INTERVIEWEE: Gale McCarty
INTERVIEWER: Jessica Roseberry
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McCARTY INTERVIEW NO. 1

JESSICA ROSEBERRY: This is Jessica Roseberry. I'm here with Dr. Gale McCarty; and she's Associate Staff at the Georgetown University Division of Rheumatology and Immunology, and she is Professor and President of Rheum. Ed Consulting. She was mentored by Dr. Grace Kerby at Duke Hospital, and she assumed the co-directorship of the autoantibodies lab, which became an impetus for her own career. And we're going to be talking today a little bit about Dr. Kerby and that relationship. Today is June 29th, 2007, and we're here in the Duke Medical Center Library in the multi-media room. And I want to thank you so much, Dr. McCarty, for agreeing to be interviewed today.

GALE McCARTY: Thank you for the opportunity.

ROSEBERRY: I wonder if we could—you know, we talked a little about, in the introduction—about your relationship with Dr. Kerby, but I wonder if you could articulate that a little more.

McCARTY: I started working at Duke Hospital as a candy striper, and worked in people's labs in the summers. Through pre-med and through all—I became interested in immunology, and then during my training in medical school became more focused on autoantibodies and complement. And during my fellowship, after house staff training, I was very focused on some of the techniques. And Dr. Kerby had a world-class

autoantibody laboratory, called the Fluorescent Antinuclear Antibody—or FANA—Lab. And during that time, she was expanding fluorescent techniques, and I was taught how to use a fluorescent microscope by her—was able to be mentored, in terms of use, and working with her technicians in the lab. And as she was getting ready to retire, part of my fellowship work involved working with Dr. John Rice—currently still on the faculty here at Duke—and we sort of co-directed the laboratory. I was more responsible for the technical end of things. And we published papers, based on the incredible generosity of Dr. Kerby—giving us access to archived sera and plasma on patients—which allowed us to go and look back at things longitudinally. And so I owe her a lot because my training in Duke Medical School as a house staff person, and continually seeing Dr. Kerby in two roles: the person who decided whether you became a—made that transition from being a Duke Medical student to a Duke intern, resident, et cetera—seeing her in the dual roles of the stalwart of the Department of Medicine chairs, and then having her also not only teach me clinical rheumatology—because she attended in our clinics—but I saw her in a research, teaching, mentorship role.

ROSEBERRY: I wonder if we could look at both of those roles—first, as that stalwart of the department.

McCARTY: Dr. Kerby actually started doing wonderful things for Duke University before she was even at Duke University. She started off not as a pre-med, but was interested in science and wound up being trained in microbiology at [Johns] Hopkins. She was very well-known for a lot of work in bacteriology, especially brucella. She also did work on TB [tuberculosis] and a lot of other different pathogens at the time and also worked on the autopsy service. She was born in 1912, and we are talking about 1933

when she was doing all this work at Hopkins. In 1935, she had her first publication in the *Journal of Parasitology* that she published as an independent study project while she was still in training. So it was obvious early on that science was important to her. Dr. Kerby then went on to head the Clinical Bacteriology Lab at Johns Hopkins. And how she was able to help Duke out, before she even came, was a very interesting problem that someone was having with a laboratory question on a paper that was getting ready to go to a major journal. And at the time, in order to be very scientific, when you discover something, the first thing you do is try to reproduce it. And the second thing one tries to do is reproduce it in someone else's lab. Well, the powers that be at the time were very concerned, since this was going to a major prestigious journal, and a lot of people's reputation was on the line—because this bacteriologic entity was sort of new and hadn't been seen in this situation before. One of the creators of Duke Hospital, Dr. William Anlyan—Dean Anlyan had asked that someone try to reproduce this in someone's lab to be sure that this was correct. Because they didn't have anybody here on site, they actually went to Hopkins—which, again, is another Duke paradigm, because we all know that Dean Davison started this medical school by pirating faculty from Hopkins. So here we go again, the Duke mode. They got Dr. Kerby to look at the problem. She was able to, in a very short period of time, find that the results were not reproducible, that it turned out to be a contaminant from something in the environment in the research laboratory—a contaminant that was coming in from a pipe. And she not only did that—saved them the embarrassment of publishing something that someone would eventually not be able to reproduce—but she isolated the contaminant and found out what it was. And they were so impressed with her that people started sending her some other work. And then it is

through that early interaction with senior Duke faculty that she decided—and was assuaged to consider—going into medical school. So she started medical school at age thirty-one—much, much older than most people. And she was the only person at that time in her class. Some remembrances that I have from Dr. Bill Lynn—who went through school with her and was an intern with her—is just as a Southern gentleman himself—as he describes himself. He had never seen, quote, "a woman doctoring." That didn't happen where he came from. And here we were, still in the South, in Durham. And he thought she also didn't look like any other women that he had seen. She kept to herself, was very quiet, competent; always was prepared. They were on a lot of rotations together, because his name was 'L' and her name was 'K,' so—things were very alphabetic when people got split up to go on rotations. And Bill said to me that he just—very quickly, like the all the other people in her class—realized how competent she was. And when they found out that she had had all this science background—which she never lorded over them—he said it was unusual for someone who had all that type of background to not sort of let the other people know that she had all that experience. Because most other male students would have probably said, Oh, you know, I've done that before, and this is how we should do this. But he said she never, never even let on that she had so much more experience than them in the scientific method, as well as in a very clinically-oriented bacteriology/pathology background. So when Dr. Wyngaarden shared with me—James B. Wyngaarden, previous chair of Medicine, subsequent chair of medicine after Dr. Eugene Stead, who is the person who brought Dr. Kerby here, and convinced her to go through training—and then for whom she became his stalwart, right-hand person, and very involved in the management of the Department of Medicine—he

remembers that when he took over from Dr. Stead—as you would, you're the new person—he went to look at the salaries of people. Dr. Wyngaarden recalls that, although she was an associate professor—he looked at the salary that Dr. Kerby was being paid—and again, in her unassuming, quiet background, she never really said anything about, "I'm not being paid what I should." In those days, people determined that salaries were often based on need. If you had a wife and children, maybe you should be paid more, even though you're in the same job description. Dr. Wyngaarden was very surprised to find out that she was not paid more, and the justification was that well, she's not married, she doesn't have a family. He had learned that she was supporting many family members—sisters, nieces—you know. And he felt that it was just egregious that she was not given the salary she deserved. So he immediately doubled her salary. And he feels very good about having done that. He felt that equity was the appropriate thing, and she had already earned it in medicine.

ROSEBERRY: Okay. So I wanted to ask you just about some of her pioneering—some of the things that she did that were early, or first, or noteworthy.

McCARTY: When Dr. Kerby started med school at age thirty-one—older than many of her peers—she finished in three years, not the usual four, because of her extensive background in bacteriology, pathology, et cetera. She graduated first in her class; and also, when you're first in your class, you become an automatic member of the national medical honorary, Alpha Omega Alpha. And that is a major credential that most students strive to have, because it gets the attention of other people when you're going through the match now, or you're looking for jobs. Being a member of AOA is a very important credential, and you have to earn that, or be nominated for that by your peer group or your

professors. She was the first female chief medical resident in the Department of Medicine, and a second first is that a year later she was—after working for Dr. Stead, and being chief resident, which means you have to take care of everyone from the medical students all the way up to the first year, the second year, the third year resident, and you are their leader, responsible for prepping them for presentations the next morning, coming back to the hospital at night and working late, after everyone has gone home, to be sure things run smoothly till the morning—she then worked for Dr. J. Lamar Callaway, head of the Department of Dermatology. And in between ’48 and ’50 did two chief residencies. Most people are happy to do one, and they are glad when that year is over. But Dr. Kerby, being the unusual and multi-talented individual that she was, did both. In 1948, she actually got an instructor title, which now is sort of like a junior faculty position—instructor, or associate in medicine. So she actually—in one department, was moving on toward junior faculty status, while still being a chief resident in another department. And during this time is still being involved in research. So she was an incredibly talented person, who could multi-task even before the word “multi-task” was invented. She became assistant professor in the Department of Medicine, and remained in that capacity ’51 through ’56, and was promoted to an Associate Professor in 1963. And then in 1976 became full professor of Medicine. Although her investigations had led from pathology, bacteriology, brucella, she also did an awful lot with the host immune response—initially, from the standpoint of bacterial pathogens, and then because she was very enthralled in the most exciting and growing area of rheumatology at Duke, which at that time involved host responses to inflammation, as well as a lot of purinology—the science of the chemicals that cause gout when they are imbalanced in

your body—Dr. Kerby was responsible for wending some of the research towards the inflammation and immune system base that after subsequent chairs—chiefs—took over. That is where Duke rheumatology is now, at the forefront of major immunology, with a sort of minor aspect involved in some of the metabolic aspects. So she was responsible, with all her work involving platelets, inflammation—two years after P. Kahler [Showalter] Hench had discovered cortisone at NIH [the National Institutes of Health], they were already doing clinical trials in the rheumatology clinics that she and Dr. Persons had started at Duke. She was the first senior staff person to create a rheumatology specialty clinic, and also it was used to do some drug studies. Duke was involved with some of the early studies on indomethacin, phenylbutazone—one of those drugs was made by a firm out in the Research Triangle Park, so that's how the town-gown and happy, collegial interactions with pharmaceutical companies actually—that we enjoy so much now, and does so much to help patients—these actually started back in the '50s, as sort of clinical trial sites, before we actually called the clinics clinical trial sites.

ROSEBERRY: So she was doing—they were clinical.

McCARTY: She was doing clinical trials.

ROSEBERRY: They were clinical.

McCARTY: They were clinical trials, that patients were given the drug free, they had their laboratory free, and the results were then published to show efficacy of the—and safety for these drugs. And at that time, indomethasine and phenylbutazone—next to steroids—were our major heavy hitters, in terms of what we could do for patients. We now have many more things in our armamentarium. So at the same time what Dr. Kerby did was she could take everything and do it all together—not only have a clinical

research piece, a clinical service piece, and then take translational research, which—a term which was not invented then, because translational research is a term of the ’90s—but at the same time, she was doing all of this the way many scientists do now. So the nidus for some of the success that Duke continues to have as a leader in all aspects of medicine started there. She actually was chief of the Division of Rheumatology in 1966 through ’70, and at that time, in the entire country, there was only one other female chief of Rheumatology, and that was Naomi Rothfield at University of Connecticut, who had just finished fellowship and then started a program. So Grace was unique in that regard, too. The litany of her other accomplishments involve the fact that she headed the Department of Medicine house staff program, for which both Dr. Gene Stead—lately deceased—and Dr. Jim Wyngaarden—still, happily, alive—give her an awful lot of credit, because she was the person who made their lives easier, by being sure that in that whole hierarchy—from first-year resident through senior resident through chief resident—that everyone was on the right page and in-step, and did things with vigor, conscientiousness—I would use the term compulsiveness—thoroughness, and putting the patient at the center, which is for what Duke Medicine has always stood. Having people who, by their own example, lead, and then make sure that everyone else is in step is very crucial, and Dr. Wyngaarden himself said, and I quote, “Every department of medicine needs a person like Dr. Grace Kerby, who keeps steering the helm in the right direction, under the umbrella of the divisional and departmental leadership.” During this period of time, Dr. Kerby continued to publish on a variety of aspects in inflammation, and some of these publications were in major journals—which back then, there weren’t a lot of journals. But to this day, journals like *Journal of Clinical Investigation, Journal of*

Immunology, the Federation of Associated Societies in Experimental Biology—the *FASEB Journal*—still remains the—along with *Journal of Experimental Medicine,* the major investigative medicine and science journals for people. She accrued a huge number of professional society memberships, some of which were elected. She was a member of the Society of the Sigma Xi, Society for Experimental Biology and Medicine, the American Federation for Clinical Research, and its next level society from which you had to be recommended and voted on by your peer group, the American Society for Clinical Investigation. But sadly, for some reason, she never was elected to what was considered the highest society for an American physician in academia, what was called the American—and is still called—the American Association of Physicians. She was a member of the New York Academy of Sciences, and at that time, the—when she started her career, the American College of Rheumatology—the major professional organization for rheumatologists—was then called the ARA, or the American Rheumatism Association. She served on some committees, and was very involved in continuing to mentor trainees, even students that came through rotations, to get them interested—based, of course, on their interest and approach—in research studies, writing up clinical vignettes. So Dr. Kerby affected an awful lot of people at different levels. Primarily her focus, though, was the house staff, because after all—as I mentioned—there but for the grace of Grace, you either did or did not become a Duke house staff person. And it is said and quoted by other people who knew her, that when she had to organize these applications and also interview these people, she would set up panels based on your interest, because she always talked with you about what would you like to do in terms of research—"Do you have a research interest?" Because Duke has always been interested

in sending out wonderfully competent physicians in every specialty, but Duke also has the agenda of training physician investigators. And it's only with both those people, and exposing both those groups of people to the other, that we make progress and remain a top-ten medical school. Dr. Kerby, when presented with an applicant, thoroughly looked over everything they did. She had it almost memorized. She knew exactly where you were from, asked you questions about your background, with whom you worked—and had a very intense interest in you as a person, as well. So she often asked about family, et cetera. Because of the fact that when she was an intern, she had gotten ill and required an antibiotic that at the time people didn't know how to dose appropriately, and one of the side effects was possible hearing loss; she became deaf in one ear. During her internship, the drug streptomycin was given to her, because of an infection that she had. And she told the people who were prescribing for her, "Please give me the higher dose. I need to get back very quickly, because I don't want to take time from my colleagues, because they're doing my work while I'm sick, and also my patients are missing me"—another classic example of her incredible personality and dedication. Dr. Kerby did not go around telling people that she couldn't hear in one ear. Remember, she's a woman in medicine, in a man's world—the last thing anyone wants to say is, I'm different—for whatever reason—or, I have a physical challenge. But many people who interacted with her never even realized that part—that when they stood on the wrong side of her, if they asked her a question and she didn't answer, some people made the mistake that they were being ignored, or that she just wasn't paying attention to them. The point is, she didn't hear them. You had to—and sometimes, in her own inimitable way, if she was in a place where she was interviewing someone with a lot of noise, she would have to say, "Just a

moment. Let me turn this up a little bit. What you said was important, I'd like to hear that again." You know. She had a wonderful way about doing things like that in a very personable sort of way. But there were many people who made a mistake in thinking that she didn't have a personality and wasn't a social person, because of the fact that she spent a lot of time looking and listening—because she needed to. The fact that she also had the most incredible memory—many people didn't have to worry about whether Dr. Kerby had looked through their qualifications, and they knew that they would not be interviewed by Dr. Kerby and the rest of the department if Duke did not see them as a possible fit, because just landing an interview at Duke was considered important. So when many people figured that out, they started realizing that Dr. Kerby had a lot more personality than many people gave her credit for. She just presented as a very reserved, very classy person. She was very oriented towards her work, and her work in the Department of Medicine and running the house staff program, scheduling their rotations, their vacations. If you mentioned to Dr. Kerby something once, "I have a family event in June of so-and-so, or a date in November"—if you mentioned it to her once, you didn't have to mention it to her again. She worked very hard to pay attention to when the interns and residents had their one two-week vacation, and then their one single week vacation. She used a cut-up flow sheet, from like an intensive care flowchart, which is like a big Excel spreadsheet. And she was able to do all this work at a table, by making this incredible spreadsheet for all the rotations, vacations, cross-coverages, and everything. She did that by hand, impeccably, for all these years. Did it beautifully, and when another person—who came up through the Duke system—he was actually born here—Dr. William Stead, son of Dr. Gene Stead—when he took over, and with his

informatics background, wrote a small computer program to try to help schedule house staff—Bill Stead has been quoted several times by saying, "Dr. Kerby did a more accurate and better job of scheduling all the rotations and vacations with her spreadsheet by hand than I did with a computer program." One of the people whose first interaction with Dr. Kerby was—at the time of his interview for an internship here, was our immediate previous chancellor, Dr. Ralph Snyderman—who was coming from Downstate, had an interest in thymus—which was thought to be the seat of a lot of the immunologic cells that people were beginning to characterize—and Dr. Kerby—he remembers very fondly Dr. Kerby knowing all the details about his accomplishments, and encouraging him to talk about what he thought would be important, in terms of immunology. He also remembers that after he got here—he had been on vacation once, and Dr. Kerby's job was to—not just keep everybody in line, it wasn't that everybody had to behave exactly alike—but there was sort of a Duke way of doing things that involved a certain way of looking. Ralph shared with me that he recalls a time when he came back from vacation a day early, and—you know, on vacation you don't—you kind of let your hair grow. He grew a moustache over the two weeks, and decided he'd just come in to rounds, and sort of, you know, maybe shave it off later. So he comes walking into rounds, and—at that time, remember, we're talking about the mid-sixties, where hair was beginning to be longer, and more men had facial hair—Dr. Kerby looked at him. They went through the rounds, and she just took him aside and said very gently to him, "Ralph, you need to shave that off. It looks ridiculous." And he said the minute he got out of there, he went home, shaved it off—realized that it did look ridiculous—and as per usual, Dr. Kerby was correct. One other interesting link that people didn't understand,

but I think it was iconic, as I look through the years—medical students traditionally wear the short white coat. In fact, now because of the power of the white coat, we have the white coat ceremony, and we have senior people present the white coat to the incoming freshman class in most North American medical schools. Dr. Kerby always wore the short white coat. And yet, even though she was a senior person—once you get to be faculty, people often looked forward to getting rid of the little intern short white coat, which you, as a male, wore over long white pants, or, as a female, a white skirt that matched the white jacket. And she only wore a long coat in the laboratory. For her, the wearing of the short coat was a different type of coat than the long white lab coat. Because she had already worn a long white lab coat in her many years as a bacteriologist, et cetera. So it was very interesting, because people couldn't figure out why. She told me once that she liked the pockets better on the short coat, and she could fit more in them. And here again, we get back to something that Dr. Kerby was known for—if Dr. Kerby wrote something down on her index cards, it was considered as good as done. And here's a quote from colleagues of hers—the late Mal Tyor, who was head of GI here, who interned with her—and he said, "Grace got everybody through everything." She had incredible notes on everything, she did the same thing with all the house staff scheduling. If Dr. Stead mentioned that something needed to be done—if it got written down by Dr. Kerby—here, she has paper, but she always had a series of three-by-five, and sometimes five-by-five—held with a clip or an elastic band—in her pockets, in addition to her stethoscope, in addition to house keys—or whatever personal items. But she would just be able to pick those things out, and she could—she knew exactly what was where. She was so organized. Today, she would be a person using a fold-out keyboard on a PDA,

taking notes at a meeting—sort of what I do. So maybe there's a bit of Grace in me. I'm a multitasker in many ways. But Dr. Wyngaarden echoed the same thing, that he only had to mention something once, because of her incredible devotion, dedication. Being a faculty member in the Department of Medicine here was her professional life, and a large part of her personal life. But that story was interesting because she would keep these cards. She would actually follow people's careers, cause on some of them she had notes taken from when they were interviewed. And some of the folks I talked to said it was amazing how she would remember things from the time when they were first starting out. She was very generous in many other ways. Dr. Harvey Cohen, current chair of Duke' Department Medicine—with whom I had the pleasure of speaking with today—remembers when he had been up to the NIH after training, and then was coming back here to start a faculty job. The recruitment packages at that time did not often offer an already outfitted laboratory—sharing technicians, sharing equipment. He was told to go to an equipment depot—where older equipment that had been previously gotten on grants by Duke faculty or were no longer needed or no longer used—were kept in an area. And he was told to go outfit his lab and his office by going to the equipment depot. And I remember—I did that my first year on the faculty, too—he went to get some equipment, and that's how he outfitted many things. He didn't have an NIH grant yet. He was starting some research, and the idea was within a year he'd be applying for one. In some of the work that he started, it was crucial that he had a fluorescent microscope. The fluorescent microscope at Duke University—the best one—was in Dr. Kerby's lab, because of the Fluorescent Antinuclear Antibody lab work that I mentioned. Dr. Cohen said that he approached her, and was, you know, a little scared about asking that he

needed to be allowed to use the scope, and would she consider that? And she responded—he remembers her sitting back, and saying, "Is your research going to be worth risking breaking my fluorescent microscope?" And he—she outlined that he could use it—and of course, he just laughed, and they both laughed. I mean, I think humor diffused the moment. But she was very possessive of equipment, because these were capital outlays of equipment. He said that he went through a florescent microscope training program with her. You have to log in on a fluorescent microscope how many hours the bulb has burned, because you wouldn't want to miss looking at something because the bulb was burned out. You could make a wrong diagnosis on the significance of the pattern. But Harvey Cohen said, "You know, based on the grace of Grace"—again, her generosity, and her sharing, and her ability to be a good mentor to people at different levels, from med students, now a junior faculty person—he said that he was very successful, and got several *Journal of Clinical Investigation* and *Journal of Experimental Medicine* papers out of that work, and he would never have been able to do that had she not, you know, been helpful to him, in terms of sharing. And she was known for that as well. Then the only other group doing active fluorescence at the time was pretty much involved in reading renal pathology biopsies, because immunofluorescence is part of that. But that was up in the Department of Pathology, so it actually made Harvey's life easier that he was able to use her scope. Dr. Kerby was born in Syracuse, New York, and went to grammar school in New York, Atlanta, and Miami. And Miami was very important, because she was valedictorian of the Miami High School, and after she retired—although people didn't think she was very interested in sports, because she didn't attend the Saturday afternoon house staff/senior staff football games that were sort

of impromptu events, that many people talk about then—that was because, at that time, while most of the folks were playing football together, the people who had labs at Bell Building were actually out having their sort of own scientific soirées on a Saturday afternoon, which involved also a very Dean Davisonian type repast—i.e. the sharing of food and alcohol. And I am told that—by those who know them well and were actually there at the time, who will remain nameless—that in addition to things like conducting journal clubs and discussing what work people were doing—on a Saturday afternoon in Bell Building, those people who were there doing research work sometimes would share food and drink, in a kind of mini version of going to Turnage's with Dean Davison and selected house staff, students, trainees. So Dr. Kerby was an active participant in these events—a small, not well-known fact—but her social life was a little bit different. Although several people said they didn't think she was athletic at all, it's important to realize that when Grace was in college—she went to Florida State College for Women, graduated second in her class, with a BS in Chem[istry]—she got athletic letters in tennis and swimming, played field hockey, and was on the riding team. And although we could not see what her physique was really like under her short white coat and A-line skirt—a tall, slim, lanky body—she was very athletically built in terms of very, very long legs. And she was actually quite agile. Although we saw Dr. Kerby sauntering through the halls here very quietly in her hushpuppies or her two-eyelet shoes, she actually was quite involved in sports growing up. She also was involved—and I think probably learned a lot of aspects of the business management of things—because she was active in college government in college, and was on editorial boards, worked with the annual. So she has—was a very multi-dimensional person that—if you talk to the average person who

only knew Dr. Kerby while they were a tired medical resident, or a chief resident, or a junior staff person—they would really not have this knowledge of her, because she was basically a private person who came to Duke in a different era. She also was Phi Kappa Phi, which at that time was this college's equivalent of Phi Beta Kappa. If one looks at photographs of Grace through the years—although, again, we saw her only in the Oxford shirt, the unbuttoned collar—sometimes in shirt sleeves when she was really working—the A-line skirt, which was very classical at the time, and her short white medical student's coats—Grace had a lot of grace. And there are photographs that you can see where she was almost a fashion plate of her day. And this was all—again, like for most of us, the things we do before we get to medical school and house staff, sometimes we don't do them during medical school and house staff, because we have other types of things we have to do. She was very loyal and involved with her school. And when she retired to Miami, she became—despite many people at Duke, who thought she didn't like football—she became one of Don Shula and the Miami Dolphins' major, rabid fans, and would not miss a game. Any home game that was there, Dr. Kerby was there, cheering and enjoying it. She loved her Dolphins. Many people have quoted that, you know, "Dr. Kerby's really scary, because she never seems to eat or sleep. I mean, you know, she's always here. She's here before everybody. She's here after everybody." During certain times, she would come back at night, just like Dr. Stead and other people did. And, again, that was the "Duke corporate culture." What people don't realize is Dr. Kerby preferred to go eat a sandwich, which her very loyal secretary or her technician—respectively, Rebecca Clayton or Sadie Taylor—would bring her or she would bring from home often. She would eat in her office, because of two reasons: 1), she could get work

done while she was eating—and so, again, Grace was a multi-tasker before people even invented the word "multi-tasking." But the other thing that people did not know about her is she had, for some reason—as probably part of her very tall physique, like many folks with a tall, slim physique—she had very bad TMJ syndrome—temporamandibular joint syndrome. So when she ate, she wound up having a clicking sound that she said even bothered her to hear. So she didn't want to—and her exact quote was—"inflict that sound on a colleague or a friend while they were trying to eat." So she very rarely was seen to—you know, people thought this was kind of spooky that they never saw her really eat things. And that was the reason. We would see her, you know, have a glass of water, a soda, or a beverage, but she very rarely ate in public, and that was the reason why. As I have talked to so many of my colleagues through the years about this, they had no idea. And it explains so many things to them now that they had basically misinterpreted. They misinterpreted that she wouldn't go out with people to eat, or come sit down with someone—a group in the cafeteria—they misinterpreted it as either a distance she needed or wanted to maintain, perhaps because of her high profile in the department; or the fact that she was basically unfriendly. And neither of those things are really true, I think. Other people have quoted that she was scary because she didn't seem to respond to conversation. And I think I've already addressed the streptomycin question, which basically she took high dose streptomycin during internship so she could get back to her patients quickly and not bother her colleagues. And it basically caused her hearing loss in one ear. Grace had a very large extended family—her sister, one niece, two great-nephews, and one grandnephew. And she also had an older aunt—I don't remember—I don't recall if it's on the maternal or paternal side—who lived well

into her nineties, that evidently was a very well-educated, well-rounded woman, who was quite an influence on Grace. So she had a role model of an accomplished older relative who was very well-educated in her own family. There are many areas of unknown expertise that also added to the grace of Grace. She was an avid reader of classical literature, and also mystery stories. There's no one that loved a puzzle as much as Dr. Kerby. And again, in the use of the—in the appropriate use of the scientific method in your investigations, one really has to be Sherlock Holmes, and put all of the things that you learn from the patients together, using all your senses. She also had an interest in liqueurs, had quite a collection—knew the history, origin, types of liqueurs, how they were made—and, at that time, the only other faculty person who was known for having a liqueur collection—that at the end of the evening, if you were part of the inner circle, you would be invited to this porch where people would sit after a nice repast and enjoy a variety of liqueurs—and that was one of the previous deans here, Dr. Bud Busse, or Ewald W. Busse. But Grace's liqueur collection, although not shared with many colleagues—those from her lab, her own inner circle, Department of Medicine, close friends and family—knew that this was a lady who really knew how to entertain. She also had a repertoire of travel adventures that would be considered somewhat unusual back through the forties and fifties for women to be interested in, or go on by themselves. She and—often—family members or friends enjoyed cruising. They enjoyed going to Alaska watching icebergs calve, before that became very fashionable. She went through—not some of the lesser-known parts of Europe that other people didn't really go to. She enjoyed so many things in life. And she also loved the islands. If Dr. Kerby were alive right now and in her retirement, I think that she would be an executive with

the company called Extreme Adventures, and she would do an excellent job—now with a computer program—of managing all their programs. Even in the waning years of her life, after she retired in ’87, she still kept up with her journals. Through communications I’ve had with her—either by phone, the few times I visited her and her sister in their home in Florida—she then had more time to do some things that when she was busy being part of Duke University Medical Center, she did not have time to do as much as she would like. A lot of people who do immunofluorescence often enjoy—because it’s a visual science of looking at cells, and how they light up with different fluorescent dyes—that, in itself, is a beautiful thing to see—but Dr. Kerby got very involved in painting in a very classic way. Everything about Dr. Kerby was on a small, under-sung scale. She got involved in miniatures, started doing oil paintings. The largest artwork that I saw at her studio, which she built outside of her and her sister’s home in Miami—which wasn’t far from Miami—the Dolphins’ stadium—was probably only about—in the frame, totally framed—was about the size of an eight by eleven sheet of paper. Most of her miniatures themselves were no larger than about six inches by four inches. She also enjoyed woodworking, and—this is a piece—she enjoyed flowers, and the one thing that she did have, in her very small home on Lakewood Avenue, was a lot of plants—both inside and outside. So she always enjoyed nature and bringing nature inside. And the miniatures that I saw were some beautiful pictures of the Everglades, one of which, I think, you know, almost deserves to be on show. She had incredible appreciation of nature and people. One of her favorite portraitures was a Robert Riggs photograph called “Rounds.” And it shows a classical, paternalistic, sort of pre-Marcus Welby on TV kind of physician—on the left hand side of the bedside, leaning over to touch the patient who’s

sick. And there are trainees around, and you can tell, because they're younger than the physician. In the background, there's like a student, and the student's not quite involved in the inner circle yet. She was always fascinated by the geometry of that, because really that was what we spent—she spent—a lot of her time doing, being on rounds with trainees at various levels, taking care of patients on the wards of Duke Hospital. But one interesting note—she tried to reproduce her own version of that, and this was the only large piece of art that I ever saw in Dr. Kerby's home, or that she volitionally said that she had tried to do. She painted her own version of "Rounds." And in the background, where the presumed medical student was in the Riggs' version, there's a female. And I think, in a way, it's Grace. It's what she felt as she was coming into this bastion of testosterone that was Duke Department of Medicine, and the corporate culture there, and being the first woman chief resident—what it was like. But I don't—nobody knows where that picture is right now. And the last time I talked to her niece, Liz Gibb—we don't know where that eventually went. But it's interesting that the social aspects of nature and science Dr. Kerby painted in miniature, but yet the Robert Riggs—her version of Robert Riggs' "Rounds"—was a very large painting that probably was three feet by two feet. But that—are the proportions of what Grace Kerby's life was like. Her life was about medicine and Duke. In the waning years, Dr. Kerby had a very long and sad battle with endometrial cancer. She was very analytical; she researched her own chemotherapy. She must have been a challenge to her physicians, because they knew they were dealing with a woman of personal and scientific substance, who basically wanted to weigh all the options as to whether it was worth going through chemo, or surgery, or having the problems that you would have. When she was put on cisplatin, she started noticing

problems with her handwriting, because cisplatin is associated with a peripheral neuropathy—holding the pen was a problem, guiding the pen. And Dr. Kerby trained in a very classical school. She had a wonderful penmanship that was extremely characteristic. And she used the old Palmer 'R's, instead of an 'R' like this. Palmer had an 'R' that went like that that many people don't recognize, and the Palmer system of—the way North American young children were schooled to reproduce. And she had an 'R' in her first name and also her last name, and so it was very characteristic. Some people did not know what that was. But I received a letter from her a few weeks before she passed away, and she apologized in the first three sentences for making it a difficult note for me to read, because of the fact that the cisplatin had totally disarmed her handwriting, and she hoped that I would still want to continue to read it. Just before the closing, she said, "You know, it's funny to think that the one part of my body that I did not use in my life"—in parentheses, "my endometrium"—because she never married and had a family—"the only part that I never used is what's doing me in." And that statement, with her sign-off handwriting—"Sincerely, Grace"—and it was one of the few letters that she did not sign "Dr. Kerby"—because many of us—took a long time for us to feel comfortable calling Dr. Kerby by her first name, but once given permission, you felt as if you were in a most—in the presence of someone absolutely awesome, and one knew that they were. But I always thought that that was very—it was so analytical, she could just sit and dissociate from it—you know, I never—I never had letters complaining about, "well, I really hate this chemotherapy, I don't want to go through this again," blah, blah, blah. You know, life was very important. She wanted to see her nieces and nephews, and be with her sister as long as possible. And so in those waning years, as she felt a bit

of waxing dignity—she felt it was absolutely a loss of dignity to not be able to handwrite as beautifully as you were taught and were supposed to. Here's a lady who was reading medical journals right up until a very short stay in a nursing home. And I am a better doctor for having known Dr. Kerby. I am a better person. I am probably a better female in medicine, but I'd rather just emphasize I'm a doctor, because some of the things relate to gender, and some of them don't. And some things just relate to issues which women in medicine have had to deal (preconceived notions)—women have many role models now that maybe they didn't have at the time, and the fact that many of these people have incredible success. Dr. Kerby's research—of which she was extremely proud—in a very seminal paper—I guess in Dr. Kerby's place, I should say—an ovarial paper—was that work that she did with—published with Michael Parker, MD in 1974, and that citation is on the combined titration and fluorescent pattern determination of IgG antinuclear antibodies, using cultured cell monolayers, in evaluating connective tissue diseases. It was published in the *Annals of Rheumatic Disease*, volume 33, issue 5, page 4 through 65, to 72, September of '74. And it was one of the first journal pictures to have color photographs with it, because most of the fluorescent pictures were published in black and white, but they actually paid the extra publication cost to do color, so it would be seen and appreciated for what it was. For the previous seven years, people like Michael Lerner, John Hardin, Joan Steitz at Yale had been isolating new entities such as small nuclear RNPs—ribonuclear proteins—that were very interesting, because they had a lot to do in terms of transcription control, and—you know, cell control, and how proteins were made, et cetera. While this was going on—they were using a lot of cell centrifugation techniques, which were very laborious, because you had to keep spinning

things down and taking off a layer, and then spinning it down and running it through a gradient to molecular sieve things to get smaller and smaller particles. But because Dr. Kerby used an actively growing cell that had a huge nucleus that was so active, and all these factors were running all around the nucleus, and depending upon when you took the cell and fixed it to use it for a substrate, those florescent patterns were in a certain way that correlated with the biologic that Dr. Steitz and her group were looking at. The use of these substrates by Dr. Kerby was actually very important in taking this technology to a higher level, and also, within just a couple of years, the molecular biologists were using our antibodies to make columns, and run a serum or a preparation down it, and the antibodies would pull out those small nuclear RNP particles that they wanted, and save them a heck of a lot of time. So her work actually helped bring together immunofluorescence immunology with the new molecular biology that is now the basis for gene chips and all the high technology we have for diagnostics now. So Dr. Kerby, while not a Nobel Prize winner, did have NIH grants, she published over seventy papers. Seventy publications in her time was pretty good. But she, in herself, would be very modest about that. A sixty-five page—a sixty-five record publication in her time was actually pretty good. I would like to just end by saying that Dr. Kerby would—if she could look down and realize that we're honoring her here today—she would be very happy that at medical grand rounds today, when I talked to one of the new chief residents—Dr. Sascha Tuchman—and mentioned that I was here today to record an audio history of the first female chief resident at Duke—before I finished my sentence, Dr. Tuchman looked me right in the eye, and said, "Oh, I know who that was. That was Dr. Grace Kerby." And I think that it's so appropriate that those who have followed in her

Stead (e.g., she certainly followed Stead around), whether—no pun intended—whether male or female, as Chief Residents realize that they are doing some very special work.

ROSEBERRY: Thank you so much.

(*end of interview*)