INTERVIEWEE: Lois Pounds
INTERVIEWER: Jessica Roseberry
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PLACE: Dr. Pounds' home in Durham, North Carolina

POUNDS INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Lois Pounds. She's the Associate Clinical Professor Emerita of Pediatrics. And she was associate dean for medical education and director of medical school admissions at Duke University Medical Center. This is July 3, 2007 and we're here in her home in Durham, North Carolina. And I want to thank you, Dr. Pounds, for agreeing to be interviewed.

LOIS POUNDS: You're welcome.

ROSEBERRY: It's a pleasure to talk with you. If you don't mind just letting me know just a little bit of your background, kind of how you became interested first in nursing—and then in medicine—if that's okay.

POUNDS: Well, I suppose I got interested in nursing in the way that a lot of girls in the forties did, by—I mean, that was when I was junior high and in high school, sort of reading *Cherry Ames, Student Nurse,* and those kind of books. And then I had a sledding accident when I was in high school. And I was in the hospital for four days. And I was enamored of student nurses. (*laughs*) I think this is a clue. (*laughs*) I really, really wanted to be a student nurse. (*laughs*) They had really nice, crisp uniforms and pretty little caps and, you know, it was—it seemed very glamorous, even the messy parts. And my—some of my best friends were also thinking about nursing in high school. But my parents were not in favor. In those days, I would say ninety percent of nurses were

trained in hospitals and ten percent went to college. And my parents, who were both public schoolteachers, wanted all of us—my brother and sister and I—to all go to college. So I said, Well, if that's the only way to be a student nurse, (*laughs*) then I would go to college and do it. I think in the fifties, which is now when I was—I graduated from college in 1955—nursing was, Take care of patients, the lowest level. You know, either teach, or be a head nurse, or administrative job, or public health. I mean, that was really the gamut. And so if you got promoted, the answer was you never took care of patients again. So after a year I got promoted, and I became an instructor in orthopedic nursing in the university program. I mean, I was hired by the university. But I was still at Children's. And I was teaching not only university students but students from the hospital schools that were rotating through for a pediatric experience. But I had to go back to graduate school in order to be on the faculty. So I started taking—I took the usual graduate school kinds of—statistics and I don't even remember. And then after a year—after, I guess, three semesters of that, I did—I started taking graduate nursing courses, which were—trust me—pitiful. (*laughs*)

ROSEBERRY: How were they—?

POUNDS: Well, I mean, this is just an example that I remember, because I was so enraged. It was called a class in interpersonal skills. I don't know if you can teach in a lecture or discussion format interpersonal skills, but this did involve some role-playing. But I remember one class in particular that made me wonder. And, of course, I wasn't paying tuition. So in a way, it was like gravy. (*laughs*) So I shouldn't be complaining about the courses, right? So I was—we were discussing this—the following scenario: What would you do if—? Really, how would you behave? You're sitting in the nurse's

station, all the chairs are full, and nurses are making notes and writing and things, and a doctor comes in. And what would you do? (*laughs*) I mean, that's his problem, right? (*laughs*) They—No, no. You would get up and offer to be of assistance. And since I was not above speaking my mind I said, "Well, then, he might take my chair." (*laughs*) Anyway, I was not popular in that class. Anyway so that was—. They were still feeling their way in the sort of—becoming more professional, I think. So let me—. So now it gets to be 1958, and my sister—my younger sister, who was a free spirit—she had graduated, gone off to teach in a mission school in Syria, met the only other (*laughs*) American in her age group—who happened to be a young man from really a neighboring town of ours, who was a foreign service officer. And they got married in '57, and she had a baby in '58. Now, both of the families had gotten together, so we all knew each other, but nobody had ever met the people of importance. I mean, his family had never met my sister, and we had never met her husband, Art. So they decided I should go. So I went to the dean of the nursing school and said, "I would like a leave of absence." And she said, "You can't have (*laughs*) a leave of absence. You've only worked for us for a year-and-a-half." And I said, "Well, I'm not going eight thousand miles for two weeks—" which was my vacation. So I quit. (*laughs*) And she said, "Very well." (*laughs*) And so I'd been saving money, you know, for moving out of home and getting—I did buy a car, so I had spent some of it. I bought one of the first Volkswagens (*laughs*) Beetles. Anyway, so I went off. And, of course, I'd never been to Europe, I'd never been to New York. I'd been—I'd traveled around sort of locally in college, but never really gone anywhere. And (*laughs*) suddenly I'm going to Aleppo, Syria.

ROSEBERRY: Were you thinking at all that you had just quit your job? Was that—?

POUNDS: No. (*laughs*) I mean, honestly, it wasn't—it's one of the things that I guess I don't—I never understood about people. I always thought that I was capable and I could get a job. I mean, and nursing is, like, universal. You can get a job almost anywhere. Except Syria, as it turned out. (*laughs*) Anyway, I—when I finally arrived, as it turned out, my introduction to diplomatic life—because now I was going to be living in the American consulate in Aleppo. I arrived in Damascus, and my brother-in-law picks—my sister and brother-in-law then get me.

ROSEBERRY: How long was this trip to be, or—this stay?

POUNDS: Well, originally I thought I'd go for a month. Well, I stayed for five. (*laughs*) I think my brother-in-law probably never got over that, but anyway— (*laughs*) it's now my ex-brother-in-law. Anyway, we then drove from Damascus to Aleppo. We spent a couple days in Damascus, and everywhere I went I was either stepped on by sheep, a goat, or—I was like, What is this animal thing? (*laughs*) So it's—I mean, it's just that sort of kind of life that you, once you get into it—which I did with my sister and the new baby and everything—you can't—it's hard to move. It's hard to get motivated to move on to, you know, something new. And I learned all those colorful rules about life in the Middle East. Like, if you said—if I said, Wow that's a beautiful sweater; the next thing I would know, you would have—it would be delivered to me. So you never complimented people on—. Like, for heaven sakes, you never said you liked their oriental rug, (*laughs*) because they would be obliged to give it to you. Anyway, so what happened was my brother-in-law was about to rotate back to Washington. And so they thought it would be helpful to have three adults with a baby on the way home, you know, flying. But anyway, so when I came back—this is the sort of miracle of things. The federal

government was now providing a stipend and expenses for full-time graduate school. So I said, Okay I'll finish my master's, and I have living expense and everything. (*laughs*) I mean, what could be better, right? And by the time I finished my master's—and what I opted to do instead of writing a thesis—because it had all been very chopped up, you know, me taking two courses or three courses—two mostly—a semester, and a couple in the summer. I—you could get then a degree without doing a thesis, that was called a Master of Letters, with forty graduate credits. They don't give that degree anymore. It's what you call a cheap degree. And so all of my life I—since then, I have—MLitt was the abbreviation for the degree. People always think I have a master's (*laughs*) in English Lit, which is not true. It's Master of Letters.

ROSEBERRY: Is that a nursing—?

POUNDS: It was my nursing degree, yeah. So—. And the woman who had taken my place, right, left on maternity leave, and so I stepped right back into my job. (*laughs*) See, not to worry.

ROSEBERRY: Perfect. (*laughs*)

POUNDS: And that summer, I realized that I was going to be doing this same thing for twenty years. I mean, I might be academically promoted, you know, but I would still be teaching visiting students from hospital schools and Pitt undergrad nursing students. So a group of us were sitting around one afternoon. We had a Canadian on the faculty, and she liked (*laughs*) having tea at four. So we had tea. And we had a graduate student whose name was Skeets Barnes. And she said, "Let's a play a game during this." And she said, "We'll play a Walter Mitty game. What would you really like to do if you weren't doing what you're doing now?" And so she had started it. And she said she

would really like to be a dentist. And we all hooted and said, you know, we didn't want to work around people's mouths. And then one of them said she would like to have a bookstore, and we all agreed that if she did she'd never sell anything, because she'd be in there reading all the time. And anyway, we went around the group, and they came to me and I said, "You know, I have thought—." And I did. My father went on as an undergrad and wanted me to go to medical school. And I told him it was too long, too hard, and only strange women went (*laughs*) to medical school. So I said—so I had thought about going to medical school. And Skeets, whose husband was on the faculty of the medical school, picked up the phone, called the medical school admissions dean, and made an appointment as though she were me. And she—it was like for two days later.

ROSEBERRY: Is this right when you got back from your trip? This is—?

POUNDS: Well, this is—yeah, it had to be right after I got back. That summer. I got back in January, and that summer we were having this discussion. Anyway, so I thought about it, and I told my parents when I—because, (*laughs*) of course, I had spent all my money, and I was (*laughs*) unfortunately still living at home. And I said, "I'm thinking about going to medical school." My father said, "Has it gotten shorter? Are the women more normal?" (*laughs*) And I said, "Well, I don't know. We'll see." So I decided to keep the appointment. So I went up. And this is what I wrote in my little life story there, was I went up, and his name was Ruhey. I can't remember his first name. And he was a big man. His desk was like an acre of wood, and I'm over here. And he—I told him my story. I mean, I said I graduated in nursing, I had a master's degree in nursing, and that I was thinking about going to medical school. And he leaned forward across the desk and he said, "Honey, you'll never get in." And that's sort of when I decided that I would go

(*laughs*) to medical school. I mean—. Then he proceeded to explain that they didn't take students from trade schools. (*laughs*) So I pointed out that I had graduated from his university. And he said, "Well, yes, but it's not the same." And I said, "So a bachelor's degree in nursing is not the same as a bachelor's degree in—?" "Well," he said, "It would be like a bachelor's degree in engineering." I was like, "What?" (*laughs*) Anyway, it was a woman's thing, right? I mean, it wasn't a woman's thing, as it turned out. So I—he told me—he did tell me that I would need to have the three courses I'd carefully avoided all my life: physics, organic chemistry, (*laughs*) and calculus. And my father taught physics and calculus, so naturally in high school I opted not (*laughs*) to take those. I mean, he didn't teach in my school, but, I mean, I didn't want—you never want to look dumb in front of your parents. So I announced that I was going to go back to school. And this was, again, a really wonderful thing that happened. The university—the faculty in my department were universally enraged. I mean, they regarded doctors as the enemy. And I was going and try to go over to the other side, you know, because they were telling us what to do, and they were, you know, I mean, these were the senior faculty. But the hospital people—the director of nurses at the hospital said—she called me in when she heard about it. And she said, you know—she was, you know, I don't know, thirty years older than I was. She said, "You know, that would have always been my ambition." And she said, "So I'm going to do whatever I can to make it possible for you." And she said, "So whenever you—if you have to work part time, I'll find something for you to do, and I'll pay you the top scale for whatever that is." And she did. (*laughs*) I mean, I had some really bad jobs, but she—but I got paid well. Anyway she—so—. And then the professor of pediatric surgery, who was a cold sort of fish, and he had taught with me in

some of the nursing courses—you know, taught the students—the surgical things. They had doctors' lectures and nurses' lectures. And he called me in. And I thought I was going to— (*laughs*). Because I was still teaching, you know, I thought he's going to say, I'm never teaching another (*laughs*) course with you. But he called me in, and he said, "I want you to know that I will be glad to support your application to medical school, if you promise you will never be a psychiatrist." (*laughs*) And I thought, Hmm. I said, "Well, I don't know what I would be. I mean, I would like to go to medical school thinking I could do whatever I wanted," but I said, "I don't know how I could say that." "Well," he said, "I can't support you if you're going to be a psychiatrist." I said, "Well, right now I'm not interested (*laughs*) in being a psychiatrist." So just sort of odd thing. Anyway—

ROSEBERRY: So your decision to move into medical school was because it had more opportunities?

POUNDS: Yeah, and—well, mainly because you could still take care of patients. I mean, you can do that until you're ninety-five, I assume, you know. Unlike nursing, there isn't any up. (*laughs*) I mean, you could opt to be a dean or something, but you could still take care of patients, you know. In nursing you can't do that. But now, see, in nursing there's nurse practitioners, there's clinical nurse specialists. You can do so many more things with patients and sort of rise in the ranks. But you couldn't do it then. And the other really was, when you asked questions—when I asked questions as a nurse—you had to pretend to be dumb a lot of the time. And then, similarly, I was taking care of a three-year-old child whose diagnosis—which was always written in the—on our little cards that we worked from—it was cirrhosis of the liver. Well, I knew about veterans who drank too much having cirrhosis of the liver. And so I thought, How on earth does a

three-year-old child get cirrhosis of the liver? So I said to the head nurse, cheerfully, not this—the other one, not Marie, but another one. And I said, "How does a three-year-old child get cirrhosis of the liver?" And she said, "You don't need to know that." So then I asked a doctor. And of course he gave me gobbledy-gook that went right over my head, and I didn't really know what he said. (*laughs*) And so one of my lightning moments in medical school was walking into the course—my favorite course in medical school, which was pathology, which answers all those questions, like how you get what you get. And not only did I love pathology, but cirrhosis of the liver is only scarring. So I wanted to say, (*laughs*) How's come he couldn't say, It's just scarring of the liver? (*laughs*) And it would have saved me all this time and money, you know. But anyway. So that's how I got to medical school. And I did my coursework, but I really wasn't sure I'd get in.

ROSEBERRY: Did you find that there were other "normal women" in medical school?

POUNDS: Actually, not many. In my class, there were six women. The most interesting thing about medical school in the sixties was that was about right—there were about 6 percent women in medical school, 5 to 6 percent. So the class was 100, and there were six women. And the six women in my class and the classes ahead of me when I was—the time I was there—and the classes behind me all graduated. But only 85 percent of the men did. And that was mostly some flunked out, some just didn't like it. I mean, it was a different time. I mean, now we would regard it as a stab to the heart if somebody (*laughs*) came to medical school, and then said, Oh I don't like it here. But that happened in my class.

ROSEBERRY: Was it harder for women to give back, you know, to be able to feel like they could put in those twenty years during that time?

POUNDS: You know, I honestly don't think so. I—the only one—the really normal person, who became a radiologist—Barbara Chroback—is the only one of us that didn't work until—well, I think the others— I think everybody's story—see, I was eight years older than everybody else. And so they're all still working except for Barbara. And Barbara's husband is a little weird. She's a radiologist, and so is he. And he began to become paranoid about her exposure to X ray. I mean, give me a break. If there's anybody that knows about protecting yourself from radiation, that would be a radiologist. But she worked—he wouldn't let her work as a radiologist, so she worked in well-baby clinics and fiddled around, and so—but she's never really been a full-time worker. But everybody else is. Well, Anita was until she died. So, yeah, and as far as I know, very few of the people that were ahead of me or behind me—I think more modern women are part time than were. I mean, I think really everybody really felt—when there were so few—that there was a pressure to be—work full time. And the truth was that I would say that all of us—I feel much closer to many of the men in my class than I do any of the women. There weren't—nobody ever bunched together that one could tell. There was more—and that's still a little bit true in medical school. Women are much harder on women medical students than they are on men medical students, which is very annoying. But it was an interesting time. And you know, when we were looking at residencies, I mean you know, I had now been at Pittsburgh through three chancellors, which was effectively the president of the university. And so my professor of surgery said to me—we were sort of buddies, and he said, "You've been here through three chancellors. I think it's time to get out of town." So I did go off to Penn—University of Pennsylvania—Children's Hospital in Pennsylvania, always called CHOP, C-H-O-P.

And—which was my third choice, (*laughs*) as I mentioned. And it was in bad shape. And so I decided I should try again to find another program. I mean, it really was not good. And—I mean, the other residents were great, and I learned a lot from them, but the faculty were—. Dr. [C. Everett] Koop—you know, who had been—was Surgeon General—he was chief of Surgery. But no, he was—. (*laughs*) He was a very good pediatric surgeon, but he was definitely unusual, and threw me out of the operating room one time. No. Because I wasn't a surgeon, but I always liked to go and watch and see what was going on. Anyway, and I'd spent five not very comfortable weeks on pediatric surgery with him. But—so I applied to only two places: I applied to Columbia, to Babies and Children's in New York. And back to Boston Children's. That's another cold place: Boston—hello! I called—I wrote and asked them to send me an application. And they wrote back and said, We already have an application (*laughs*) from last time, and we don't want anything—the only thing we want—and we don't want you to come for an interview. And the only thing we want from you is a letter from the director of your current training program. And I thought, Well, he was already upset that I said I wanted to leave. (*laughs*) So I thought, Well that'll be good, you know. But I asked him, and he said he would send a letter. Who knows what he said. So then Columbia— you'd have—see, you're so young, you don't appreciate this. I'm always talking about affirmative action, but I'm with George Bush—we both have been the recipient of a great deal of affirmative action. Because in 19—I was down in 1965—'66. Every single person—man—that I worked with was going to be—at the end our internship—eligible for the doctor draft—every one of them. So there were always going to be openings in the second year of all the programs, because once you got a license, you were eligible to

drafted in the doctor draft, and a hundred percent of people were—unless you could join the public health service, or you could go to the NIH [National Institutes of Health], but you had to either get out of town or go to wherever into the service. Because there aren't as many doctors as there are poor fellows out there that can be (*laughs*) drafted as soldiers. And I never did understand why women weren't drafted. I mean, they weren't shooting at doctors, (*laughs*) as far as I know. But anyway, so that's when it suddenly dawned on me why everybody got excited when you applied for—when I applied. I mean, immediately Columbia called me and said they would pay my—I could take the train up, they would—they'd meet me at the train. They would take care of me, *blah, blah, blah*. I mean, I had a glorious day—breakfast with the chairman of the department in his office, met a couple of Nobel laureates—people are always introducing me to (*laughs*) Nobel laureates. I talked to all these famous people at Columbia—the women who—a woman named Hattie Alexander. I mean, really, people that I had heard about and read their papers and all that stuff. And it was really kind of exciting. And then I went on a tour with one of the residents, who told me how awful it was, and he was miserable, and he's like—I spent one hour with him and I was like, How could they have chosen this idiot to show me around? Anyway, so—and in a way, there's something that you react against when everybody's so desperately anxious to have you come, (*laughs*) that there's got to be a problem. I mean, you know, you just don't think of yourself as that much of a gem, right? So I—finally after a while I decided—. And then I wasn't sure about living in New York. You know, I mean, Philadelphia was one (*laughs*) thing. And I really did like all the people I worked with at Children's, and I still am good friends with a lot of them, but I didn't—. And I never—I didn't hear another word from Columbia.

And at that time, the rule was on November 1, you signed a contract for the next year. And that was a Saturday, so on Friday, the hospital administrator came around and found us all, and we signed the contract for the next year. And I said, Forget it. You know, I'd just be here. This was eight o'clock in the morning. Noon, I get a telegram from Boston Children's saying, You have been appointed junior assistant resident in medicine beginning July 1, 1966. And so I said to the chief resident, "Now what do I do?" And he said, "Is that where you'd like to go?" And I said, "Yeah. but they're so arrogant." I said, "It doesn't say we're inviting you. It says, You have been appointed." And he said, "Just go down and talk to the administrator". I did and the administrator said, "Of course you—we'll tear up your contract." I said, "Thank you, thank you." And that's what I meant when I got to Boston. See, I had to work up until the day before I started at Boston in Philadelphia. I just had time to drive up there and sign in on that little book. (*laughs*) So there, you have the story of my life.

ROSEBERRY: Well, how did you come to Duke?

POUNDS: Well, the Vietnam War figures prominently in my life. (*laughs*) I finished my residency with—and my best friend in residency was a guy, a really fine pediatrician named Fred Mandell. And he and I decided that western Massachusetts deserved us, and there were no pediatricians west of Springfield in Massachusetts. So we were going to set up a practice in Woodstock—Mass., not New York. And we would have access to Albany Medical Center, Yale—now U Mass was in Worcester and Harvard, Vermont, New York. We would be like in a little hub. We didn't know if they wanted us to be out there, but we—that's what we started planning. And he got drafted. And because he was married, his wife—if he signed on for four years in the Navy, he could take her, and he

did. And he went off to Japan. (*laughs*) And so I'm like, Ooh, I'm not going out there by myself. And one of the local practices offered me a job, and I went to talk to the woman who I would be replacing in Wellesley, Mass. And that was a little depressing. She said, "Been out here for twenty years," she said. "And I have hospitalized five children." She said, "There's a great deal of health in Wellesley." (*laughs*) And I said, Hmm. Anyway, I was interested, but I decided when in doubt, do another year of training. And of course, by now I was thirty-five. (*laughs*) And my father is saying, "When is it exactly that you are going to be a real doctor?" you know. And of course, my maximum salary so far is like three hundred dollars a month. And I had to live with my brother in Boston, because I couldn't afford to live in Boston. So, in a sense, I never left home. (*laughs*) Anyway, I stayed on and during that year—I did a fellowship in child development and mental retardation, in which I was really quite interested. And I think I would have thought about neurology, (*laughs*) but that would have been another three years. But I did that year. And during that year, Sam Katz, who had come to Duke in '68—the spring of '69—he came and said, "How would you like to come to Duke on the faculty?" And I said, "And what would I do if I came?" He said, "I don't know, but we'll think of something." (*laughs*) Because he was really beating the bushes. I think at the time the faculty was like eight people; it's now like ninety. Anyway, he—so I said I would think about it. So I talked with the chief at Harvard, who immediately offered me a faculty job at Harvard. This is a real joke. Now I'm a fellow, right. I'm making now $9,500 a year, and the starting salary as faculty member is $8,500. I mean, I couldn't have—I'd have had to live with my brother the rest of my life. Now, it was understood at Harvard that it was just the glory. And so you would work on the outside in private practice to support yourself,

and you would graciously donate forty hours a week to the Harvard Medical School. So I thought, I'm not—I don't know if I want to do that. So I know— so I'm now thinking, you know, What am I going to do? Am I going to go into private practice, and am I going to join that group, am I going to go, whatever—? So I came down to Duke in February—as you might know, bad time to come to Duke, to Durham. It was raining; it was muddy. Durham was really a tobacco town, you know, it was—I think it was less than 100,000 then. And half the streets—well, like part of Old Chapel Hill Road wasn't paved. It was muddy and rainy and so—but it was snowing in New England, and I had come down for two days. And Logan Airport was closed. So I stayed for four, five days. And I saw everything there was to see in Durham, and I had Bullock's Barbeque and all those other things. And then everybody was quite enthusiastic, you know, about where the department was going to go and so forth. And I thought, Well, you know, what the heck. (*laughs*) And so when I told everybody—I told you the Boston people said—you know. And so I came down here and I—and talked to Fred. And it was agreed—I would come down here for four years, and then Fred would come back—three years and Fred would come back—and we'd still go to Woodstock. Well, that never worked. You know, Fred came back, and he took the job that I would have had at Boston. (*laughs*) He did stay, not for long, and he had a private—sort of private referral practice—and they paid him a minimum, and he made his money on the private referral practice. But I came down. And the first year, I did odds and ends. I ran a little child development clinic on Mondays, and I worked in the nursery. (*telephone ringing*) There were so few faculty that they—everybody wanted me. (*laughs*) Hang on, let me—I think this is my neighbor.

ROSEBERRY: Oh, let me— (*pause recording*) You were saying that there were so few faculty that everybody wanted you.

POUNDS: In the department. So I helped out in—and then there was only one neonatologist, so I helped out in the nurseries. And there was two part-timers in the pediatric clinic, so I helped out in the clinic, mostly teaching. And then, of course, as you can imagine, I came in—my title was assistant—no, associate. Not associate anything, just *associate*. And so then I began being appointed to every committee. And I really was on all the good committees, actually. (*laughs*) And so I was kind of working sort of—eight to six or something—sort of pitching in, teaching, seeing patients, you know, milling around. And finally I said to Dr. Katz, I really need to have a, you know, kind of defining (*laughs*) job. And so at that point, he brought the five of us in, so he was sort of stabilizing various divisions. But just as an example, like if the—there was one nephrologist. If he went on vacation, there wasn't anybody to cover his patients. You know, that was the kind of thing that was going on. The second year I became director of the clinic.

ROSEBERRY: The outpatient clinic?

POUNDS: Yeah, outpatient clinic. And—

ROSEBERRY: In the department?

POUNDS: Yeah. And I immediately (*laughs*) uncovered the—a number of problems in the clinic. If you give doctors an infinite amount of time, they will use (*laughs*) it, and the specialty clinics were like dominating the day. And they started at eight-thirty. But they usually had a little conference first; meanwhile, their patients are collecting out there. And then they start seeing the patients. And so they don't care really how long

they go into the afternoon. And so the clinic was officially from eight-thirty to twelve, and then the general clinic met from one to five. Well if they drifted on until two, the patients for the general clinic had been there since one, and we who were taking care of the general clinic patients (*laughs*) were going to be here until seven. And this—this was the part that gradually dawned on me as I was watching this evolve, was that if you counted the number of patients they were seeing in a given day, not enough patients to need more than eight hours. Eight-thirty to five would have been fine. We could have all had lunch (*laughs*) and gone home for dinner. And so what I did—and, of course, all of these things were met with significant resistance, as you might imagine—I said, "We are going to reverse the clinics. General clinic will start at eight-thirty, and we guarantee to be done at twelve." And then you could have your patients arrive at twelve, if you want to, for the specialty clinics. But we're going to be—because general clinic was where the specialty clinics got their patients, you know. They—well, no, they weren't all—some were well-baby clinics. At the time I came down here, Duke Hospital saw 95 percent of the African-American babies, because they wouldn't go to Watts Hospital, which had also been integrated, but it was perceived as a white hospital—what is now the North Carolina (*laughs*) School [of Science and Mathematics]—was the only other hospital in town. Lincoln had been condemned as an inpatient hospital, but it was still being used as a clinic and started up. The Lincoln Clinic was just starting. Evelyn Schmidt had just come to town at the same time I did. So it was—you know, it was a changeable sort of time. And so when we reversed the clinics, it's amazing how much quicker the day was over, because now the specialists saw the end of the day coming, and instead of taking their time, you know, they—like dinner, their wives and children wanted them to come

home or whatever. But I could tell you that people said, Well, we tried that once and it didn't work. Worked just fine, actually. Only the cardiologists still started in the morning, and that was okay, because they never showed up until ten. (*laughs*) And we just lightened the schedule on Wednesday mornings. We gave them a few rooms. (*laughs*) We'd give them the whole (*laughs*) clinic. And so it was—that was fun, you know, it was kind of administrative—and really what I was doing—of the three legs—I was doing teaching and administration, and not research. I mean, there just wasn't time. And the important people—Cathy [Catherine] Wilfert, Susan Dees, Becky {Rebecca] Buckley, the other women in the department—were all doing significant research, which I totally supported. You know, I mean, I think that is important. And I really think departments now, in general, have people that do that. You need people that will protect the time of the researchers to get the new information out. And those of us who like taking care of patients and teaching can handle some of the administrative stuff. So I began my first—I was on several committees. The most interesting one was one that no longer exists, it was called the Medical Care Committee, and it was headed by Hans Lowenbach, who was a psychiatrist. And I met him at my second week at Duke. (*laughs*) I mean, that was why I was on the committee. But I got called back at night to see a patient on the ward, and I didn't realize that I had—where you could go in, you know, into the hospital. I mean, I hadn't been here long enough to know where the doors were. And the Pediatric Clinic was— you know where the Student Health loading dock is? Well, that was the Pediatric Clinic. Where Student Health is now is where the Pediatric and Psychiatry Clinics were. So I always parked outside there and went in in the daytime, but it's a fire door. It's locked (*laughs*) at night. It only opens out. And so I'm

standing at the door, remembering that the only other entrance is the emergency room, which is on the totally opposite side where the Cancer Center is now. I mean, I would have had (*laughs*) a half-mile walk in the dark to this door. So while I'm standing on the loading dock, this big, burly man comes up on the loading dock and he says, "Good evening," in this German accent. And he said, "Who are you?" he says. And so I said I was a new faculty member with Pediatrics, I was junior faculty. And he said that he was Dr. Hans Lowenbach, he was professor of Psychiatry. And he said, "Everybody in Durham knows how to get in this door after dark. Why shouldn't you?" (*laughs*) And he brings out a credit card. Well, it wasn't a credit card at the time, but it was a plastic card, and, you know, just slipped the lock and the door opened, and it was like, Eh! and so we were in, right? And I knew I could get out. So I trundled off to my duties, and I came back, and then I was appointed to this committee of which he was chair. And Medical Care Committee was designed to deal with whatever had to do with medical care. So we dealt with issues of, you know, patient stay, insurance companies, utilization review, reporting to the insurance companies about patient stay. You know, the insurance company would say—okay a regular—in those days a regular delivery is four days, we pay for four days. If a patient stays five, we would be—one member of the committee would go to the—and find out why the patient stayed, and either justify it or say, Eh, the patient has to pay for that day, the extra day. It didn't matter what insurance company. The business office would notify us that somebody was staying too long, whatever. We weren't allowed to talk to the patient. That was the other thing that was funny. We had to talk—we had to look at the chart. So the orthopedist learned a trick of keeping us from throwing their patients out by saying they were still in traction. And if you're in traction,

you got to be in the hospital. So they'd put a patient out of traction into a cast and they'd want to watch him for a couple of days. But on the chart it would say, Will be removing traction tomorrow. And you'd—you know, we could walk by the room and see that he wasn't, but we weren't supposed to check on the patients, so we used to say, Only the orthopedist knew how to get (*laughs*) around the rules. But then we had really interesting things, like the residents, who would be—you know, there was a lot of social agitation and the residents were revving up—and what they objected to was there was a dining room on the first floor that was open to the public and everybody. (*laughs*) And then there was an administrative dining room on the third floor where the hospital administrators, faculty, and senior nursing staff ate. And they said—the residents came to us with the complaint that it was affecting their (*laughs*) medical—it was affecting medical care, because they were unhappy with second-class citizenship. Anyway, so we—snd then we had others where people objected—you know, patients would have complaints about things, and it would get referred to us. And at one point, we did—we were asked—Duke Hospital—this is 19—gotta be '72—and the hospital had been open since 1930. The hospital opened in 1930. And they never had staff bylaws, no rules. And now they were coming up against needing rules. For example, surgeons who were getting to be elderly. So there was one of the surgeons the hospital said shouldn't be operating anymore, and he said, “Show me where it says I can't keep operating forever.” (*laughs*) And then they fired somebody who was—I think he was an alcoholic, but there was a couple mistakes made in his area, which was either anesthesia or blood banking or something. And they fired him, and he said (*laughs*), “Show me where it says I can be fired (*laughs*) for incompetence, for anything.” And so they began to say, Maybe—and

the other thing that I was shocked at was that hospital accreditors—that's the first thing they look at. So this hospital had been accredited since 1930, and (*laughs*) nobody had ever noticed that they didn't have bylaws for the medical staff. Well, so we wrote—we got bylaws from other university hospitals, and we put together what we thought were—and it has to have, you know, all the things that you can do for redress of if you think you're being accused erroneously. And so we had, like, this six-page document. And this was my introduction to politics at Duke Hospital. You know, really in the early seventies, it was still very much an old boys' club. Everybody—honestly, every man that I know on the faculty said that he knew everybody else. Well, there were 495 faculty doctors. And they couldn't have actually have (*laughs*) known all of them. I mean, you know, known them by—but they still had that feel. And so we had this document distributed to the powers that be, and a lot of them felt that it was a little too stringent, and was too lenient on the power—I mean, would interfere with some of their power structure. So the meeting to vote on the bylaws was scheduled for a formal faculty meeting at four o'clock on (*telephone ringing*) such-and-such a day, and when I got there at five minutes to four, the meeting that started at 3:45 was just ending. They had a quorum of department chairs and people, and it was voted down. (*pause in recording*)

ROSEBERRY: —of a story. So the meeting was at 3:45. Or the last—

POUNDS: So you see, because they had no bylaws, they had no quorum. So they had like twenty people. They—the dean—or the chancellor, Dr. Anlyan—presented the bylaws, and they rejected them. And we all—and the faculty all arrived, and it was over. So you know, most of us on the committee were pretty mad, but Dr. Lowenbach—who was the chair and had been in charge of this whole thing, and really we had spent hours

on this—said, “It's sort of the way the club works.” (*laughs*) And so the next—I guess maybe a month later, a two-page simple rules and regs appeared. Very interesting.

ROSEBERRY: Was that done by your committee?

POUNDS: No—

ROSEBERRY: That was somebody else.

POUNDS: It was whoever those other guys are. And they had a faculty meeting, and it was unanimously approved. (*laughs* I mean, they had to have something, because the inspectors were coming in. And so there was a lot of that sort of thing that—. And so that committee was pretty exciting. And then in my next to last year—I was here from '69 to '74. And I guess the end of '72, I joined the Admissions Committee. And there were two women on the Admissions Committee (*laughs*) and how many—maybe thirty? Maybe there were twenty-eight of us altogether, I guess. And they did have a very good system of processing applications. And the only part that I wasn't comfortable with was that we interviewed three—Dr. [Suydam] Osterhout was the chair of the committee and the dean for admissions. And then two committee members would interview a student for twenty minutes. And so it was—you know, it wasn't really enough to get a sort of good give-and-take with the candidate. And it certainly wasn't one-on-one, it was three-on-one. And they were all (*laughs*) quite nervous, as you might imagine. And they had a sort of rule, which was fair but a little difficult, that people—that it was expensive to come, and so that they had lots of regional interviewers. And if you were from more than five hundred miles—five hundred mile radius, you could—you would be assigned to a regional interview. So—and the answer was, of course—then, in general, that really meant you probably weren't going to get admitted. (*laughs*) And I mean, I'm not saying

that it was deliberate, but it was—it's much harder for somebody on the outside to sell somebody. Now, since three people at every committee meeting had met the candidates they were talking about, you now either had—you had three advocates for them. And you would be assigned to be an advocate for an out-of-town interview person. But you couldn't advocate as well as if you had laid eyes on them before or known then in any way. And so they—to compensate for that, because that would have meant very much a regional student body, you know. I mean, people that went to school at least in the southeast—they sent the Admissions Committee off to New England. I mean, no messing around here. Men on the committee went to MIT, Harvard, Dartmouth; I don't remember if they went to Yale. Maybe Yale, Columbia. They interviewed all comers. That was one-on-one. They sent three—if they sent three people to the school, the school—the university, like MIT—would set it up and they'd each have an interview room and the candidates would come in for interviews, whether or not they'd applied—the idea being that you would interview the people that had applied, and you would encourage—you would tell other people. You would people to the other people, so that you would get more candidates from the northeast, whatever. So when I joined the committee, it was decided— (*laughs*) this is one of my—the fun things—that we would—two women—would go to Wellesley, Smith, and Holyoke.

ROSEBERRY: Was this decided by Dr. Osterhout?

POUNDS: Umm-hmm. I mean, I think those—I don't know that those—I mean, I guess—I don't know what he did, you know, to set it up with those schools, but it may have been that he tried other schools and that they were willing to do it.

ROSEBERRY: And this is Syd Osterhout, this is not Shirley?

POUNDS: Yeah Syd. Yeah, this is Syd.

ROSEBERRY: Okay. I'm sorry for interrupting.

POUNDS: Her husband, yeah.

ROSEBERRY: Okay.

POUNDS: And so—I think Frances Widmann and I went the first year, and then Becky Buckley was on the committee the second year. I was on the committee the first year. So we went up—and because I knew Boston and Massachusetts, we rented a car and we went—drove right out to Wellesley. And Wellesley was very well organized. And the dean for—what, counseling and placement or whatever you call it when people are graduating (*laughs*) from college—was somebody I knew, because her husband was on the faculty at MIT, and when I lived with my brother, and—they had been to dinner a couple times. Anyway, they set up—they were very well organized, and they marched women by—and then they also had their shared—all those schools have a shared program, theirs was with MIT. So MIT students could take lessons at Wellesley, and Wellesley students could take courses at MIT. So rarely we would interview a man there, but we'd interview all afternoon, maybe twelve or fifteen people, obviously not in any (*laughs*) great depth. And we—then we'd write them all up, and then drove immediately to North Hampton and stayed there while we—for the next day at Smith in the morning, and Holyoke in the afternoon. And this is really a terrible bias, but it gave me—you know, when you rank—if I had to rank those schools in terms of the way we saw them, it would be that order—Wellesley, Smith, Holyoke. Every time we got to Mount Holyoke, they said, Ah, is this the day you were coming. (*laughs*) And they would say things like, Well, you know—. And Mount Holyoke has a tradition that on a beautiful fall day—

which of course is when we were there, in October—if it's a really gorgeous day and so forth, the president will declare a fall foliage day, and they're all free for the day to go to the—look at the leaves or do whatever they do on the fall foliage day. And so that—so every time like when we were at Wellesley, we called Smith and Holyoke after the first—the first time I went, we didn't but the second time we called, and they'd say, Well, we don't know whether the president will call—I said, We're coming, (*laughs*) and we're leaving if you're all out in the field. Anyway, Smith was well organized, but their students evidently—(*laughs*) or, at least the ones we interviewed—all take horseback riding (*laughs*) at some point, and they were coming right from the stable—because it was sort of early in the morning, you know, so this whiff of manure and straw and things. And they always apologized, and they were very gracious, but nevertheless, it was (*unintelligible*). And then Holyoke was always this chaos. And my first person I met at Holyoke—and this was an era when everybody sort of looked alike. They—everybody had their hair parted in the middle, long—long, long—and they were either in jeans or barefoot or whatever. I mean they were—everybody was very hippie looking. So this girl comes in, and she has a poncho. And this is Mount Holyoke. And they had drummed her up from someplace. I mean, they were out scrambling (*laughs*) for people. And she comes in, and she curls up on the chair in her bare feet. And she—and she looked me right in the eye and she said, "I read your bulletin." And I thought, Jesus, I've never read the bulletin. (*laughs*) And she said, "And the word compassion doesn't appear in it." And I said, "Well, I guess the people that write it think of it more as information and data than philosophy." "Well," she said, "The University of Rochester has compassion on the very first page." And I said, "Well, then, I guess you'd like to go to

the University of Rochester." (*laughs*) And she said, "Oh, I'm never going to get into medical school," she said. "I have a 2.1 GPA." (*laughs*) And I wanted to say, So why are you here? (*laughs*) So we had a little—you know, chat, and she was off, and then the next one. But anyway, that was—you can imagine that you come away with an impression of a college from one kid that obviously isn't fair, and I know a lot of Holyoke graduates who are quite normal, but I don't know where she came from. Anyway, the next year when we went back, Becky Buckley—who, you know, is a sort of internationally known immunologist—Fred Rosen was the professor of immunology at the Children's Hospital in Boston, and, of course, one of my favorite people (*coughs*) when I was resident. So Becky had never met him. I mean, I she'd met him, I guess. Well, we're arriving at eight o'clock in the morning in the airport. And I happen to know that Fred Rosen, as you just detected, works from noon until midnight. He doesn't (*laughs*) work in the mornings. He listens to Mozart in the mornings or something. He's a big music buff. So I (*laughs*) said, "Well we can try, but I'm quite sure he's not going to be in his office." But she said, "Oh, oh, please would you take me there?" So we go to—went and paid the expensive parking in Boston, and we went up to his office, and I said to his secretary—whom I just knew casually—I said, "I'm sure Dr. Rosen isn't here, but there's a very important immunologist here who'd like to meet him—or see him." And she said, "I'm never supposed to call him in the (*laughs*) morning." And I said, "I know that. But what you can do before he yells is say that Dr. Pounds is standing in front of you, and says you really, really want to talk to her." (*laughs*) And she said, "Okay." So she calls, and he had a really, really deep voice. She handed me the phone, she said—se said, "What?" (*laughs*) And I said, "I'm here with Becky Buckley." "She's in Boston?"

he said? I said yes. And I said, "And we only have two hours before we have to be at Wellesley. And I know this is not a good time for you, but could you come in?" And he did. And he took her—I mean, we walked for a mile. I said, "I've seen all these places. I don't (*laughs*) want to see then anymore." So I went around, visited old friends and Becky went—on Becky's trip, she's a—you know, she's just a really incredibly well - organized and efficient person. And we were much brisker with getting through. I mean, because, see, I was still learning about—like, I would start—like, now I would start wandering off in some other tack with a student, and then there'd be four waiting, right? So Becky would say—when she finished with somebody, she would tap on my door, and I'd notice that she was done, so I'd have to wrap up with that one and get the next one in there. Anyway, so I went on those two trips, that was—And then I left Duke and went to Pittsburgh—

ROSEBERRY: Can I ask a quick question about that?

POUNDS: Yeah.

ROSEBERRY: You had mentioned before we turned on the recording that if you were a woman, you were often assigned to interesting committees, or you were—

POUNDS: Yeah. Well, see, I was on the Admissions Committee, I was on the Medical Care Committee. I was briefly on the executive committee—(*laughter*) I mean, the faculty representative.

ROSEBERRY: So did they want—they wanted women representation?

POUNDS: Oh, yeah. See, now it was becoming very important to the—out there, you know, the women's movement had made some dents that you couldn't be an old boys' club, or you couldn't look like a old boys' club. So having a woman on a committee—

search committees—I mean, whether you ever had any influence or anything, but—and that—and to some extent, that's still going on. I don't know if you know Gus Grant—Augustus Grant. He's a cardiologist. (*laughs*) He's African-American. (*laughs*) And he and I—when I came back to Duke, he and I found ourselves on a number of (*laughs*) committees. And he used to say, "I can't imagine why we're here." (*laughs*) So there is—you know, there still is that—you got to have some—you know, it's just got to be. And that was just beginning. And so I was—you know, I'd be tapped—and the reason was because it was assumed that I would have more time since I didn't have research. And, in fact, I think by the time I left, I was in clinic all morning, and Fridays mostly I saw my—we had well-baby clinic, and I saw my own patients on Friday afternoon. And I came in Saturday morning to see house staff and student children if we had—a couple of us sort of offered to take care of those—. The truth was, they got the same deal. I mean, it wasn't—it still wasn't free. (*laughs*) They got the same deal in town—with the town pediatricians—that they did at Duke. And that was designed for us not to be in competition. We were—you know, we never charged as much for patient visits at Duke then as the town pediatricians did. But for a lot of patients, of course, people that had—on Medicaid or public assistance—each of the practices at the time when I was first down here did a certain percentage of those patients. And the way they did it, which was really quite nice, I thought—and it could only happen when the town was small enough to do it—was each practice took over one of the county health department well-baby clinics—they were the pediatricians. So then when those children were sick, they could go to that doctor's office. The real problem with the health system is if you get your—if you get well-baby care at the health department, which is quite good well child care, then where

do you go when you're sick? And the answer is, the emergency room, which is a terrible place to go. You know? And so in those days, when the town was small and there were five practices, if they covered the five well baby clinics, and the patients could go to their offices—they had some continuity. But, like, when they come to the emergency room, you don't know what immunizations they've had, and if the mother doesn't—you know, doesn't bring a record. I mean, you really—it's really choppy, not good medical care. And Durham and Duke really made an effort to try to make that better. So the bulk of babies that—a lot of people in those days would say, I—you know, if you asked them where they got their medical care, they'd say, Mr. Duke's Hospital. And if—we tried—I tried to get, you know, some panel of patients to agree to be one resident's patients, so they always saw the same doctor. And I had mothers that looked at me in horror. I mean, they said, Ha, I like meeting all these young doctors. (*laughs*) I mean, what [do] you mean, the same one every time? (*laughs*) Yes, God willing, it would be the same one every time. (*laughs*) But they were so used to the system. And, you know, and at the time one of the sad things was how easy it was for them to tell that I was not a Southerner. You know, the mothers would say—we had a wonderful, very Southern Georgian—she was a Georgian woman who worked part time. I mean, she just came to a couple of clinics. And she was kind and loving and caring for all these patients and so forth. But I said to her, "You know, the patients occasionally make disparaging remarks about you." And she said, "And they don't about you," she said. And I said yeah. And she said, "I'm sure it's because they perceive that, you know, I'm treating them like the gracious white person, and you're treating them like equals." She said, "I mean, it's exactly what they're perceiving." And she said, "But we—you and I—can't do anything

about it." And she said, "So tell me what disparaging (*laughs*) things they say about—." But it was true. I had a patient who said to me, "I'd like to tell you something I couldn't tell her." And they'd tell me something that they could perfectly well have told her. Just, I think it was a time, and they were feeling—. You know, what I couldn't get over was how passive they were about a lot of things. The African-American community didn't expect a lot. I mean, one mother at one time, it was in—actually, she was in cardiac clinic. And she had arrived promptly, and I had to finally convince everybody that everybody didn't need to come at one o'clock, because somebody was going to be seen at quarter of five. (*laughs*) And so I finally convinced them that—and this was all done in an appointment book, by hand, you know. I mean, it wasn't like rocket science—no computers. If you please, you know, put—if there are forty patients, ten at one, ten at two, ten at three, ten at four. Well, the cardiologist said, "Well, no we don't want anybody at four." So I said, "Okay then, fifteen, fifteen—. I mean, I don't care how you do it, but let's have people that don't have to come at dawn." (*laughs*) But one day the woman who came for her appointed hour at one had not been seen at four. And she finally complained. And what happens—I mean, I knew exactly how it happened, but it didn't help her. I said, somebody picked up her child's chart, and then got called to the phone, laid it down where he got called to the phone, went back, and picked up the next one. It was still there by the phone. And the phone—our desk in the clinic was a shelf (*laughs*) with a phone on it. And, I mean, there wasn't anything under it. You stood and wrote. And so that's where I found the chart. So I said to the mother, I said, "This is the rule." I said, "If you come on time and you are not seen in thirty minutes, you go and speak to that lady sitting there and tell her—ask her when you're going to be seen." And

she said, “Oh, I couldn't do that.” I said, “Yes you can.” And I said, “And you should. And she'll expect you to, because all those other ladies are going to complain.” And of course, they weren't, but—. (*laughs*) I said “It has to be a mistake, because they have people coming at two, and if you were at one, you should have been seen by two.” “Ah,” she said, “I should have been seen earlier?” Like, (*laughs*) oy! She sat there with this baby for three and a half hours. Anyway, the real hard part I think—in those times, in the early seventies, in the medical center—was this kind of feeling that there was a group, that there were—it was a ruling class. There was the old boys’ club, and then everybody else was just sort of bobbing around the edges. And it wasn't unpleasant, and certainly I got to know all of the people in the ruling class, since I went to some of the executive committee meetings.

ROSEBERRY: Did they perpetuate that, the old boy's—did they perpetuate—?

POUNDS: Oh, yeah. Oh, yeah. In, you know, referrals to each other, in some competition among them through one thing—space, and money, and all that. Much discussion—we always—Pediatrics never had any money, but we heard about it a lot from all the others. And we did have—I did have one funny experience that you would probably enjoy. The name of the executive committee of the medical school at the time—medical center—was the Committee on Hospital Affairs, CHA. And I guess they met every week. And they settled everything, I don’t know. So I was minding my own business in the clinic one day, and somebody brought the mail—the in-house mail—to me, and there was this letter. (*laughs*) And it said—the letter had said YMCHA. And I thought, It's from the YMCA, and why are they writing to me? And I opened it up, and it was an invitation to join. And so—I mean, it didn't make any sense to me, and it was

signed by somebody I knew was a hospital administrator. So I just stuck it in my pocket, and I hung around, and then I saw, I guess, one of the junior—one of the other faculty members—one of the men. I said, "What's YMCHA?" And he said, "I don't know, the CHA. That's the executive committee." And I said, "Yeah, so what's the YMCHA?" He said, "I don't know!" So I went up to find the administrator, and I said, "What is the YM?" He said, "It's the Young Men's Committee on Hospital Affairs." And I said, "And you're asking *me* to join?" (*laughs*) "Yes," he said. "Would you?" And I said, "Well, are you still going to call it the (*laughs*) Young Men's Committee on Hospital— ?" "Well," he said, "probably." So what this was was actually quite nice. These were like the junior level people that wanted to know what was going on. And so they—there were administrators, younger faculty. I mean, I'd say they were all pretty established. By now I'd become an assistant—I had an actual title, I was an assistant professor. So they were mostly assistant professors. There were a couple of associate professors. And they met once a month, and they invited speakers at people's homes. And the speakers—well, we had the basketball coach, for one. (*laughs*) And then they'd have senior faculty to come and tell them what they were doing in their lab or whatever. And at the end of the year, we'd have—Dr. Anlyan would come and tell us what the plans were for next year for the medical center, or whatever. And so they were really—I mean, it was an insider's kind of thing. But the peculiar part of it was that, of course, the wives of the men said it wasn't their club, and so the men could take care of it. So that when you went—. The first one I went to, you—and they were all alike after that. It was potato chips and pretzels in big bowls. And you had your choice of beer or Coke. So the real test came at the first meeting (*laughs*) I went to. There was a—you know, a—not a bucket but a—what is that

cooler which had all the bottles and cans and things in it? And the question was, Was I going to want a glass? (*laughs*) Because I said I'd have a beer, and they said, Ah, would you want a glass? And I said, Yes, I would like a glass. Oh. And then pretty soon everybody said, I'd like a glass. But in the beginning, it was that no dishes would be used, (*laughs*) so you wouldn't have to wash anything. Anyway, I grasped that later. And I was a member for two years. And it was a good group. And you did learn a lot about how it operated. But it was still—it was like the young Turks trying to figure what the old Turks were doing up there. And I think it dissolved later, because when I came back—I don't know of any similar organization. Of course, the faculty had doubled—Durham had doubled—(*laughs*) in size. There was—it was just a different kind of place. Because then, it was just Duke [Hospital] South. You know, there were—I was on a zillion committees for the building of Duke North.

ROSEBERRY: Can I ask one follow-up question and I'll make a note to ask you about that?

POUNDS: Yeah.

ROSEBERRY: Who were the women at the time before you left?

POUNDS: The women on the faculty?

ROSEBERRY: Yeah. Or who are some that stand out?

POUNDS: Well, the only ones (*laughs*)—there were only two in Medicine, and there were six of us in Pediatrics—Cathy Wilfert, Susan Dees, Becky Buckley—Cathy, me—Shirley Osterhout, and Debbie Kredich. And then there was Jackie—

ROSEBERRY: Hijmans?

POUNDS: Hijmans. And a part-time woman in Cardiology, whose name I don't remember. But it was—and there was—there was no throng or anything. But what was beginning to happen in the medical school and in the residencies was that more women were coming in. You know, when I—I'd say in those days, the most anti-woman group nationally was obstetrics. And while I was here, Duke had their first woman resident in obstetrics. And I think she really had a rough time. OB was a longtime stand—I mean, it was a long time— I mean, this is one of my Pittsburgh memories. I was the dean of students at Pittsburgh before I came down here. And on match say, (*laughs*) the program director in obstetrics phoned me, and he said, "We had—" they always prided themselves on all their students—all of their incoming residents—being in AOA [Alpha Omega Alpha], you know, which is the medical school honorary. And he called and he said, "We've had a terrible year." And I said, "What? One of your residents wasn't in AOA?" And he said, "Oh, no, they were all in AOA," he said. "But here's seven—" I think he had seven residents— "and five of them are women," he said. (*laughs*) I said, "Wow, that'll be a change." And he said, "What are we going to do?" I said, "Live with it." (*laughs*) It was definitely the longest—much longer than surgery.

ROSEBERRY: Really? That's—

POUNDS: I mean, surgery—surgery had the—maybe the advantage, in that more women wash out of surgery program—I mean, decide that's not for them after the first (*laughs*) three years, or whatever. It's true. And obstetrics at least is a shorter training program. But—

ROSEBERRY: So that's true nationally, and at Duke?

POUNDS: Oh, yeah, it was national. In fact, it's probably worse at a lot of places than it was here. And, you know, one of the—oh, the other thing that I used to expect still holds true—that I have always griped about. See, when I came here, I was single. And I—you know, I'd already probably established that money was never a driving force (*laughs*) in my life. But I was really kind of making this sort of pitiful salary when I got here. And then I found out that a guy who'd started the same time I did—and he was a new faculty member in hematology and had the same level, the same amount of training, except that he did have one more year of fellowship training than I did in—. But he was making half again as much as I was. And the administrator of the department, whom I think—Sam would have probably agreed with it, but anyway. The administrator of the department said, "Well, he's married, and he has children." And (*laughs*) I wanted to say, "What does that have to do with it? I mean, the pay should be the same for the job, not for the wife and children." What is this, we're getting answers. So I did complain. But then I had—at that time, you were really seriously penalized if you were single and you didn't own any property and you didn't have any dependents. I mean, I was like losing money in (*laughs*) taxes. So I bought a house. Now I had no money. My father lent me the down payment, and the bank lent me the rest. (*laughs*) And it was in Hope Valley, of all places, but it was the smallest house in Hope Valley: still is, I think. Just a nice little house. And I wish I could be there now; I liked it a lot. And I claimed negative two dependents. And at that rate, I was able to live and my salary started to go up. And then about four years into it—you see, now, across the country, people were looking for two things: women and general pediatricians—which is what I would be classified as. Because now the growth of—you know, as technology got better, more things were being

treated as outpatients, and the outpatient department became a more important and vital part of what people did. And they needed teachers. I had to use specialists to cover clinics, and I was firing them left and right. I mean, they (*laughs*) would— I mean, they would work up—a medical student would work up a student and think that the child had asthma. And the guy who was consulting was a neurologist. And he'd say, Gee I haven't thought about asthma for a long time. He said, Maybe you better have them come back another day. Ah. (*laughs*) You know. And so students weren't learning anything, and the patients (*laughs*) certainly weren't getting very good care. So I was gradually bumping them off from the general clinic, and in fact, it was me full time and Shirley Osterhout half time. She had three little stair-step kids. And Debbie Kredich was finishing up part time. She was working one—two days a week to finish her residency, because she had three little stair-step children. So I was really desperate for people that would actually stick with me and not (*laughs*) be telling people crazy things. So I said to Sam, "I think Debbie's done now. Don't you think she's done? Couldn't she be, like, eligible for her boards?" And you know, the American Board of Pediatrics is in Chapel Hill. Well, it is now; it wasn't then, but it is now. So we called the board and described what she had done. And hers had been chopped up by her pregnancies. And they agreed she was done, so she could take her boards and then she could be on the faculty. So I always figured that I pulled her out of residency onto the faculty, and she was—so she and Shirley each half time made another person. And Shirley was the guru of well-baby clinic. I mean, she loved it, and she did the student teaching beforehand and baby demonstrations and things. And she ran the Poison [Control] Center, so that was her assignment. And Debbie gradually—as her kids got into school—she gradually—which

they did while she—while I was still here. She worked more, and began to work with the rheumatologist—adult rheumatologist, because there weren't any pediatric rheumatologists—and began kind of peeling off some of those patients, and that's how she started her career in rheumatology and, you know, was one of the best in the world, I think. I always figured that I was really important in starting her career. (*laughs*) Anyway so that was my beginnings at Duke. And I—and really, Dr. Anlyan was very nice. When I left—we didn't always see eye to eye on a lot of things, but when I left, (*laughs*) he said they would have promoted me with tenure for service to the university. Whether that's true or not—I was leaving, (*laughs*) so he didn't have to follow through. And he wrote that to the people at Pittsburgh, too. But I never did get tenure. Tenure is—. But, you know, see, that never bothers me. I knew that nobody was going to fire me, (*laughs*) and is that not a form of tenure? (*laughter*) I mean, I married my chairman in Pittsburgh, so he wasn't going to fire me. But when I came back to Duke, I was the only one with experience in the dean's office when I arrived in '87. So I was tutoring the dean. (*laughs*)

ROSEBERRY: So did you come back as a pediatrician, or you came back—?

POUNDS: Well, that was sort of colorful. See, when I—what happened was Fred came back, right? I think I mentioned that Durham was still a tobacco town. I was still single. And I thought, I got to get to a bigger city. Oh, and the other problem I had—and I'm sure Cathy—I know Cathy would agree—was doing things in pediatrics at the time was always an effort, because in a children's hospital everybody from the mop men to the senior people are interested in children. In a hospital with 900 beds, a hundred of which

are pediatric, hardly anybody is interested. So you had to wheedle and plead with the labs to take this much blood instead of this much blood, and you—we had to do a—

ROSEBERRY: Little versus big—

POUNDS: —we had to do a lot of stuff ourselves. We did our own throat cultures, because we wanted to know in twenty-four hours—and the lab was very good, but it would be three days. And if you have a strep throat, you'd like to treat it early; and if it isn't a strep, you'd like to know that so people don't go pulling their hair out or anything. And the worst was spinal taps. You know, in pediatrics people are quick to do spinal taps, because they worry about—it's much less true now, but we worried a lot about meningitis, which can be very sort of sneaky, and we wouldn't like people to end up dumber than they (*laughs*) started out. And so if you have an infant with a fever, and you can't find any reason for the fever, you do a spinal tap, even if you're pretty sure they don't have meningitis. But if you don't, then you lie awake at night saying, It could be—could have been meningitis. Maybe we better see how he is in the morning. And I've called many a patient early in the morning to find out. And if they say, Oh, his fever's all gone, you know, you're like, Whew, saved again. But anyway—. In adults, they do spinal taps for diagnostic purposes. You know, so they don't want to know the (*laughs*) results the same day; we want to know them in an hour, (*laughs*) because we're having the patient wait. Well, there are primitive methods of doing spinal (*laughs*) analysis. And one of the tricks I learned when I was a resident is—this is a really cheap trick—is you know that you can use urine dipsticks to dip it in the urine, and it will tell you what the—if there's sugar, if there's blood. It's just the chemical reaction. And there are little color-coded things, and you read it. Well, the two things you're interested in in the spinal

fluid are protein and sugar, both of which are on the urine dipstick. (*laughs*) So no one would ever advise this in a serious situation, but if you put the dipstick—the urine dipstick, which is sterile—in the spinal fluid and you wait and wait and wait, and the urine you have to read it within—one within thirty seconds and the next one in a minute. I mean, it's just—because if you wait, the results won't be accurate. But in the dipstick case, what you really want to know is that they have a high sugar, not high—your—the sugar in your spinal fluid is half what it is in your blood. And it should register on the (*laughs*) urine dipstick, because you didn't have any in your urine. (*laughs*) So if it registers, then you can be pretty sure they don't have an infection, because that's the first thing that happens when you get bacteria in the spinal fluid—it digests the sugar, and so you develop a low sugar. Anyway, that was—so we were reduced to these little things, and I said, I got to get some place where they take care of people. So in all of medicine, I'm sure this is true—when I went to the national meeting—research meetings—that are every spring and the—you just mention that you might be looking for a job, and they start coming out of the woodwork. (*laughs*) So I had calls from all over the place, actually: Los Angeles, Buffalo, Hershey, Chicago. And I—and then several faculty here said, You know, if they invite you, go. They said, Don't say, Well, I don't want to go to that place. And they said, No, no; go. You'll have a good time. You get to see how another place does it. You know. And they'll treat you well. They'll feed you well. It'll be just a good experience.

ROSEBERRY: Did they want general pediatricians?

POUNDS: All of them wanted general pediatricians. So the only—in Los Angeles, Lord, they treated me well. I had a driver that drove me. And then this is when I began

to suspect that—and I was staying in the Marina Del Mar—right on the water, in a beautiful hotel room with a balcony that looked right out at all the boats. And they—I was really treated royally, until I realized that I was going to be teaching at two hospitals—Martin Luther King Hospital, which is now about to go under, and UCLA Medical Center. And they are thirty miles apart, still in the city of Los Angeles. MLK was in Watts and it was—UCLA's in its lovely neighborhood next to Beverly Hills there. And with a driver it's easy. But you thinking about commuting on those freeways in midday you'd—I'd have to shift from one place to the other. And, of course, the salary—the starting salary would have been three times what I was making at Duke, but cost of living would have been twice what it was here. I mean, I had a lovely apartment for practically nothing (*laughs*) after Boston. And so I looked at that. And Chicago I liked. And Buffalo I might have liked, except that the—again, it was two hospitals—the children's hospital and a big county hospital. And so I was minding my own business when my husband—not known to me—called and asked me—and said he had checked with Sam Katz—and it was okay if he—that he'd like to invite me to come and look at a position in Pittsburgh, if I'd be willing to come back home. Because he obviously knew it was my home. Now, my family had all departed, (*laughs*) but—. Then he said— I said yes, I'd like to come. And he said, "Would you mind coming by way of Albuquerque?" And I thought, Maybe I don't want to go. This guy's really nuts. (*laughs*) I said, "I don't want to say anything, but Albuquerque isn't exactly on the way." And he said, "Oh, no." He said that the University of Pittsburgh has a longstanding link to the Fort Defiance Indian Health Service Hospital. And Children's in Pittsburgh was thinking of having their senior residents do a rotation—you know, a quick shift—for four weeks out there.

But he wanted to know if it would be an educational experience. And he thought that he would send somebody from Pittsburgh to Chicago, and then I would go to Chicago, and that we would meet and we would both go and look at what the setup was at Fort Defiance. So that sounded more interesting (*laughs*) than just flying to Pittsburgh, right? So I went off to Fort Defiance. (*laughs*) And then we had one of those experiences which the guy who came—went from Pittsburgh, who eventually was a good friend—(*laughs*) we agreed, touring hospitals is, like, useless. I mean, (*laughs*) you've seen one, you've seen them all. (*laughs*) But they took us into every closet and every, you know—. And I was like, Okay, yeah, right. This is where the mops are kept, and this is where they—you know. But I think they really wanted us to see that it was a full-fledged, you know, running hospital. And then they did take us to see all the sights on the reservation, you know, Window Rock and—God, I can't even remember all the places—Chinle, and—. And then we went to a barbeque with the public health—the Indian health service docs, most of them—it was still the Vietnam War—(*laughs*) were—I mean, it was just being over—were doing it to elude going into the army. I mean, Indian health service was a way out of serving in the army. So there were a lot of young men just out of training. Anyway, we had a lovely barbeque, but it was at five o'clock. And it was fine for us, because it was eight o'clock our time, (*laughs*) or seven o'clock, something. And we were just finishing our hamburgers when they said, Okay, you got to get off the reservation now. And we said, Why? And they said, Well, there's two problems on the reservation. One is that the Navajos don't fence their cattle, and so they just wander all over the place. And there are no lights on the roads—no streetlights. So hitting a cow would be a very bad thing (*laughs*) to do in the dark. So we think you should get off the

reservation before it gets dark. And Ian, the other guy, said, "And what's the other reason?" And they said, Because everybody is drunk after dark. And so if they are out—if you meet anybody, you're still in danger. And one of the common injuries—which is so sad on the reservation—is children riding in the back of pickup trucks and pop-pop, whether he's drunk or not, swerving to miss a cow and the kid falls off—bad, a lot of bad head injuries and things. Anyway, we didn't think it would be a good (*laughs*) experience, but they wouldn't be able to drive at night. But anyway, so we drove, you know, barreled back to Albuquerque. We didn't meet a cow or a car (*laughter*) the whole time. And Ian said, "I think we could have stayed a little longer." And I said, "I would have like to have—" you know about pawn silver? You know the Indians, over the years, pawned silver for dollars, and then often they died before they could ever get it back. And so they have this—these shops. I mean, they're run by the Indians. They're just this beautiful old pawned silver—they call it pawned silver. You know, beautiful squash blossom necklaces and everything. I mean, I'm not really into the turquoise thing but on Indians it really looks good. Anyway, I would have liked just a little souvenir, but, no, no, we weren't allowed to stop at any jewelry places. Anyway, so then I flew to Pittsburgh, and that was the first time I met my husband. And we had a lot of discussions about whether you can go home again, you know. A lot of the nurses I still—we still—I'd been gone ten years, and thought a lot of the people were still the same. And I guess when I decided that I really wanted to go back there was that—my husband was a really excellent clinician. He was a neonatologist. But he had sort of learned to be more of a general (*laughs*) pediatrician when he became a chief. So we went—I went—on rounds with him and the—a very expert senior diagnostician on the faculty. And we went into

the ICU to see a patient that the residents were worried about. And it was a little boy who was almost comatose and—but he had sort of more one-sided findings than what you might have thought. I mean, nobody knew what was going on, I guess. So everybody—the three of us made a bet about what it was. And I think all doctors do this. If you have an unknown situation, you think about the things you've missed in the past that you've been wrong about. So you select that one because you don't want to miss it again, right? So Dr. Gaffney was the senior diagnostician. He said he thought it was a tuberculous meningitis. What had happened was he had gotten ill just very slowly. And he had a few little cells. And he did have a spinal tap with a few little cells, but no bugs. So they weren't—they were thinking it wasn't that. But that's the way tuberculous meningitis starts, very, very slowly. All other meningitis are very rapid sort of thing. And my husband-to-be worried about a brain abscess: that is an infection deep in the brain that doesn't put anything out into the spinal fluid. It's just a growing mass that's sort of causing him to be unconscious. And I'm like, Common things are common. And I said it was a viral encephalitis. Well, their argument was, see, it had some signs that it was only on one side, which would have made either of theirs a better bet. But the bet was a case of Iron City Beer, which my husband was a connoisseur of beer, and Iron City Beer is the local Pittsburgh beer, and it's good beer. Anyway, so it was all just sort of done, you know. Anyway, and so I left and came back to Durham, and was going to ponder over what I was going to do when a case of Iron City Beer arrived. (*laughs*) I was right. And he said, "Now you really have to come." Anyway, so then I went back for a second visit, and I talked to people seriously about what I would do. And that job was—I mean, it was like starting over again. Sam Katz had built the department over the five

years I was here, until it really had a couple people in each division, as I said. But Tim Oliver was starting over again at Pittsburgh. I mean, not really over again, but there were like—one person in each division, and huge numbers of patients. We saw as many patients in a day at the children's hospital in Pittsburgh as we saw in a week in Duke. You know, we—Duke—I closed the emergency room at Duke during the—for pediatrics—during the day. They just came over to the clinic. And we fit them in among other patients. I mean, there just weren't—like, I would put a resident over there for five patients in a day. No way, you know—you all work together over here. And we had a special room that was just for the emergency kids that walked in. And our emergency room in Children's was a hundred and twenty patients a day. (*laughs*) And so it was a bigger challenge. And then I was—when I arrived, the chief of the outpatient department—which was called the ambulatory care center—they—I always hated that; it's a classier title they thought—was a serious researcher. And what he was looking at—that has made a huge difference in the world that you probably aren't aware of, but in the early seventies, people began being very concerned about unnecessary surgery. And the most unnecessary surgery in the Western world is tonsillectomy and adenoidectomy—most of the time, in those days. And practically every child had their tonsils out. It was ridiculous. I mean, a) they're useful, and b) it's ridiculous. (*laughs*) So Jack Paradise is his name, got over the next twenty years zillions of dollars, and I think every child in Allegheny County was eventually enrolled in one of his clinical trials. And they—it was a riot. I mean, he was meticulous. And he was—he was just a private practice pediatrician in Ohio, and he came and he got interested in this, and he began—he came and asked Tim, my husband, if he could have a faculty appointment, and this was what he

wanted to look at. Well, he announced his—when he first got the grant—I think his first grant was, like, five million dollars—when he got the grant, the rate of tonsillectomy and adenoidectomy in Pittsburgh dropped by 50 percent in the next year. I mean, (*laughs*) he hadn't done anything except say he was going to look at it. And then what he did was he enrolled children between four and ten or something like that. I mean, there are hundreds of protocols by the end, but in the first one—and people were in—they were in various arms, you know, of the study. So you could be in the no—this is my favorite one, the no T&A group. That means no matter what happened during the five years, you would not get your tonsils and adenoids out. (*laughs*) And then there was a group—but every time you were ill, every time you sniffled, you would be seen. Your way would be paid to come in for cultures and careful medical care. I mean, people that were in the study loved it, right? And even if you didn't come in, you were seen—they were seen every month. He had a staff of three people—two nurse practitioners and a audiologist—who saw all the children on these visits. And they were pretty quick visits. And if you come in a cab you get back home pretty quick-like. (*laughs*) So he studied these kids for eons. And then there was one group that got—if they had three streptococcal infections—throat infections—in a year, would get their—just their tonsils out. And then there was another group that had three and would get both tonsils and adenoids, and then the fifth group had to get five infections. And so this was a—the rest of us, which counted—was me and a half-time woman—a woman pediatrician and a half-time man. And I was medical director of the emergency room and associate director of the Ambulatory Care Center. But Jack was always tied up with these patients. So effectively, (*laughs*) it was me and—. And then my husband had set up a wonderful

system for the—like I had tried to do here. All the patients that came with no doctor were assigned to a resident, and they were in—they were his. And they had their clinics. Every resident came to clinic one afternoon a week and saw their own patients. And that was the—that was, in effect, the general—much of the general clinic. In the mornings, we saw patients that were referred in, but that really was a—this one goes to Cardiology, this one goes to Nephrology, whatever. We used to sneak a lot of those into the residents' clinics, because then they didn't just have well children and runny noses. Anyway, Jack proved that—oh, every time one of the T&A study patients came in, (*cough*) you had to identify them—that they came to the emergency department at the middle of the night. There was a special form you had to send over to the study, and—But I loved to ask them. Because they spent at least one hour twice explaining the informed consent thing. (*laughs*) And so I always loved to ask them what they—I said, So now tell me what part of the study you're in? And the mother would say, Oh, I'm in the no T&A study. And I said, And what does that mean? She said, That means that if—when Dr. Paradise—that he's not going to have his tonsils out until Dr. Paradise says so. (*laughs*) I wanted to say, Does no mean anything to you, you know? So I said, I understand. Well, Jack did tell me later that, in fact, in the no T&A group at the end—if they read all the way, and he told them at the beginning—that if they insisted after five years, they would take out their tonsils. He said, But we wouldn't do it very well. (*laughs*) No, he didn't. He didn't say that to them. Oh, he was so meticulous. And the others—what we really proved was—first of all, something everybody already knew—if you had your—you still have your tonsils?

ROSEBERRY: Mm-hmm.

POUNDS: They increase in size until you're between about eight and nine, when you're meeting lots of things for the first time. And then they begin to atrophy. And by the time you're an adult, they're just hanging out there, and they may do a little filtering but—. But Jack and I became convinced during this trial of something that is, I still think, valid. A lot of times, it's a whole ring of lymphoid tissues, so those tonsils and the adenoids are above it. But there's a lot of it back there. If the adenoids get big and obstruct your nose, this is why I think a lot of—I mean, this is the reason why a lot of kids needed to have their adenoids (*laughs*) out—but not their tonsils—is if you can't breathe through your nose, then you can't taste. So people said, Ah, after they took out his tonsils and adenoids, he began to grow better, and he began to eat better. But it was because he could taste. So Jack and I had a rule for any patient, whether they were in the T&A study or not: if they couldn't breathe through their nose for a year, they had their adenoids out. Because that's the least traumatic. I mean, it's not as painful, and it's the—it's safer than taking the tonsils out. All the way around, it's—. And it's like, (*inhales*) I can breathe again. And the other thing that I saw in—here in my early days, and then when I came back, and was, you know, just doing pediatrics a little bit—teachers perceive mouth breathers as dumb. So if you have a little seven-year-old who's like, (*makes breathing sounds*) you know, sitting there with his mouth open and drooling, I mean, could he be smart? And the fact is just that he can't breathe through his nose. (*laugh*ter) So I had two kids whose teachers sent them because they—through the developmental clinic—because they thought they were slow learners. And both of them were mouth breathers, and they were in no way slow learners. They were bright little guys. But they had trouble

sleeping, so they were sleeping in school and they, you know— And adenoids out, and, phew, you're back in business. (*laughter*)

ROSEBERRY: Well, you came back to Duke in '87?

POUNDS: Yeah.

ROSEBERRY: How was it different?

POUNDS: Oh, well, a), they built Duke [Hospital] North. My first week, I guess, I ran into a nurse in the hall in Duke South, and she said, "I haven't seen you for a long time." She said, "You must have been in North." I said, "I was very far north, for thirteen years." (*laughs*) So I came back in '87, and the department was—seemed to me to be enormous. I think it was about seventy people by then. But still a lot of the old timers. Sam was still chairman, which was always astonishing. (*laughs*) He was chairman forever. And it was so much better—I mean, everything. The medical care was better, the residents were better. I mean, it was a more attractive program for attracting residents. Although Sam did a wonderful job of bringing in good residents, a lot of the residents that came in the early seventies were (*laughs*) dumbfounded at Durham, and they wouldn't stay. You know, it just wasn't a big enough city, particularly—we used to say, Let's not take any more New Yorkers. They come down here, there's not enough cement. (*laughs*) And— But he did—see, he had connections all over the country, so pediatricians—pediatric departments—would send people down here because of Sam. And because he was well known, residents wanted to come here. I mean, in truth, when we were—when I was applying for residencies, it was usually—it wasn't the name of the institution that mattered, it was who the faculty were at a particular place. And in my time, when I was applying, the reason—the only reason I applied to Johns Hopkins was

because of my advisor, who was from Johns Hopkins. But Hopkins had nobody by name, and that's why I really didn't want to go there, even though I ranked it second. I didn't think they wanted me to come, either, so (*laughs*) that was—we were even. But yeah, when I came back, it really was—it was a different place. And I was—I—when my husband took a position—he stepped down as chairman at Pittsburgh and took a position at the American Board of Pediatrics in Chapel Hill. And I said, "Yeeks, I'm back again, right?" (*laughs*) And I had been the associate dean at the medical school in Pittsburgh for three years then. I mean, I had a better job than he did, see. So I came down here, and of course I came to see—I went to see Sam, and I went to see Tom Boat, who was the chair at UNC [the University of North Carolina at Chapel Hill]. And it was quite clear, even though they were very polite, that they didn't have jobs for me. (*laughs*) The general pediatricians were no longer in dire—they were not in dire need of either women or—my affirmative action system wasn't working anymore. So I said, Well, you know, I have been a dean, maybe I would just kick my search up a level and I talked to Dr. Anlyan, who was still chancellor. "Oh, yes," he said. "Yes, yes, yes," he said. And Charles Putman—did you ever know him?

ROSEBERRY: I didn't know him, but I know the name.

POUNDS: Well, he was then the dean. It was a brief period, but it was the year that I was looking. And so I came down for a—I came down. (*laughs*) My husband was actually given a sabbatical at the board. And so he was—he had a rental apartment in Carrboro. Well, when I was here (*laughs*) in the seventies, Carrboro was a little sort of slum on the side, I mean, really. It was—there was nothing in Carrboro. Three great stores—one of them still there—which is a sort of furniture, junk, whatever. I mean, you

could buy anything there. Oh, it's not—it's upstairs. I bought a wonderful mahogany table there that I refinished. But it was buried under seven tiers of (*laughs*) furniture. Anyway, and there was a modern—see, I was into Danish modern at the time. I bought a coffee table, which I had up until last year, and then I got this (*laughs*) one. I mean, I thought it was getting a little tacky. And— (*unintelligible*). Oh. Oh, and there was a kind of nice little sandwich shop. That was it that was inside Carrboro. I couldn't believe it when I saw it. I mean, I'd been down to Chapel Hill in between, so I had seen that Carrboro was getting (*laughs*) better. But honestly, when I was there, you went down on Franklin Street, and then you just sort of—it was gone. (*laughs*) And there was, you know—yeah, it was awful. Anyway—. So we were staying there. And I had an interview in the morning with the dean at UNC, whom I also knew, (*laughs*) the dean. Because, see, I'd been in the dean's circle—the Association of American Medical Colleges. So I knew Stu Bondurant was a dean at Chapel Hill, and I'd gone to meetings with him, and, I mean, I was like in, right? Well, he was desperately looking for somebody, but their dean for student affairs was a half-time job. Well, Bill—Tom Boat had also, which is dumb, actually, but—Tom Boat was looking for a half-time person. So, I thought, Well, maybe that's a possibility, right? And so in the morning—and then in the afternoon, I came over and met with Dr. Putman—well, Dr. Putman is a radiologist and an internist, right? And radiologists, I always think, are born with microphones clipped to their lip, because they dictate all their reports in the dark, you know, while they're looking at films. So he talked—he asked me two questions, which I answered. And then we talked for an hour. And then he thanked me very much for coming in, and I left. And then I got home—I got back to Pittsburgh, because I wasn't doing a sabbatical.

(*laughs*) And I got a letter from Stu Bondurant, offering me a position. And I got a three-page letter from Dr. Putman, outlining what he thought I would do, but I didn't see any job offer in there. So I'm trying to decide whether I actually have a job here, or have a job there, or, you know. So finally I wrote him a letter, Putman, and said—I called Stu Bondurant, and said I was considering it, but I was still talking to Duke. He knew I was talking to Duke. And (*laughs*) Dr. Putman wrote back and said, "Of course I offered you a job. (*laughs*) How could you have missed that?" I was like, Have you read this letter. (*laughs*) It doesn't say anything like that. Anyway, so I decided that the devil I knew was better than—. (*laughs*) But the agreement had to be that I would be entirely paid by the dean's office. Because the department didn't have a job for me. So the other student affairs deans were half time. So now I was half time, theoretically—half time student affairs, and then I would take admissions. Well, the really sad part of that was that Syd Osterhout was two years from retirement. And they had already told him he wasn't going to finish out his two years in admissions. And I felt really bad about that, because it was like, you know, I arrive, (*laughs*) having been one of his committee members back in the seventies, and I'm shoving him out, which, it wasn't true, you know. I mean, it wasn't—I didn't do it, but I still felt guilty about it. It was really sad. But he was very gracious about telling me what was going on anyway, and so I came. So I did come back, and I spent two afternoons a week in Pediatrics, and then I did students and admissions. And, of course, admissions is really kind of a vertical job. I mean, you know, it all happens between September and February. And the rest of the time, you know, it's just fiddling around, people making up their mind whether they're (*laughs*) coming or not and/or coming in to tell you—ask you—why you didn't accept them. (*laughs*) There's a lot of

that. Well, let's see, I don't know if I can say exactly, but there were quite a lot of you applicants. (*laughs*) Or counseling people—Duke undergrads, and, you know, it's sort of interesting. You wouldn't believe how many parents call up and say, My son is a junior in high school and he wants to go to Duke Medical School. Now, what college should he go to? Or, alternately, My son is a freshman at wherever. What courses should he take to insure that he would get into—? So I had these speeches, you know. Like, college is education for life. He should take whatever interests him. We'll teach him medicine. He should learn about living. Yeah, but what courses (*laughs*) should he take? I said, What is he interested in? Medicine. I said, Well, they don't teach that in college. (*laughs*) Oh, I had many conversations. And then we had the others, you know, the other people calling to lean on your for one thing or another, those were always entertaining. I was not a good person to lean on.

ROSEBERRY: Was there an increase in the number of women that were applying?

POUNDS: Oh, yeah, steadily, steadily. And I started in the seventies, so I think when I left Pittsburgh, I would say the class—I was seeing admissions briefly there, because the admission—(*laughs*) not the one who told me, "Honey you'll never get in," but the one that replaced him, died. Oh, when I got to Pittsburgh, I was also on every committee. I was on the admissions committee again. I was asked to take over the admissions when the admissions committee dean died—I mean, he died in his—had a heart attack in his office. So I did—I said—I agreed to do it, because it was the middle of the season, you know, the year. And because I was outpatient, you know, person, they assumed I could have half days to come up and read files and all that stuff, yeah, which I did. And then, of course, they didn't appoint anybody else, so after a couple years I said, Wait a second.

(*laughs*) And I still wanted to be in clinical medicine. I didn't want to be an administrator. So I resigned, and they appointed a real jerk in my place. But I left. I just did that for three years up there. But that's where I proved what I told you about anybody could do it. We had this master's level information science degree person whose husband—she was a woman whose husband was a graduate student, and she wanted a job at the university, and the only one that was available at the time was this really hideous job (*laughs*) in admissions. And she was pretty much bored most of the time, because (*laughs*) it was so easy for her, everything. And I had two other people who were, you know, high school graduates, or maybe dropouts, who were just miserable at filing. (*laughs*) But that's what—you know, that was what they were doing, opening mail. I mean, opening mail takes somebody practically full time. Anyway, so I made a deal with her. I gave her fifty folders, and she didn't have access to anything but the folders. I mean, she didn't meet the candidates, she didn't have interviews, she just had whatever was in the folder. And she should mark on the outside of the folders—these were all candidates that were going—that had been selected for interview. So it wasn't that she was taking from the random group—whether they would be admitted, alternates or rejected. Because that's what that committee did. We don't do that here. I mean, the committee voted to make somebody an alternate. Here, they gave them a score as far as—(*laughs*) if they wanted to admit everybody. I mean, I had this whole drawer full of perfect people. But that gets back to the woman's thing. Well, the way I did it—I don't know how they do it now—is I took the applicant pool. If it was 42 percent women, I took the first forty-two women in the drawer, you know, not—in the top category, you know, the top scorers. And the rest men. And then when a woman withdrew and decided

to go to Harvard, I pulled another woman. Never took anybody, you know, from (*laughs*) the back of the pile to fill that sort of thing, but there were always plenty of good candidates. I mean, the—I think the committee really never knew how I decided. But five was a top score. And, like, I'd have 180 fives. Well, there are only a hundred seats in the class. And I did send 170 acceptances in the beginning. But I knew the 4.8s (*laughs*) were hardly any different. So if I needed another woman, I didn't mind going to a 4.8. But I never did. I mean, I could get everybody out of the fives. And it used to drive me nuts, you know, I'd say—they'd say, Well the committee decided. I said, That's what you think. I mean, they gave them a score, right. But somebody has to pick out from the wonderful people. Anyway, in Pittsburgh they didn't make those distinctions and—. So at the end of the season, she was only wrong on—only differed from the committee—on one that she would have not admitted—she would have remained an alternate instead of admission. It wasn't that it was a reject versus an admit. So I said, Okay, I'm not doing this anymore. (*laughs*) You can do it. And she didn't have any interview or anything. But it turns out that people that look good on paper tend to look good in person, too, you know. I mean, the nutty ones don't look good on paper. (*laughs*)

ROSEBERRY: But then you continued to do it when you—?

POUNDS: No. So then I left and went back to doing pediatrics. And then when I came down here—then two years later, they asked me to take the dean's job at Pittsburgh, because the dean retired and I—and that's something I'd always wanted to do, eventually. And I said to my husband, "Well, I don't want to do it now, I'd like to do it later." He said, "They might not ask you later." (*laughs*) You know, I was thinking that's

something you do when you're sixty, and I wasn't sixty, so I wanted to do—stay in pediatrics, and then do it when I was sixty. He said, "And who's going to ask you when you're sixty?"

ROSEBERRY: (*laughs*) So you were also associate dean for medical education? Does that overlap with the admissions job?

POUNDS: Oh, yeah, well, that was a student affairs thing. You know, that's what they call—you know they have advisory deans? Yeah, well, that's what the advisory dean's title is—associate dean for medical education. So we each had a hundred-plus students assigned to us that we were responsible for, and that was my half-time job. That was pretty much—. You know, I don't know if they still do this, but we had lunch with our students every week for forty weeks. We got to know them pretty well. And so if you have two—we had twenty-five students in a class, so if you had lunch with half one day and half another and then you had second years that you occasionally—or third years—that you had lunch with once a month, you were pretty much eating lunch with (*laughs*) students all the time. But it was really amazing; it was amazing. The difference between that and Pittsburgh was amazing. Because at Pittsburgh, I was responsible for a hundred and forty students in a class. And so the only ones I knew were the people that were in trouble—academic trouble or personal trouble—or the people that were involved in activities or organizations or things that needed stuff. And I met for an hour with each rising senior to write a letter of recommendation. And so one of my—that was one of my objections to the job at UNC. Because there I would have been a half-time responsible for a hundred and sixty students in a class. Because they've dropped down to a hundred and forty, but it was a hundred and sixty when I came. And they're farmed out all over

the state: I mean Charlotte, Greensboro, Raleigh. So I don't even have them with me. (*laughs*) And that's what I loved about the Duke system was you really knew the students. And even though, you know, you can see trouble—sometimes you can't. I did lose one student to suicide. But nobody knew her better than I did, and nobody could—I mean, I don't think anybody could have done anything. Because she already had the psychiatrist and a neurologist taking care of her, which may have been the problem. But I mean, they each gave her medications, and they didn't check with each other. And so she kind of stirred them all together and took too many. It was very sad. But she was trouble from the beginning. I mean, I knew that she was in trouble. So when you know the students, I mean, most of the time, I think it makes all the difference. And so somebody asked me—what I liked best was that I knew every single student that walked up to get a diploma. And in Pittsburgh, I knew them, but I had mostly just met them, you know, the summer before. And I didn't know much about what had happened before, you know, whether they'd been in trouble at other times. But Pittsburgh's got an absolutely wonderful counseling service, unlike anyplace else I've ever seen. It was a graduate student in—getting her PhD in epidemiology—who was a psychiatric social worker. And we paid her a half-time salary to be available 24-7 for the medical students. And her name was Lilly. And her (*laughs*) office—her office was not anywhere near the medical center. It was in the Resuscitation Institute, which was like six blocks away.

ROSEBERRY: Well, I wanted to ask you, were you on the Faculty Women's Committee at Duke?

POUNDS: Well, when I came back?

ROSEBERRY: Um-hmm.

POUNDS: Nancy Allen and Debbie Kredich and I and who else? There was somebody from the Pharmacology Department, can't remember her name. We tried to organize something (*laughs*) that we were really agitating for someone in the chancellor's office to be in charge of women faculty affairs, because there was a significant discrepancy in salaries, and we were concerned about harassment issues: racial and sexual and general harassment. And so we met—and I have to say that it was a little—really not—the concerns were very real, and we got a lot of interest from, particularly, the Department of Medicine, which had a women's committee, and I think in their department they made headway others did not make—other departments—in maternity leaves for house staff, and things like that.

ROSEBERRY: Was that due to Dr. Allen, do you think, or—?

POUNDS: Well, I think—no, I think there was—there were many verbal—and they had more women. You know, they had a bigger faculty, and more of them were women. Unfortunately, of course, many of them were not going to stay and be senior faculty, which was another problem, the promotion of—. You know, it's easy to keep—you train the fellows in Cardiology, keep them on. But then you don't—if you don't promote them, then they're gone. So the (*telephone ringing*) issue of can you go forward or not is all of those things. And so we had meetings, and we discussed. And our final decision was (*laughs*) that we were really not making—what we were up against. I mean, I think—Probably wouldn't want to say it out loud right at the moment, was that the administration— I mean, all you had to do was look at the chancellor's office. Ralph had one woman—Ralph Snyderman: Vicki Saito, who was really the sort of PR person, right? I mean, there were no other women of significance in the administration. And I (*laughs*)

know that Ralph hated to see me coming, (*laughs*) because I think he had real trouble dealing with people. And with women, professional women. You know. That's just my opinion, mainly because he would always sort of back down. He'd protest, but when I wasn't intimidated, it was clear that was an uncomfortable position for him. The graduate students in the medical center were pretty mostly concerned with the racial—with the sexual harassment issues in there, because they're on a one-to-one with somebody, and you know, who's going to believe them? And so Nancy was very big on that. Anyway we, as I recall, the one action we took, which really made us all very angry, was we decided that educating the (*laughs*) old guard was impossible, and that what we should start with is by having a statement that said, This is the policy of Duke University Medical Center about all kinds of harassment, you know. And all we'd ask is that every new hire read it and sign it. (*laughs*) Did that seem too much? Well, yeah, the—Ralph and other administrators thought that was like a loyalty oath, and we wouldn't require a loyalty oath. And I said, "It's not a loyalty oath, it's like the students saying an honor code. It doesn't necessarily mean they aren't going to cheat." (*laughs*) I said, "All I'm—we're—asking is that at least they know there is a policy, that's all." So—and that was the end of that. And so then, that was about the time I was getting ready to step out of the dean's office, so it was disappointing, at least what I did. I was the "sexual harassment" person to be reported to, and I had several instances—all of which I thought were handled reasonably well—not necessarily by me, but by the system. I mean, the—three or four were students, and one was a faculty member, and one— (*laughs*) I always like how people, they want to talk to you, but they want to do it in the most distant place from where they work. So I met with this one group of residents who had been—all worked in

Duke North—on the seventh floor in the Davison Building in my admission office, which is where it was then, at quarter to seven in the morning. (*laughs*) I was like, I don't think anyone's going to notice that I have the key to the elevator, so we're safe. Nobody could find us. Anyway, one of the things I worry about with women is—it's like cheating. I've always said this. I never got into the honor code thing until I was dean at Pittsburgh. And there was a serious cheating episode. And a student was suspended. I dismissed her, but she was suspended. (*laughs*) But anyway, that was what the group—the faculty—decided, but—. As I kept pointing out to people, it saves everybody a lot of time and trouble if you see somebody copying off somebody else's paper, why don't you just say, Don't do that. (*laughs*) And I said, I mean, who are you embarrassing? Not you. (*laughs*) And I said, And then it's over. (*laughs*) I could never get that across at Pittsburgh, either. (*laughs*) They said, Well, I mean—. I said, If you're sure that's what they're doing, you're not accusing somebody falsely. But I said, You come in and tell me that somebody was copying off somebody's paper two rows in front of you in an exam, I mean, what am I going to do, and what's he going to say? No, I didn't. (*laughs*) And we're all going to be sitting around in the—I mean, that's ridiculous. Anyway, I felt the same way about some sexual harassment. Some of the student issues really were really endlessly harassing, e-mails. I mean, I don't know where people—but as soon as I could find out who it was, I would get cooperation. If it was resident-to-student, I could get somebody to lean on the resident, (*laughs*) and it would stop pretty quick. (*laughs*) And they were not—my rule always was they were then no longer allowed to deal in any way with that student's grade, if it was a resident, say. I mean, there's some things you know, that happen. But (*laughs*) it's so different from my era. I'm sure Cathy would say the

same thing. The biggest problem in our era was being noticed. You were (*laughs*) like a blank. We always—the six women in my class always said, They look out over the class and they see like eighty-five faces and then there's six blanks. (*laughs*) You were more likely to be patted on the head than on the behind. I mean, I can assure you of that. And they were prudish about night call. I mean, I went down to obstetrics, which is twenty-four hours on, twenty-four off. And the hospital had a huge room, which was called the pit. It had twin beds smack up against each other, lined. I mean, I think there were six on one side and six on the other and a big TV set that was always on and always mute. (*laughs*) I don't know why. And it was pitch dark in there. So anybody could come in and crash on any bed if you were on twenty-four hours. You could come in in your scrubs and crash in the bed. And there was a little shower room off one side, and toilets off the other side. Well, when I arrived in my room—and, see, I always had the problem that people thought my name was Louis. So when I had arrived they always said, Ah who are you? (*laughs*) And I said, That would be Lois. (*laughs*) And so I arrived, and it's, Oh, well, you'll have to stay—you'll have to have your quarters where the nurse anesthetists sleep. Okay. The nurse anesthetists sleep—the hospital bought a house a block and a half away, you know, which has got bedrooms in it. So he gave me the key, and he gave me a little map to show me where it was. And of course, I never went there. So I went to the only woman on the staff—on the whole staff—of this OB hospital. (*laughs*) And Magee-Womens Hospital in Pittsburgh delivers, like, millions of babies—like, fifty a day. I mean, it's a huge OB service. So I said—her name was Ginny Washburn. I said, "Ginny, where do you sleep when you're waiting for a delivery?" "In the pit," she said. (*laughs*) "Everybody sleeps in the pit." I said, "They gave me this key

to the house." She said, "Turn it in when you leave." (*laughs*) She said, "They're all too comatose to do anything." (*laughs*) But you know, that was the sort of thing, like you couldn't do—. And I knew if I went to the house, you wouldn't get called for the next delivery. And—because that was really easy to avoid you altogether. Oh, what—okay, next on the rotation, and that won't be you. And surgery—we had the pool table. They had a— (*laughs*) They had an air mattress that perfectly fit inside the pool table in the resident's lounge but didn't have a phone. So how could you be called? So when I was on surgery and they told me I was going to have the pool table, I said, "I will be at home. I can get there just as fast. And I have a phone." (*laughs*) Oh, there's no phone. I said, "So what do people do, they just sleep here?" And he said, Ha. After I was on surgery and complained and got—. See, I was always the only one woman in my group. That was a problem. I think two of the others were—a couple of the others—. There were two women in the group. When there were two in the group, they would make a resident sleep on the pool table, and they'd give them an on-call room together. Uh, it was awful. (*laughs*) But on the other hand, I went home every night on surgery. (*laughs*)

ROSEBERRY: You mentioned that when you were at Duke that it was kind of an old boys' network, and you felt kind of on the periphery. How is that?

POUNDS: Oh, well, see, I felt on the periphery when I first came, and the first couple of years. But once I got into all those committees, then I felt like at least I knew how the old boys (*laughs*) worked. And I really did know most of them. I mean, I did get to know them. And while I didn't always agree with what they did, I—you know, I really had—I had a pleasant time, but I was—it was much more comfortable in Pittsburgh in the system, in the— I mean, the department was comfortable here, but in the whole system in

Pittsburgh it was—by '74 when I went up there, it was much better, in lots of ways. There were more women on the faculty, there was more access to—. They had a—I think because it was bigger, it had a better organization. I don't think you could—well, right away, one of the differences was they did have a promotion system. They had a three—you could be promoted with tenure or without tenure. See, when you were promoted, it didn't say that anywhere. Like, I was there for two years, and then I became an associate professor. But I didn't have tenure. The only time it ever said that was when I got my salary. It would say associate professor without tenure. (*laughs*) You know, and then your—well, they sent that once a year. And it was the same business—it was to have some chunk of the faculty that were doing either research and teaching, or administration and teaching, but not all three—not the people that had eight zillion papers and were going to be promoted on their scholarship, meaning it's still—and Duke is doing that now, sort of. (*laughs*) But that was a much more comfortable system, in the way, you know, good people don't get cut out as often. I mean, they still do. If they want to be in the tenure track and they're not producing, they're not going to get it. But, again, it's hard to know, because it was home, you know, and the hospital's home. I mean, I had worked there for five years before I went to medical school, and then had my medical school experience in pediatrics there. And I had always liked it. I still think it is—it is a very comfortable place to work. I hope it continues to be. Dr. Safar, I told you—the father of resuscitation and his resuscitation— (*laughs*) Oh, I know— I started to tell you about Lilly Penkower in the Resuscitation Institute, the counselor. Lilly would—when you called there, the person who answered the phone would say—she just said Resuscitation. And so Lilly said she thought it was appropriate that she had her office

there, the counselor. Because people that were calling were in trouble. (*laughs*) But she said sometimes they would be turned off so she only appeared to the students once in orientation. She introduced herself, said she was available. And she said, When you call on the phone they say Resuscitation, that isn't me. (*laughs*) She said, You have to ask for me. And at graduation, she always told me how many students in the class she had seen, counseled, whatever—was usually 40 or 50 percent—at sometime or the other. And that was a wonderful thing, because we had a great psychiatry department, and lots of access to good psychiatric care. But you have—you know, get to them first, and she would get them there if that's where they needed to be. But to expect a student to walk across the street from the medical school into the psychiatric hospital, even though they couldn't—. They had the best cafeteria, for example. We all liked to eat over there. (*laughs*) You could have been going in for any reason. But you know, if you were depressed, you would think everybody knew that's why you were going there. And student after student said, I knew I should go over the Western Psychiatric Institute, but I just knew everybody would know I was going. And I said, I've seen you go over there for lunch. And he said, Well, yeah, but—well, yeah, I do go over there for lunch.

ROSEBERRY: Well, I wanted to ask: a lot of the women that I've talked to who came to Duke came in 1968, and that's the year that you came, is that right?

POUNDS: I came in '69.

ROSEBERRY: '69. Do you know what was kind of magical about that year, those two years?

POUNDS: See, I— well, I sort of suspect—well, Cathy and I came together. We both came in '69. Uh, I suspect that it was the Vietnam thing. You know, young people—

men—were all disappearing for a couple of years. I mean, I think that had a distinct impact on a lot of people's careers. You know, you could come down for a fellowship. But that was really—after about '66, the beginning of increasing numbers of people applying to medical school. I mean, they wouldn't have been out yet. I mean, the graduate—graduating, of course, the pipeline's so long. So I would say by the time we were— I think when we were—. When I left Duke, I would be surprised if there was 20 percent women in the class. And some people thought that was too many. (*laughs*) What? Twenty people? Out of a hundred? (*laughs*) And now what, I think they have—have they had a class that's more women than men?

ROSEBERRY: I think it's over 50 percent.

POUNDS: Harvard did the cover of their alumni magazine one time—was all the women in the medical school in the, you know, female shape, design on the cover of the magazine when they were at 53 percent. And—well, of course, colleges have for a long time been somewhere around 55, 60 percent women. We're just smarter. (*laughs*)

ROSEBERRY: Well, who are some of the women that you remember at Duke who—whose names should be mentioned, or you found inspiring, or—?

POUNDS: Well, see, there were (*laughs*) so—. There were only those people. I mean, Dr. Dees was wonderful. She—what I loved about her was her—you know, she was like the referral source for asthma and hay fever and who knows—anything allergic—from all over the state. And she had no hesitation in letting somebody know if they'd done a bad job out there. I mean, she would write these fiery letters. (*laughs*) I was really impressed. And she had an interesting way of—I did have one funny experience with her. This is, again, a Southern thing. When I first came here, Dean Davison had

evidently left everything from his era just in a closet in a conference room that was just taking up space in the clinic. So I hurled myself around, said, "Could we clean out this and make it actually into a conference room?" Well, it is a conference room, but with all the junk in it, only eight people could be in it. And it would have seated twenty-five or so, you know. Anyway, so we started cleaning stuff out, emptying file cabinets. And I asked Dr. Harris—Jerry Harris—who had been the chairman before Sam, said, "Oh, throw it all out, it's junk." (*laughter*) I said, "Jerry, I think someone should look at it. I mean, like, the archives might want some of this stuff." He said, "Oh, I don't think so." So, anyway, we got it all cleaned out, we got it all fixed up. And we had a new green board put in, you know, for writing on the blackboard. And Leona, the woman who told me that the women patients wouldn't know where to sit, she really was my—in fact, you know, this was also racial independence time. The nurses kept calling her the Aunt Tom, because she waited on me. I kept saying to them, What? I don't ask her to do any of it. I mean, she brought me coffee every morning, even though I was perfectly capable of walking to the coffee pot. (*laughs*) And one thing I didn't realize she did was she always washed the green board before I had a class—a conference or a class. But she didn't do it for Dr. Dees. (*laughs*) In fact, she didn't do it for anybody else. So one day, Dr. Dees came, and her conference was at four o'clock on Thursday afternoons. Well, by then it was pretty chalky. And she came to see me and she said, "Could we do something about the blackboard?" She said, "It's always so chalky. And there isn't any way I could clean it when I get there, but couldn't it be cleaned?" So I said, "Oh it's always clean (*laughs*) when I—" That was a mistake. (*laughter*) Because, you know, it really hadn't occurred to me. And I never went to her conferences. I should start going to other people's

conferences. So I asked the administrator of the clinic, I said, "Whose responsibility is it to clean the black— ?" "The cleaning—the maintenance people," he said. "Are they not doing it?" And I said, "Well they aren't doing it on Thursdays. (*laughs*) I don't know about the rest of the time." And he said, "We'll take care of that." And he said, "And if you want it to be cleaned during the day, you can call them, and they'll come and do it." I said, "Well, that would be great." Then I began checking every once in a while. And it was clean sometimes, and it was not clean sometimes. But I'd carefully check it on Thursday. And so I called the number he told me I could call and get somebody to come and clean the blackboard. I wanted it to be absolutely green when Dr. Dees walked in. And this guy came shuffling down the hall and he said, "What'd you spill?" I said, (*laughs*) I didn't spill anything. I need the blackboard to be cleaned." He said, "It looks pretty good." (*laughs*) I said, "We need it to be cleaned, absolutely cleaned." And he said okay. So he shuffled back off and he came back, and, you know, with just a plain cloth, a wet cloth. He wiped it all, but the further he wiped the chalk around then pretty soon the edges would get—. But, I said, at least the middle was clean. Anyway, that was really funny. Dr. Dees said, "Somebody cleaned the blackboard." And I said, "Sort of. (*laughs*) We're working on it." (*laughs*) No, I—. You know, I would say there weren't many role models for women when I was here, earlier. There were, you know, lots of admirable women (*laughs*) when I came back. And, of course, Cathy was—while she was ahead of me, she's younger than I am. Cathy Wilfert was a fellow when I was a resident, and she was, you know, senior faculty when I was junior faculty, which was only appropriate. We had some interesting experiences together, but (*unintelligible*) with

patients. And then I was their—. No, I was Cathy's witness at their wedding. That wedding was really something.

ROSEBERRY: Were there women when you came back that you—that were exceptional?

POUNDS: I'm trying to think. See, when I came back, I was dealing mostly with administrators, and then most of them were not women. (*laughs*) But, you know, I still, you know—you know, you can't say enough about everything Becky Buckley's done in her career and everything. I mean, I was really astonished at the growth and strength of Debbie Kredich's program in Rheumatology. I mean, it really was—is—still one of the biggest in the country. And when I think about how it (*laughs*) started. I mean, like, she had three, you know, kids, and then she's convincing people—. Because a lot of people—well, there weren't any rheumatologists. And they were—kids with rheumatoid arthritis or lupus or whatever were kind of haphazardly treated by generalists. I mean, they didn't have diabetes, they didn't have heart disease, and, (*laughs*) you know: who's going to look after them? And so, you know, learning the skills. And so my last three years when I was there, I worked in her clinic as a resident. I mean, I didn't—I wasn't— I didn't sign off on the patients, but I think I was a lot faster than a resident. (*laughs*) And I—but I really learned a lot of rheumatology from Debbie and—and in administration, (*laughs*) there wasn't anybody.

ROSEBERRY: Do you know Jean Spaulding or Brenda Nevidjon?

POUNDS: Jean Spaulding was a student when I first came down, yeah.

ROSEBERRY: She was later, yeah. They were later.

POUNDS: Yeah. Yeah. I know Jean and—but she was—she wasn't there when I was working. I mean, I know she did the stint. Her daughter—isn't her daughter an actress? Somebody's in Hollywood in that family, I know one of her kids.

ROSEBERRY: Did you—you said you worked on committees for Duke North. Did you know Jane Elchlepp?

POUNDS: Oh, yeah. Oh, yeah, I did know Jane. Oh, I'd forgotten about Jane. Oh, yeah, she was great. You know, I never really was sure that I understood what she was talking about. But she—like, I mean, when I came back. When I was on those committees, I mean, she was really sharp and organized. But see, she was like a mouthpiece for Bill Anlyan, I mean, he was always deferring—he would present things that I knew she had done all the work for. And she really did know the administration in the medical center. Gosh, isn't that terrible? I'd forgotten about her. She was great. And she organized these—she organized the building of the hospital. And the best thing she did was to organize the architect—you knew the architect was the same one that did the Dallas airport? And since I'd flown through the Dallas airport a number of times, I was thinking—. (*laughs*) Well, anyway, HOK. The architect—an architect, I don't know if he was the architect—wanted to know what the pediatric service needed. So he collected two nurses, me—I don't think Jane went—and another—some other administrator type went. Anyway, I think six of us. And we went to a hospital in Chicago, a hospital in Salt Lake, Children's Hospital at Indianapolis, and Ohio State. We were looking at new hospitals, and we were looking at—looking to see what was good and what was bad. And it was amazing. And the truth of the matter is just what you might think—every—they all—. What we tried to do was to ask the people that worked there what they didn't

like about it. I mean, you could see— most of them were—. Well, in the one hospital, we—in pediatrics, you need to be able to see into the room. I mean, if you have little children (*laughs*) that are climbing up over the walls, or something. Even if there's a parent in there, you just need to be able to get some—. So we knew you needed windows. Well, this one hospital—in a way, we could see how it happened, but they had a wall with a window in it, and then inside that was a sink and a kind of a wash-up area and then an—. So here's this window, and what you're looking in is at the sink part and the door into the room. So you can only see part of the room from the hall. So we rejected that. (*laughs*) I mean, that one, we didn't stay there very long. That was Chicago. Salt Lake City had a really great hospital, beautiful. It was beautiful. But the rooms—was round. Don't ever built a round hospital. The rooms were pie-shaped. (*laughs*) So first thing we—I mean, the architect was great. First thing he did was he said, "Okay, what's wrong with this room?" And we said—I said—"Well, let's suppose you had a cardiac arrest and you need to get equipment in here." So what we did was—we did this in all the hospitals. They let us do it. We'd get somebody on the bed. (*laughs*) And we got one of the nurses on the ward to bring us the code cart, hoping no one else would code during that time. And by the time we got everything in there, there wasn't room for any people. I mean, you have all the equipment, and the body on the bed. And so we said to the nurse, "How do you do it?" And she said, "Oh, we dragged everything back out." She said, "We grab the foot of the bed and we pull it out in the hall, and we do it in the hall". She said, "You're right, you can't do a code in the room." And it had another feature that we didn't like. (*laughs*) The patient could push a button beside the bed, and it would close the door. Well, can't (*laughs*) you imagine if you're a

child, (*laughter*) and you see the nurse coming with your injection or something, and you just slap her with the door? I mean, we said, Well, that's got to go. Anyway, then the best place—the best of all was Indianapolis. The Riley Children's Hospital has two—it has flaws. Number one is it has no food, none, zero, zip. It sits here and the big University of—Indiana University Hospital is across the street. And it has a big cafeteria and a snack bar and all the other wonderful things. But if you're the parent of a kid, you got to walk across—. And Indianapolis, in the snow belt. (*laughs*) You know, I mean, winter. I mean, we were there in beautiful weather, but—. Oh, and then they said there is a tunnel underneath—you can go underneath the street. But I did think that was a major flaw. But anyway— I mean, not even a pop machine or anything. There's no food at all in the children's hospital. Isn't that odd? But these lovely wards. We really liked the wards. Big sort of playroom, and then next to that a dining room with tables and chairs and everything. And any child that could can be dragged in there to eat at a table. And their parents can eat there too. And all the rooms were doubles. And their argument—and it's not a bad argument—is if you're the parent of a sick child and you have other children at home, (*laughs*) and you're probably not going to leave—although, most people don't leave. But if you're in—if you have toddlers—say you have a three-year-old, and you're in a room with somebody else that has a two-year-old—and they had a sliding panel where you could close them off so they were perfectly isolated. But if there's another mother that you've gotten to know over the last twenty-four hours, and she seems like a really nice person, and your child likes her, one or both of you can take a break. And it seemed like a great idea. And at the end of each ward, as opposed to Duke—I know they have facilities for people to take showers—but they had a shower

room for the parents and a laundry—a coin-operated laundry. But their big mistake—actually, the way Duke—we did see the hospital that Duke North looks most like, that sort of—those sort of wings that come off with all the service things in the center. I didn't like that one so much, but that's what they got. But the biggest problem in Riley Children's was on the toddler ward. The nurses, we always asked them what was wrong and they said, This is what's wrong. The nurses in the nurse's station—the children are short, so they can't (*laughs*) see them. And so they had—they cut out underneath. You know, they just took a cabinet out from under the counter so you could see little feet, (*laughs*) or you could at least have—. But the other problem was that now the kids could walk in. (*laughs*) And last, but not least, is that the fire stairs were behind the nurse's station, so nobody could see them. So they had to put old-fashioned door hooks on, you know, at the top. Because the kids would open the door and go and escape. (*laughs*) And they said, Well, one little kid was walking down (*laughs*) the street when her mother said, Ah, I don't know where she went, you know. And they were evidently all in the playroom, and the mother was helping another child, and this one wandered off and down the stairs and out onto the street—was going home. (*laughs*)

ROSEBERRY: Can you tell me what Dr. Elchlepp did in—?

POUNDS: Well, I think she organized all these committees and all these trips. And she was the one who said what was necessary. This is what's necessary, and to the architects, and so you provide it.

ROSEBERRY: And so you reported back to her when you found—?

POUNDS: We—our committee reported to the architect, who reported back to her. And then she came to other—if you wanted something done, you know, not me, but if a lab

wanted something changed—a wall moved, a new wiring or something—she was the person that you checked with for just the planning. She was the planner. And I never had any reason (*laughs*) for her to plan anything for me. (*laughs*) But when I came back, of course, she was very much into the computerization of the medical center and then the—what am I trying to say, the cable—the laying all the lines for the computer, you know. I'm blocking on the word. And so I was the one who marched down to her and said, "The admissions office is still using carbon paper." (*laughs*) And she said, "You've got to get a computer." (*laughs*) Really. For a year-and-a-half we operated with Selectric Typewriters and carbon paper, and that's it. So then we—the office allowed us one. So I sent everybody off to a course in using the PC—and a lot of muttering about the expense of that. And then they all came back. And then, of course, they all wanted a computer. We only had the one. And so we all got a computer. I mean, that was so silly. And then, of course, I used my student influence. I said, you know, we're not good enough to do the maintenance and the—whatever little programming needs to be done. We need somebody that actually knows what they're doing. So one of the medical students told me that her husband worked in the RTP [Research Triangle Park], and that he did some computer consulting at night. And so we hired him part time to work in the admissions office, and pretty soon he was full time, and pretty soon the dean took him. (*laughs*) But his office was still in our little cell upstairs. Anyway, he was great.

ROSEBERRY: So how would you characterize your time, overall, at Duke?

POUNDS: Well, you know, I really enjoyed it. I enjoyed the first part. It was very folksy. The department was small. I mean, we had cookouts in peoples' backyards. I mean, you couldn't do that now with 180 people or whatever it would be. You saw

everybody all the time, because it was only one building, and the—our residents only went to Watts. We covered the nursery at Watts, our—and there was one intern assigned to the teeny little ward over there for Pediatrics. And at that time we didn't have a link with Lincoln. That was discussed when I was here. But—. So in the early days, it was very much a family, and it was very pleasant. But when—if you were in—if you were interested in having a date, these were the possibilities—there were people that were ten years younger than me or divorced, usually alcoholic emeritus professors or somebody, you know. I mean, people were always trying to fix me up with somebody, and they always turned out to be either twenty years older or years younger. And I had a classmate in medical school who was here at the same time. And while I don't know that Bruce was gay, I never, ever in my life knew him to have a date. But he and I used to be each other's—if there was an official function where you needed somebody, we'd go together. And Bruce had a beautiful Corvette. So I always liked to go with Bruce. And he was running the Medical Outpatient Department, and I was running the Pediatric Outpatient Department. So we saw a lot of each other. And he's a character that is still remembered by many, many people at Duke, although he's been in Pittsburgh. He left the year before I did, and went back to Pittsburgh. When I came back, I think—I had already had the experience, which I enjoyed a lot, of working with the medical students in Pittsburgh. But here, it was wonderful—it really was. And that's the only—that is the thing I miss. I miss both admissions—I miss meeting all those bright, young people. It gives you hope for the future. (*laughs*) I mean, I can't tell you how many really fascinating people there are. I mean, of course, there are some neurotic nerdy sorts, but even those were pretty nice. (*laughs*) And the medical students, I really enjoyed. And I

miss them, although I keep seeing them. Oh, and I have to show you something. You can turn that off, I think.

ROSEBERRY: Well, thank you very much, Dr. Pounds, I appreciate it.

POUNDS: Yeah—.

(*end of interview*)