERRY: I'm sorry, I mean the tenure.

ANLYAN: Oh, tenure? Not ten year?

ROSEBERRY: Yes, sir. I'm sorry. Yes, sir.

ANLYAN: I don't think it's too much of a problem for the basic sciences. Here you have to go through the university so the decision has to be made at about the five and a half year mark in order to complete all the paperwork. I think where it was a problem was with clinical services, where at the five and a half year mark, you were just making a guess. Obviously there are going to be some people on one end of the bell-shaped curve; there's going to be a big chunk of them in the middle, and on the other side there are going to be late-bloomers. I tried to get that changed for the clinical services. In order to change it, I had to go through the Academic Council of the university. It was obviously a threat to the university. I had a bad time with the Academic Council, because it was a threat to the arts and sciences. It's not a threat to the professional schools like Divinity, Law, Business and so on. So I finally got was permission to have each department decide unto itself as to whether it wanted to go to a longer period of time before they got tenure. Last week I happened to be at the Cleveland Clinic. They have a one-year rule. They don't have tenure. Everybody's considered every year. And one of the things that I've proposed for a long time, but not on that particular round, was a five-year roll forward plan where an appointment would be renewed. However, every time we renew it, the individual would know it is for five years, and each year moves up for five years. That way you can get rid of the "dead wood," plan for it, and the individual can plan to do something else.

ROSEBERRY: Does that tenure clock—you know, if a woman wants to take some time off to have a child, take a year—I mean, does that—?

ANLYAN: I don't know how the details work today.

ROSEBERRY: Okay.

ANLYAN: I've been out of administration since 1990. Therefore, I'm on the periphery, and I don't interfere with what's going on inside.

ROSEBERRY: But those issues were being discussed, maybe, during your—?

ANLYAN: Yes, I'm sure it's well worked-out, having a large number of women on the faculty and fifty percent of the medical students. I'm sure it's a balanced opinion. And, you know, nothing's in cement. If it is not right, they'll fix it.

ROSEBERRY: Well, were there women that you can think of who were, kind of, asking these kinds of questions, or who were—?

ANLYAN: I think it was pretty broad. There were one or two women medical students; I still laugh when I think of them confronting the obstetricians. They're now gray-haired alumni! (*laughter*) At least, part of the time they're gray. No, I think it was pretty broad.

ROSEBERRY: Well, are there other women that you can think of that maybe have made a scientific impact, or an impact in another way, clinically?

ANLYAN: Some whom I worked, Dr. Doris Howell, was one in Pediatrics. Has her name popped up?

ROSEBERRY: I've heard that name, mm-hm.

ANLYAN: Her nickname was Ahlee. It was her middle name: A-h-l-e-e. And she developed Pediatric Hematology and Pediatric Oncology here. But Ahlee would grieve with every cancer child she had taken care of who died. She burned out and went to San Diego in some other capacity. She was great in her day. But if I think of anyone else, I will let you know. I was trying to think of other role models over the weekend, but I haven't come up with any. My best thoughts occur about three a.m.! So, if you'll give us your phone number, and I think of anyone, we will call you.

ROSEBERRY: (*laughter*) That's the way it always happens, doesn't it? Well, I mean, I don't know if you're familiar with enough to talk about Rebecca Buckley or Catherine Wilfert?

ANLYAN: Or who?

ROSEBERRY: Catherine Wilfert, maybe?

ANLYAN: Oh, Cathy Wilfert - thank you. I think both of them have not been recognized broadly enough. Becky is just absolutely terrific, but so is Cathy. Becky, I think, deserves many more kudos than some of the male pediatricians of her vintage. She has also trained a lot of the pediatricians in that field. She has also made significant discoveries on her own with the lab. My wife and I are fairly close to Becky and Ed. Unfortunately we can only get to see people sporadically due to the schedule we follow. But Becky and Ed are special people. We're especially fond of their daughter Elizabeth. We used to always look her up in Paris or London, because she was always in one or the other place—a very, very attractive young lady. We went to her wedding; I think it was a couple of summers ago. But Becky Buckley is real special. She's so outstanding in her field. Ed is a very good person and sort of in the middle of the bell-shaped curve of his field. In terms of intellectual leadership in their family, it doesn't bother Ed at all; they've worked it out, I think Sam Katz would probably give you a good rundown on Becky. I supported her application to the Institute of Medicine at the National Academy, and I was chagrined that it took so long to get her in. She did get in; I've seen her at the annual meetings.

Cathy Wilfert is just as dedicated and an outstanding person. She stuck to her guns, her field and the AIDS program. She is a born leader. Both she and Sam are. In fact, in

recognition of her contributions, The Duke Endowment just gave support to a fellowship that is named for Cathy which Sam wanted initiated and he put all of his recent prize earnings towards that fellowship. Of course we were moved by Cathy's deserved recognition with a named fellowship and with what Sam did to support her. They're terrific role models.

There's another person in Pediatrics who either is or will fit that category—Joanna Hertzburg or is it Joanne Kurtzburg?

ROSEBERRY: I don't know.

ANLYAN: She's very creative. (*to assistant*) May I have that PDC [Private Diagnostic Clinic] directory? I think it is Hertzburg. I was in charge when Sam recruited her as somebody with a lot of potential. I supported that, but I think she's really hitting the top. Thank you very much. Here's a potential rising star—Debbie [Debra] Tucci. All right. Who else have you got?

ROSEBERRY: It sounds like Pediatrics might be a fertile field for some of these women, especially, you know, in an earlier time.

ANLYAN: Yes. I think Sam Katz would be a good person for you. Oh, here we are. Kurtzburg.

ROSEBERRY: Kurtzburg, thank you. So that's K-u-r-t-z-b-e-r-g, Joanne Kurtzburg, in Pediatrics. Blood and marrow transplantation.

ANLYAN: Umbilical cord blood transplant. Transplant therapy for inborn errors of metabolism, immune deficiency. She's going to be right up there.

ROSEBERRY: Well, thank you, Dr. Anlyan. I appreciate your looking at that. I want to—do you know very much about Dr. Sara Dent?

ANLYAN: Yes! (*laughter*)

ROSEBERRY: Can you tell me a little bit about her?

ANLYAN: Yes, Sara got recruited as an anesthesiologist. I'm sure we've been in the operating room together on many, many occasions. Historically Anesthesiology was a division within Surgery. There was a bone of contention. In most other places, it was an autonomous department. With Dr. Deryl Hart's arrival here, we followed the Hopkins model where Anesthesia was run by Surgery. One of the people recruited to be chief of the Division of Anesthesiology in the Department of Surgery was [C.] Ronald Stephens who subsequently left because of that factor. I believe he was the one who recruited Sara Dent. Sara was a very nice, very smart and very competent anesthesiologist. I remember her as being grossly overweight, but that's not important. But I think after Ron Stephens left, she may have been made chief of Anesthesiology, again subservient to the Department of Surgery; Dave Sabiston, was chair of Surgery. And there are two fuzzy, vague memories. One was that Sara was very upset about that continuing situation. Because of all of that, Dr. Sabiston and I, with the concurrence of the other chairmen, decided to make Anesthesiology a department. Dr. Sabiston ran into Dr. Merel Harmel in Chicago at the meeting of the College of Surgeons. Dave called me to say that Dr. Harmel might be available. He was chairman of Anesthesiology at a very respectable place, the University of Chicago, and he was willing to move. So I got on a plane and had breakfast with Dr. Harmel and Dr. Sabiston the next morning in Chicago. And there's a side story to that that not many people know, I'll come back to it. Merel was interested, and he came down for a visit with his wife. We recruited him and made Anesthesiology a department. Now, by coincidence, as I was wheeling my wife out the

clinic door yesterday, we ran in to Merel, and he said he just celebrated his ninetieth birthday. So that's that story. And unfortunately I didn't have time to socially interact with him. They come up to the mountains where we are in the summer, and we'll see them up there. The interesting little tidbit about my trip to Chicago was that there were twenty-plus thousand surgeons at the College of Surgeons meeting being held there. And there wasn't a room to be had in any decent hotel in Chicago. So I called the Drake Hotel, which was where I normally stayed, and they said, "Well, because of your old, long-time relationship, we'll let you have the Q.E. II [Queen Elizabeth II] Suite, as long as it's all right with you if we just put a cot – a roll-away cot - in the living room, because we have got to close off all the other rooms". I never saw the other rooms. So I get to this palatial room. They carefully locked all the doors and put a cot in the living room. The next morning I ordered room service breakfast for Dr. Sabiston and Dr. Harmel at eight. But I made sure they'd removed the cot! So when Merel Harmel arrived, this was my living room. I guess he was impressed by the level of (*laughter*) how we did things at Duke!

ROSEBERRY: So what happened to Dr. Dent in that scenario?

ANLYAN: I think she retired somewhere, and in the course of things was a volunteer, in either a fire department or a rescue squad. You need to research it.

ROSEBERRY: Mm-hm.

ANLYAN: I don't remember.

ROSEBERRY: But she was not, obviously, tapped for chair of the new department?

ANLYAN: No. She didn't have the credentials, but then, there weren't too many anesthesiologists who were in that category. The guy I wanted to get to succeed Dr.

Harmel when he retired was Ed Miller, who was one of the senior people at Charlottesville, Virginia. He was recruited as a dean at Johns Hopkins, and has done very well! (*laughter*)

ROSEBERRY: That's the way it goes, isn't it?

ANLYAN: Yes.

ROSEBERRY: (*laughter*) So—

ANLYAN: Ruth Martin was another person who really should be noted at Duke. She was recruited by Dr. Hart to be chief of Anesthesiology before Ron Stephens came. Ruth was married to Sam Martin, who was one of Dr. Stead's henchmen in the Department of Medicine. And in fact, they lived on Pinecrest Road. And then Sam got recruited, I think, to the University of Pennsylvania, and subsequently to Gainesville, Florida. She moved with him to Philadelphia and eventually they split up. Ruth Martin was a very nice person. She knew what was good; she stuck by her guns and was very respected. She moved because the family had to move. So she's another person to note.

ROSEBERRY: Mm-hm. Well, several of the people that we've talked to, it sounds like there have been husband and wife teams. Is that—?

ANLYAN: Yes, but the wife has not been just the passive person. They've been leaders in their own right.

ROSEBERRY: Mm-hm.

ANLYAN: Well, if you think of any other people, let me know.

ROSEBERRY: Well, thank you very much, Dr. Anlyan.

ANLYAN: Not at all!

(*end of interview*)

