

INTERVIEWEE: Edward Halperin
INTERVIEWER: Jessica Roseberry
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PLACE: Medical Center Library, Multimedia Room

HALPERIN INTERVIEW NO. 2

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Edward Halperin. He is the former vice dean of Duke School of Medicine, R. J. Reynolds Professor of Medical Education, professor, department of Radiation Oncology and Pediatrics at Duke School of Medicine. He is now the dean of the school of medicine, Ford Foundation Professor of Medical Education, professor of radiation oncology, pediatrics, and history at the University of Louisville, Kentucky. Today is May 29, 2007. We're here in the [Duke] Medical Center Library, in the multimedia room. I want to thank you very much, Dr. Halperin, for taking time out of your schedule to do an interview today. I appreciate that very much. We're going to be talking about women in the medical center, and I wanted to ask a few questions of Dr. Halperin—and, first of all, note that you have been a historian here. You've looked at the history of Duke, and I just kind of wanted to make that note for the record. Let's go back and look at the beginnings of Duke, and why they were coeducational in the first place. Let's start there—of the medical center.

EDWARD HALPERIN: A good place to start is to remember that Duke Medical School is post-Flexner. The Flexner Report was issued a bit less than twenty years before Duke Medical School opened. Let's consider several questions: did the Flexner Report have any influence, one way or another, on women's medical education? What did [Abraham]

Flexner think about the issue? Was it important that Duke opened a medical school after the Flexner Report?

Flexner was born in Louisville, Kentucky, around the time of the Civil War. His father was a sometimes successful, sometimes unsuccessful shop owner and haberdasher. Flexner had several brothers and sisters. They took turns working their way forward in life. Those who made progress paid for the education of those siblings who followed. At one point Abraham Flexner worked in order to send his brother to school. His brother eventually became a pharmacist and then a physician; another brother became an attorney, another brother became a famous legal publisher. Eventually it was Abraham Flexner's turn. His brothers helped support him, and sent him to Johns Hopkins where he majored in classics and got a bachelor's degree. He came back to Louisville and worked as a public school teacher at Louisville Male High School. Perhaps the most famous graduate of Louisville Male High School was Supreme Court judge Louis Brandeis.

Eventually Abraham Flexner decided to go out on his own. He thought he'd make more money as a private school teacher, and opened up his own prep school. If you were a wealthy family in the late nineteenth century, and you were worried that Junior might not do well and pass his entrance exams to Princeton, you would ship Junior by train to Louisville, Kentucky, to go to Mr. Flexner's prep school, where Flexner believed in individual attention and self-directed learning.

What all of this has to do with our story this morning is that Flexner's prep school was coed. Flexner believed in education for women, and his sisters helped teach in the private school with him. Flexner was always a proponent of coeducation. When the Flexner Report is written, in the early part of the twentieth century, he is favorably inclined

towards coeducation in medical education. He recommends the closure of all three women's medical colleges in his report. But historians who have done careful regression analysis, looking at what predicted for Flexner's recommending closure, do not find that gender is an independent predictor. Quality was an independent predictor, and financial precariousness was an individual predictor. Flexner was favorably inclined towards coeducation in medicine. Duke as a post-Flexnerian Report medical school, arrives in an era where Flexner favors coeducation.

The second crucial factor is that, overwhelmingly, the initial faculty at Duke is from Johns Hopkins. The original money to found Johns Hopkins Medical School came from a collection of women who made a major donation to establish the medical school, with a requirement that the medical school be coed. Johns Hopkins Medical School delayed opening for a period of time, as the Hopkins board wrestled with the issue of coeducation. [Sir William] Osler was involved in this debate, and the first classes at Hopkins had women in the class.

All of the original faculty members at Duke, who come from Hopkins, were accustomed to having women in the class. It is not surprising that Duke, therefore, opened as a coeducational medical school; it was its heritage.

Osler didn't seem to have any strong disinclinations towards women in medical education. Davison, the first dean at Duke, was one of the last of Osler's trainees. Poor Osler did have trouble with Gertrude Stein. He wasn't sure what to make of her. She was one of his medical students at Hopkins, although never finished. She did research for a while, and then drifted off to France with Alice B. Toklas. Gertrude Stein mystified Osler; otherwise, he was okay with women in medicine.

From its first class, Duke had women in medical school. They're all white women, of course, for the first roughly forty years. But there were women from the beginning.

ROSEBERRY: Do we know [Dean Wilburt] Davison's thoughts on the matter?

HALPERIN: I don't. Davison leaves a prolific body of work, and I wouldn't be surprised that someone could go through the archives and find his opinion, but I haven't encountered any specific comment (*vide infra*). What we know is that Davison *is* the admissions committee in the beginning. Davison interviews the candidates and then decides who's getting in and who's not. If you try, at Duke, to understand if there was systematically a prejudicial quota system, or any documented forms of segregation or discrimination, you don't have a paper trail—you don't know what Davison was thinking. I found this to be a problem when I tried to study discrimination based on religion in Duke's admissions. If Davison had something in mind, it was *in* his mind. The only way you can try to reconstruct it, from what I can tell, is going back and looking at the original classes, and counting how many women or Jews or Roman Catholics there were—the latter two cases based on last names—and see if you can reconstruct it.

ROSEBERRY: I know there were some women in some of the early classes, and obviously there was a school of nursing as well and some other places where women could fit in, in dietetics, and nutrition, and things like that. I wonder if we could talk about some of those early women, perhaps Bessie Baker as the dean of the school of nursing?

HALPERIN: Bessie Baker may have the unique distinction of being the first woman—for a prestigious East Coast medical school—the first woman to have a building named after her: the Baker House, named in honor of the first superintendent of nursing. And I would bet that that's the first building named after a woman who didn't donate the building, for

example, in any of the major East Coast medical schools. Baker serves for a long time. She established a hierarchy. If you look at the original photographs of the nurses, you can tell what ranking they were in the pecking order based on the color of their uniforms and the color of their stockings. She was the first superintendent of nursing.

Davison was innovative in that he has his first professional hospital administrators work in an internship-training program for that.

In the South, in the 1930s up through the 1970s, nursing was stratified by race. RNs are white, and LPNs—Licensed Practical Nurses—are African-American. In the original nursing hierarchy at Duke, that distinction existed. That was still partially in place when I came to Duke in 1983. Duke had separate employee cafeterias for the white and black employees into the 1960s. The black nurses ate downstairs in Duke South along with the other black employees. There were separate blood banks, and, of course, separate wards. There was a training school for black nurses at the Lincoln Hospital, and some of the physicians from Lincoln Hospital had relations with the white doctors at Duke for continuing education. But the black nursing training school at Lincoln Hospital was a particular favorite of Dr. Clyde Henry Donnell, who was the second black physician in Durham and a prominent black physician interested in public health. He made donations were to the nursing training program at Lincoln Hospital. Lincoln Hospital was in part sustained by the Duke family. As a general rule in the American South, anything named Lincoln has to do with black institutions: Lincoln Park, Lincoln School, Lincoln Hospital.

In the 1890s the Duke family was going to build a monument here in Durham to those slaves who stood loyally by their mistresses while their husbands were off fighting the Civil War. Aaron McDuffie Moore, who was the first black physician in Durham,

wrote a letter to James B. Duke, which is still sitting in the Duke Archives, which says approximately: "Sir, for the needs of the suffering sick of the city, may I beg a few moments of your time? Name the hour." This was an era when the U.S. Post Office delivered mail twice a day, so the letter was posted one day, and there's a response from James B. Duke the next day (much better than a fax machine or e-mail). Beginning with Aaron McDuffie Moore's pitch to James B. Duke, we see the onset of events that persuade him to not build the monument, but instead take the roughly fifty thousand dollars and building the Lincoln Hospital, which creates the Lincoln training school for black nurses. (But that was considerable digression from Bessie Baker). (*Roseberry laughs*)

The first female member of the clinical faculty was Susan Dees. Susan Dees was a pediatrician. She had gone to medical school in the United States—her college education was both in the United States and in France—and she was interested in pediatric allergy and immunology. She married John Dees, a urologist. The oft-told story is that when Susan Dees comes for a job interview and meets Dean Davison, he says it'll be fine to have her on the faculty, and she inquires as to what her salary will be. Dean Davison is alleged to have said, "Salary? I'm already paying your husband a perfectly fine salary." What actually Dr. Susan Dees was paid, I don't know. She served on the faculty from the 1930s until her retirement. She trained many pediatric allergists and immunologists, including Dr. Rebecca Buckley, who is still on the faculty now. Susan Dees described how asthma attacks can be provoked by gastro-esophageal reflux, and a couple of other clinical syndromes.

I had occasion recently to see a patient at Duke who had been cared for by Dr. Dees in the 1950s. There are meticulous records, in Dr. Dees's own handwriting, describing the

case and documenting all the laboratory studies. From the notes, it strikes me that she was a very careful clinician. Dr. Dees, in her older years, when interviewed, would say that she had suffered no discrimination based on gender. Making such claims was not part of her makeup, according to Dr. Buckley.

ROSEBERRY: What are some of the things that we might be able to generalize about some of the earlier women who were here, such as Dr. Dees?

HALPERIN: You see women in their roles as physicians and nurse leaders. As would be typical for US history, you also see the role of women in supporting roles to powerful men and sometimes breaking out of the mold—sort of the Eleanor Roosevelt model. The classic examples in Duke history I should think would be Dorothy Beard and Bess Cebe.

Joseph Beard lost a brother as a young man in Louisiana. His mother never forgave Joseph Beard, thinking that somehow he was responsible for the death of the brother. He has multiple fights with his parents, and Joseph Beard leaves home as a teenager. He works clearing pathways for the railroads in Louisiana. By the time he's a young man, he talks his way into a little college in Louisiana, makes his way through college, goes to medical school—I believe at the University of Chicago—and ends up at Vanderbilt. He marries a fellow medical student at Vanderbilt, but the marriage doesn't last, and he's divorced. He becomes associated with Alfred Blalock at Vanderbilt. Blalock goes on to become the famous chairman of surgery at Hopkins, and when the new Duke Medical School is opened, and they need a recommendation for people on the surgical faculty, Blalock recommends Joseph Beard, who arrives at Duke with his second wife, Dorothy.

Joseph and Dorothy Beard are coworkers in the laboratory, and they are expert virologists. They develop ultra-centrifuges for identifying viral particles. Their work is

supported by Lederle Laboratory, a division of American Cyanamide. In an era before the existence of conflict-of-interest regulations, Lederle Laboratories helps pay for a new research building on the Duke campus, the Bell Building, which is still standing. (Many people wonder, "Well, what famous Duke physician or famous donor was Bell?" Neither. Bell was the CEO of the Lederle Laboratories, that's why it was named after Bell.)

The Beards rule over the laboratory with an iron hand. It has the latest equipment, it has steam for sterilization, and if you don't use your laboratory space, Joe Beard tells you to move. The Beards identified the virus that causes equine encephalitis and prevented the destruction of large amounts of the American and Canadian horse herds because of Lederle's sale of the Beard vaccine, making Lederle a lot of money. Lederle then gave a lot of that money to Duke. It was given to what I think was called the Dorothy Beard Research Fund, which helped pay for the Bell Building, in part. Dorothy Beard is remembered by generations of Duke medical students as having worked with her husband Joseph in a dog surgery course that Duke medical students had to take.

I met Dorothy Beard around 1983, when she was referred as a patient to me by Dr. Roy Parker. Dr. Parker, who was the emeritus chairman of Ob-Gyn, called and said, "Dr. Halperin, report to the operating room tomorrow for contra-cervical radium application." I was perturbed by that, because I hadn't seen the patient, and I didn't want to stick radiation in somebody who I'd never met. I didn't want to make a fight, because I knew that Dr. Parker was very prominent, so I called Dr. Gus Montana, who's a senior radiation oncologist, and asked whether, at Duke, did we do treatment for cancer of the cervix or uterus on people we'd never met, by doing radioactive implants? "No, no," he said, "It's okay. You can call Dr. Parker back." So I called Dr. Parker back, and asked if I could

actually do a consult on the patient before putting anything in her. The patient was Dorothy Beard.

Dorothy Beard, at the time I met her, was an elegant, thin, gray-haired lady, which, if she wasn't wearing white gloves when she came to see me, it was my impression that she preferred to be wearing white gloves. She had that characteristic. I remember that she said to me, in a somewhat clipped, what I thought was a Katherine Hepburn way of talking, with her teeth clenched, "You must tell me my prognosis, young man, because you know I have servants, and if things are not going to go well, they have to be provided for!" Unfortunately for Mrs. Beard, things did not go well; she had carcinoma of the uterus and passed away by 1984-85. The Beard's home, a home that Dr. Beard was very proud of, in Hillsborough, North Carolina is now the location of the Duke Hospice. There have been wings added on to the house; the Beards did not have any children. Dorothy Beard would be an example of the woman who makes a career in the shadow of the husband.

Another important woman is Bess Cebe. Bess Cebe was Eugene A. Stead, Jr.'s secretary. Stead is chairman of Internal Medicine from about 1948 to 1968. And Cebe sits outside Stead's door. Stead's custom was to run the department—after he made rounds, he would sit in a chair next to Bess Cebe's desk. They would go over the work list for the day. If one wanted to see the boss, it was via Cebe. He placed a great deal of faith and store in her.

Dr. Stead, when he was editor of the *North Carolina Medical Journal*, had another secretary whom he placed great store in, and would always ask in a deferential fashion what they thought should be done about problems.

There are two basic themes here: the theme of the woman as a leading physician or nurse, and the theme that the woman is the helpmate. You need to remember about the former, of course, that women were only in certain specialties, by and large. You didn't find women neurosurgeons, urologists, or orthopedists. Women were disproportionately in pediatrics and ob-gyn, what were perceived as the "women's specialties," and this was throughout the United States. It's not surprising that the first woman faculty member in a clinical department was in Pediatrics; the first female professor of medicine [full professor in the Department of Medicine], Grace Kerby. You don't find a woman rising to prominence in the Department of Surgery until the 1980s, when Chace Lottich became the first female chief resident in the general surgery program.

Sometime in the late 1980s, I was standing in the hallway on the second floor of Duke South looking at all the portraits that, each year, were done of the chief residents [of the Department of Surgery], all autographed for Dr. Sabiston, all Bacharach portraits. And I was looking at them, Dr. Walter Wolfe walked up to me, and asked me what I was doing. I said, "I'm looking at the pictures. I'm thinking of writing an article about them." "What are you going to call it?" Walter said.

I said, "I'm going to call it 'One Hundred White Men.'" Walter Wolfe looked at me and said, "I'm walking away right now, because I don't even want there to be a hint that I was associated with anything having to do with that article." If you stare at those pictures, you will count about one hundred white men, until you come to the picture of Lottich.

ROSEBERRY: Interesting. Well, talk about Grace Kerby, if you don't mind.

HALPERIN: I don't know a lot about Grace Kerby. I only know that she was a Stead trainee, and she was a chief resident. There's a portrait of her as chief resident in the Stead

photo collection outside the medical resident's office. She became the training director first female professor of medicine, and first female division chief. The second female professor of medicine in the history of the Duke Department of Medicine would be Joanne Wilson.

Grace Kerby has been described as never smiling. When I showed Dr. Pizzo the portrait I had of Grace Kerby, which is hanging on the fourth floor of the Davison Building, a rather dour, angry-looking woman, I asked Dr. Pizzo if he'd ever seen her smile when he was a medical student. He said no, he thought her face would crack if she smiled. Those were his exact words. He remembers her telling him, when he was a medical student, that she was sure he wanted to go into medicine because then he could be on call every other night, and be sure never to miss the action. That's all I know about her; I haven't done any research on her. I found the portrait of her that's hanging on the fourth floor in Nancy Allen's office, which is where I retrieved it for my portrait gallery.

ROSEBERRY: You had mentioned the specialties that women were more involved in, such as pediatrics, and maybe some in medicine, some in ob-gyn I wonder if you can talk a little about those specialties. I know that's a national trend, as well, but kind of why those were niches for women?

HALPERIN: Well, also psychiatry; I should mention psychiatry. Lowenthal was as an early female chief resident in psychiatry. There's a portrait of her on the fourth floor outside the chairman of Psychiatry's office.

ROSEBERRY: What's her first name?

HALPERIN: I think her name was Susan Lowenthal.

ROSEBERRY: I will look that up.

HALPERIN: If you simply walk outside the chairman of Psychiatry's office and look at the black-and-white pictures, you'll find a woman pictured. It was from the era when photographers thought it was trendy to do the backlighting, so black-and-white pictures of women always seem to have a glow around their hair because of backlighting.

There are some lifestyle-controllable specialties, amenable to family life, and there were studies in the medical literature when people got interested in gender studies, showing that residency program directors and training directors simply assumed that women were more nurturing, more collaborative, and better at people skills, where men must be better at procedural skills. So this tended to reinforce the notion that somehow women ought to go into relatively less procedurally intense specialties, like psychiatry, family medicine, pediatrics, and internal medicine.

There is also a long history of women in diagnostic radiology.

We should talk a little bit about what experience might have been like for a woman medical student. It's been my experience as a historian that if you interview people who were around those who were being discriminated against, they often don't remember episodes of discrimination; whereas if you interview the minority group members, they remember episodes of discrimination. If you interview Catholics, Jews, or African-Americans and ask if they remember episodes of discrimination, they'll say yes; whereas if you interview white males who went to medical school with them at the same time, they'll say, "No, no, we all got along. There wasn't any discrimination." I think that would be true for women. If you ask men, "Do you remember your professors showing vulgar slides during basic science lectures of nude women, ostensibly to show surface anatomy?" they'll often say no. But women will remember having to sit through lectures of

pornographic slides and not knowing what the right thing was to do. Were they supposed to laugh to be “one of the boys”? Were they supposed to look down at the floor? Were they supposed to just wait until the picture passed? Those were the common reactions. It was rare to confront the professor; people didn't want to call attention to themselves.

ROSEBERRY: Is this something that happened at Duke as well?

HALPERIN: Here's what I know about this: At the time of the reform of the Duke curriculum, in the 1960s, we know that the time allocated to all of the anatomical sciences went from somewhat over five hundred hours to about two hundred and fifty hours. We know that most of the burden was borne by gross anatomy, which was reduced down to eighty hours of dissection and twenty hours of lecture. We know that it took four iterations, over four years, of redoing and redoing and redoing that class, until the anatomy class adopts the form that it's in now. We know that the professors involved included Dr. Buettner Janisch and Dr. Becker.

Dr. R. Frederick Becker is described by people who knew him as every graduate student's friend, a wonderful mentor, a kind teacher. But he's also described as having a tendency to plaster his office with *Playboy* pictures, seductive nude women photographs, which he said were used for teaching surface anatomy. I have been told by at least one male medical student of that era that he remembers those being shown in lectures at Duke. And some women medical students—Caroline Haynes—remember having to sit through them, whereas Dr. Joanne Wilson does not remember having to sit through them.

Becker and two colleagues, Dr. James Wilson and Gehweiler, decide that they really knew how to do a better anatomy course, but they fall afoul of Dr. J. David Robertson, the chairman of anatomy. Eventually Becker and Wilson left. Gehweiler was a

diagnostic radiologist. Between around 1964 and 1971, Becker, Wilson, and Gehweiler, based on their experience at Duke, decided to publish a new textbook in gross anatomy, a textbook which would appeal to medical students interested in clinical uses of anatomy, and a textbook which would compete, head to head, with Lea and Febiger Publishing Company's American edition of *Gray's Anatomy* and Churchill Livingstone, the British publishing company, British *Gray's Anatomy*. They signed a contract with the famous medical publishing house in Baltimore, Williams and Wilkins, and in 1971 these three authors from Duke—one of whom, Becker, had now moved on to Michigan State University before he moved to East Carolina University—published a new major textbook of anatomy, *The Anatomical Basis of Medical Practice*.

Five thousand copies are printed. This will be a major contribution to the literature of anatomy, it is hoped. It will be a big seller. Now, of some twelve hundred illustrations in *The Anatomical Basis of Medical Practice*, about twelve to eighteen are of nude pin-up girls, photographed by the famous California photographer Peter Gowland. Peter Gowland was a part-time chorus boy and stunt double for Ronald Reagan and other movie roles in the 1940s. Not making much of a living as a movie actor, he learns to be a photographer, and becomes a very famous fashion photographer. He does fold-out centerfolds for *Playboy*, *Playboy* covers. He does work for *Popular Science* and calendars. He's still in business today, in his nineties. He develops the Gowdoflex camera; he's a famous photographer. He's published over twenty books on photography with his wife Alice Gowland, including *Photography of the Nude*.

Gowland sells his pictures to Drs. Becker, Wilson, and Gehweiler from Duke, and they put them in *The Anatomical Basis of Medical Practice*. So you have a picture of a

male torso, in which the head, the arms, and the genitals are cropped out, and little arrows point to where the muscles are of the male torso. But for the female torso, you have a full frontal nude shot, head to toe, of a woman in a seductive pose, with little lines pointing to the linea alba and the other muscles of the abdomen. You have women, nude, swinging on garden swings, with towels wrapped around their head, and splashing in the surf, ostensibly to show the effect of ultraviolet ray on the skin.

This book engenders a national boycott organized by the American Association of Women in Science.

Their president is Dr. Estelle Ramey—who was a physiology professor at Georgetown. Dr. Ramey just died last year and was eulogized by Senator Hillary Rodham Clinton and Supreme Court Justice Ruth Bader Ginsburg. Ramey published a lead article in the first issue of *Ms.* magazine. She organizes a boycott of the Duke anatomy textbook. It is decried in *Time* magazine and *Newsweek* magazine, and eventually Williams and Wilkins chooses not to reprint it.

The Anatomical Basis of Medical Practice disappears from the bookshelves about six months to a year after it's published. But the story of the pornographic anatomy book, *The Anatomical Basis of Medical Practice*, is a story of how women are subjected to victimization, how they're portrayed in medical illustration, about how some professors thought there was no big deal. They were "just being cute." By the 1970s, women were prepared to push back. If this episode had occurred a generation earlier, women would have simply looked at the floor, and hoped the unpleasant would have gone away.

That long-winded answer to your question is not only do we know that these pictures were used in Duke lectures, but we know that three members of the Duke faculty

published the most notorious book of pornographic images of women in anatomy in *The Anatomical Basis of Medical Practice*. The book's a minor collector's item now. You can buy it on eBay at between eighty-nine dollars a copy, up to three hundred dollars a copy.

ROSEBERRY: So how would you describe, maybe, that atmosphere or the culture? It sounds like it changed this, as far as women pushing back?

HALPERIN: Well, *The Feminine Mystique*, *The Female Eunuch*, the books of Betty Friedan and Susan Sontag and Germaine Greer—these were all published in the late 1960s, early 1970s. *Ms.* magazine began about 1970-1971. So the modern politically active women's movement begins in that era. This becomes the era when women start to push back, and certain behaviors by men become viewed as unacceptable.

You can think of subtle and not subtle ways this happens. When's the first time—it would be interesting to look to see when a women's physicians locker room was created. When did someone decide to do that, as opposed to having the women physicians change in the locker room with nurses? I know there was a women's locker room in the OR [operating room] at Duke North when I came here in 1983. I think Duke North was built in 1980. But I would bet that if you researched the ORs in Duke South that you would find that there were not separate locker rooms for women physicians.

It would be easy to calculate the percentage of women in the class each year and make a diagram of that. That might be interesting for your display. And it would also be interesting to study the percentage of women who graduated, based on those who matriculated. There was a widespread notion that women medical students would meet their husbands, and then drop out—you know, they wouldn't finish. This was an argument used by some people as to why they didn't want to admit women in the first place.

There was recently an obituary in *The Lancet* of a famous woman physician. The obituary writer describes her going on one of her clinical rotations, and the professor saying, "I don't want you here. They say you have to be here, but you are not welcome here. I don't want any women on my service."

ROSEBERRY: Do you think that perhaps might have been the culture at Duke?

HALPERIN: I have not done any research on this. It would be unlikely to think that Duke was much different than the rest of the United States. You might find episodes of change, either because there happens to be somebody in a position of leadership who does not accept discrimination, or you find someone in a position of leadership who will discriminate until he has daughters who enter the educational pathway or the workforce. The father then observes the discrimination that his daughters are subjected to; then he starts changing his attitudes towards females who are subordinate to him. This is a very common story. So that would be something worth doing research on, to see if that was the case.

ROSEBERRY: From your own position in administration, what were some of the policies that grew during that time, or were in place during that time, or were not in place during that time, to encourage women, or otherwise?

HALPERIN: Well, you know, the notion of maternity leave is relatively recent. The private diagnostic clinic [PDC] didn't have a firm policy on maternity leave until the late 1990s, as I recall. The notion that you could have the tenure clock be put on hold for child-rearing is a very recent development. The idea of being open to women in the procedure-based specialties has occurred within the last twenty years at Duke. The first

female chief resident in radiation oncology, my specialty, was Rebecca Tarlton. There's a portrait of her in the Morris Building. That was around 1983-84.

Because of the peculiar nature of the funding of the Private Diagnostic Clinic, it would probably be hard to ferret out, but one would want to look at salary equity, to see what the differences were. I would bet that there were substantial differences in pay. Because of that that story that I told you about Wilburt Davison and Susan Dees, that people included the husband's salary when they decided what to pay the wife.

There was an interesting article many years ago about two physician couples in one of the journals, in which the authors argued that it was very common in the 1980s and '90s to write about two-physician couples, and to show how people can give and take and achieve two careers' success. But the authors of that article say that the odds were very high that if it was seven o'clock in the morning, and the child had a fever, and the babysitter didn't show up, that it was the woman who stayed home, of these two-physician couples, and the man who went to work. So even in these two-physician couples, it was common that the women had the subordinate role as far as pursuit of her career.

An interesting thing to look at in your research is the history of Duke two-physician couples: the Deeses and Friedman and Kurtzberg. We'd have to think for a while to come up with some others, but I'm sure we could come up with several. Sometimes it would be that one spouse was an MD and the other one was a PhD like the story of the Klatzkins at Yale.

ROSEBERRY: Well, were there things that you were able to enact in your own role as vice dean, influencing medical education? Were there things that you were able to—?

HALPERIN: When I became a department chair, I decided an interesting project was to worry about maternity, paternity, and adoption leave. I kept presenting motions about that in front of the PDC. And as I remember, we debated it for about two years until we got a policy adopted that I was at peace with, which covered all three. The controversies at the time included the argument that if Duke had a policy for maternity, paternity and adoption leave, that—the burden would fall disproportionately on those departments that had a high number of women. So, if we required that the medical center to provide maternity leave, then disproportionately Ob-Gyn and Pediatrics would have to provide it. Some of the opposition came from leadership of those departments, who said that they couldn't financially afford it.

I kept bringing it up over and over, and I remember one of the department chairs wondered whether I personally had been adopted! Was that why I was so insistent on including adoption leave? I said, no, I supported it just because I thought it was the right thing to do. This is an illustration of how it's common among people to think that if you care about an issue, it must be because it affects you personally. I remember that Dr. [Carl] Ravin, who wasn't so crazy about my pursuit of the adoption-leave policy, commented to me that even though opposition against things I wanted to do was often very high, I almost always eventually got what I wanted.

I established, as department chairman, the first endowed chair at Duke that can only be held by a woman or underrepresented minority, the Butler-Harris Chair. That was around 1996. The Butler-Harris Chair is named after Lucille Harris, who was an African American LPN, and Elisa Butler, who was an X-ray technologist (also called an X-ray therapist). Elisa died in a single-car car accident on Highway 15-501. She hit a patch of

wet leaves or water on the highway, the car spun out of control, and was killed when the car crashed. Lucille Harris died after voluntarily participating in a cardiology project where she had a cardiac cath.

The Butler-Harris Chair is an assistant professorship that can only be held by a woman or underrepresented minority. I created it as an assistant professorship on the notion that it would be rolled over. A person would be hired, they would progress to associate professor, give up the assistant professorship, and then someone new could be hired. You could repetitively show why people should come to Duke rather than other schools, because we valued women and underrepresented minorities. I paid for the Butler-Harris Chair out of Radiation Oncology reserves. I took money from the reserves to fund it for five hundred thousand dollars. I pointed out at that time to Dr. [Ralph] Snyderman and Mr. [William] Donelan that they needed to let me do this, since they always said that they were in favor of more opportunities for women and minorities, but I was actually willing to do something about it with my own department reserves. And somewhere in Duke South, there's a beautiful bronze plaque with pictures of Elisa Butler and Lucille Harris. I don't know if it's been hung again, but if it hasn't been hung yet, you could use it for part of your display for your women's program. The first incumbent for the Butler-Harris Chair was Ellen Jones. I think the history books will show Ellen Jones was the first woman to get a PhD in biomedical sciences in from Dartmouth, and she's an MD-PhD from the Brown-Dartmouth program. She was the first Butler-Harris assistant professor, and now she's been promoted to associate professor, and the second holder is Carol Hahn. Ellen Jones is an expert in hyperthermia and chemotherapy and hyperthermia and radiation. Carol Hahn is an expert on psychosocial aspects of oncology.

ROSEBERRY: Dr. Halperin, I know that our time is—your time is very valuable, and I want to honor that. Is there any, are there any others that come to your mind, or anything else that we should—?

HALPERIN: Let's look at my list here!

ROSEBERRY: Oh, right; let's see that.

HALPERIN: And see if we haven't talked about anything that we should.

ROSEBERRY: We didn't mention Sara Dent, but I think we've covered—?

HALPERIN: Let's mention a few things. If you want to debate who was the first female chairman at Duke, someone might say it was the first chief of Anesthesiology, Dr. Dent. Dr. Dent was described to me by Dr. Merel Harmel as a gnome-like woman, a short woman. He said she looked like a gnome to him. She was the first chief of Anesthesiology, and her portrait hangs outside Dr. Mark Newman's office. But she's not the first female *department* chair, because at that time Anesthesiology was a *division* of Surgery. Anesthesiology did not become a department until Dr. Harmel became chairman, and it becomes a department. But Sara Dent would probably hold the honor of the first female division chief in the Department of Surgery. The first female division chief in Medicine would probably be Kerby, and the second would be Pamela Douglas.

Sara Dent was very interested in training EMTs [emergency medical technicians], and emergency responders in Durham were trained by her.

We should mention the Duke tie-in with Zelda Fitzgerald. People who are interested in the women's movement can spill endless amounts of ink about F. Scott and Zelda Fitzgerald. Was Zelda striking out on her own as a woman? Was all her interest in ballet was an attempt to define herself differently from Scott Fitzgerald? Did Scott

Fitzgerald have an image of women as Guenevere, and he was Sir Galahad? There's an awful lot about gender roles that has been written about the Fitzgeralds. What this has to do with Duke is that Zelda Fitzgerald's final psychiatric hospitalization was in a Duke psychiatric hospital in the Asheville area. The famous fire at the psychiatric hospital where she died was a Duke psychiatric hospital in western North Carolina.

We should mention, for completeness sake, that the first African-American female medical student was Jean Spaulding.

A tale to be told along the concept of powerful women was the story of Mrs. Trent Semans. Mary Biddle Duke married Joe Trent, Joe Trent died as a young man of non-Hodgkins lymphoma and left her as a widow. She married Dr. Semans, has a long story of interrelationships with Duke which are detailed in Dr. [Walter] Campbell's book and continue today. But she would be in the best position to tell her own story, you don't need me to do that.

ROSEBERRY: Have we covered what you feel is important?

HALPERIN: Yes.

ROSEBERRY: Well, thank you very much, Sir. I really appreciate your taking the time today.

(end of interview)