

INTERVIEWEE: James Wyngaarden
INTERVIEWER: Jessica Roseberry
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WYNGAARDEN INTERVIEW NO. 3

JESSICA ROSEBERRY: This is Jessica Roseberry, and I'm here with Dr. James Wyngaarden. And he's Florence McAlister Professor of Medicine, Emeritus, and was chair of the Duke Department of Medicine from 1967 to 1982. It's October 17, 2007, and we're here in his home in Durham. And I want to thank you very much for agreeing to be interviewed today. We'll be talking a little bit about Dr. Grace Kerby and her role in the Department of Medicine. And I just wanted to ask just kind of first of all what—you know, maybe what her contributions to the department might have been.

JAMES WYNGAARDEN: I came here in September of '56. And at that time, Dr. Kerby was in a role that Dr. [Eugene] Stead had created for her, and when I became chairman, I didn't disturb that particular role—and that was that she principally scheduled the house staff rotations. The interns moved every month and the residents maybe every two months, and someone had to make sure that they all got representative experiences in the various areas of the department and to arrange the vacations and coverage if someone was sick. Dr. Stead delegated all of that to Dr. Kerby. He never gave those matters any attention whatever. She had all the necessary information on each house staff member in three-by-five index cards in the pockets of her white coat. If there was ever a need to make a change—sometimes interns got sick, or there was a family emergency or a death

in the family—she could make that arrangement in an instant. The buffer zone was really the interns who were assigned to the clinic, because the wards had to be covered. The clinic staff could expand or contract to take care of the workload there. That was the principal contact Grace had with the house staff. In addition, she took her own turn in ward rounding assignments from Stead. At that time, the department had a lot of areas to be covered, and the full-time staff was small, so everybody was on teaching service all the time. So the house staff had daily interaction with her in the care of patients as well. She was a very good doctor.

A little bit about her history might be of interest. When I met her I didn't know this, but later on I learned that she had actually trained in microbiology—and I believe at Johns Hopkins. And there was a time in the early history of Duke, long before I got here, that someone at Duke had been working on Hodgkin's disease. Hodgkin's disease had been a puzzling disease, because it behaved like a malignancy, and yet the tissue under the microscope looked like a chronic infection—with granulomatous changes—very similar to what one might find in tuberculosis or brucellosis or some of those chronic, low-grade infections. Someone at Duke had been working on Hodgkin's in the pathology laboratory and had been doing cultures, as was being done in various institutions. Allegedly the someone at had gotten a 100 percent positive culture rate for the brucellosis organism—undulant fever organism—in Hodgkin's, and had written a paper and was going to publish it. I do not know. But Dr. [Frederick] Hanes, then chairman of the Department of Medicine, knew that that claim would have been revolutionary and also that it was putting a lot of Duke's reputation on the line to make that claim. So he insisted that the work be repeated in a different laboratory by somebody else. I was told

that he recruited Grace from Hopkins to come to repeat those studies. She could not confirm this work. Then they cultured the laboratory where this original work was done, and found the laboratory was contaminated with that bug, so the tissues were brought to a laboratory that was infected, not the other way around. So the work was never published, and Duke's reputation was saved! After that Grace attended medical school at Duke and then stayed for house staff training, and was here when Dr. Stead arrived. And he found that special role for her, and she continued in it throughout his tenure and also during mine.

ROSEBERRY: The special role being the—

WYNGAARDEN: The scheduling for the house staff. Meanwhile, she also became interested in rheumatic diseases—and helped start the arthritis clinic. Bert Persons was the more senior clinician member who also had something to do with that, but that was essentially Grace's creation. The clinic was underway when I arrived in '56. I had never really identified myself with the arthritis field particularly. But during my time in Boston, I had spent six months working with Dr. Walter Bauer, a world-renowned specialist in arthritis. Following my residency I then spent a year in New York with DeWitt Stetton, working on uric acid metabolism related to gout. In this role I worked closely with Grace dealing with fellows in the arthritis clinic. So I had a fair amount of contact with her. I had a laboratory in the Bell Building, as she did, so we ran into each other with great frequency. I got to know her quite well. She was a very good doctor, a very good clinician. Business all the time, no small talk of any kind. You couldn't even get her to opine on the weather. (*laughs*) A very dedicated individual, but a very restricted personality. The house staff admired her for who she was. I never heard them

say anything negative about Grace. She was an easy person to get along with. You knew who she was and who she wasn't. There was no point in trying to include her in social events; she just wasn't interested. When I became chairman in 1956, I saw, for the first time, the salary structure in the Department of Medicine. I was astounded to find that Grace was paid about half of what the male members at her rank were paid.

ROSEBERRY: What was her rank at the time; I'm sorry.

WYNGAARDEN: By that time she was a full professor. But compared with others of her rank and seniority, she was paid roughly half. And I asked Gene Stead about that. He said, "Well she's a single person, she doesn't have any children to raise, she lives moderately, she doesn't need much money." I was not comfortable with that. I went to talk to Grace about that. She had no clue what other people in the department were paid. But when she heard that she was being paid less than others and the rationale was, she said, "Baloney, I'm helping to put my niece and nephew through college, because my sister is divorced and can't really do very much." I immediately doubled her salary. I went to talk to Dean [William] Anlyan about it, because I knew this was unusual. And I said, "I think we ought to make some adjustment for the past." I proposed going back and doubling her salary for the last three years. He said, "I could approve one year, but I couldn't defend more than that." So we gave her an appropriate bonus for the previous year and doubled her future salary. I don't contend that she was in every way as valuable as someone like Wayne Rundles or Frank Engel, who were world renowned in their fields and had fellows coming from all over to work with them and were delivering major papers on national programs every year or so. Her contribution was different. So I didn't push this argument too far, but I made sure that she was much more fairly treated.

ROSEBERRY: So her scientific contributions were maybe not as—?

WYNGAARDEN: No. She worked in a difficult field—in mucopolysaccharides of connective tissue: glue. You've got fibers and material that sort of holds everything together. And there's a lot of that in joints and tendons, and in rheumatoid arthritis—which is an inflammatory process—there are a lot of changes in these mucopolysaccharides. And she was measuring those. Her work was largely descriptive. And she was doing some evaluation of the new drugs that companies were developing to be tested in arthritis participating in trials. NIH money was growing, and it was relatively easy to get. She had some NIH grants for a time. She published papers and had reasonable respect from colleagues. I would not describe her as a leader in any of these fields, however.

ROSEBERRY: Were there many other woman in the department, or—?

WYNGAARDEN: No. We had a few at lower ranks, one or two. Pediatrics had more women, but in Medicine, she was the only person at that rank during all the time I was here.

ROSEBERRY: Do you know how she managed to come into Medicine at a time when there were few women there?

WYNGAARDEN: Through that route that I described. She was a microbiologist. She came here for the Hodgkin's project. And then she stayed on to go to the medical school and train in the Department of Medicine. She was here when Gene Stead arrived and stayed.

ROSEBERRY: So was it perhaps maybe more typical for a woman to be doing some of that lab work that she had originally started in doing, or was that—? Do you know if that was unusual as well?

WYNGAARDEN: It was at a time when there were not nearly so many women in medicine. It wasn't fifty-fifty or anywhere close to it. I mentioned I was an intern in Boston. The first woman ever to serve on the medical service at the Massachusetts General [Hospital] in its entire history had come in two years before I was there. It was entirely a masculine profession. I cannot remember a woman on the faculty in the Department of Medicine at the University of Michigan. There were some there in other departments. There was a very good woman orthopedist, so it wasn't entirely male—but it was pretty close to it. There were some wonderful women teachers, in neuroanatomy. There was a world-famous woman, Elizabeth Crosby. And she was co-author of the standard textbook of neuroanatomy. So there were women on the science side, but not very many in clinical departments.

ROSEBERRY: So when did that—do you know when that started to change?

WYNGAARDEN: In my class at Michigan in 1944, we had 130 people, and we might have had fifteen women, 10 percent maybe.

ROSEBERRY: Do you think Dr. Kerby's private nature maybe had something to do with the fact of being a woman in a—?

WYNGAARDEN: I don't think so. I don't think she'd have been any different (*laughs*) anywhere else. (*laughs*) That's just who she was.

ROSEBERRY: Well, you had mentioned that she was fairly private and very business oriented, too. Is that—?

WYNGAARDEN: Well, business oriented, but not in the sense of money. Just a very well-organized person who went around doing her job methodically, extremely carefully, very reliably—in that sense she tended to her own business, but it had nothing to do with money. She had no interest in money, basically. She gave away what little she had to help educate her niece and nephew. She lived in a very modest house. I guess she had a car, although I can't remember ever seeing her drive. (*laughs*) She must have had one. But that was not important to her. Dress, same skirt and blouse probably, for the twenty-five years I knew her. I never saw her dressed up for anything.

ROSEBERRY: So were her primary contributions—would you say it was the organization of the residency, or—?

WYNGAARDEN: Yes, I think so. She really helped the department run like a railroad. Every train was on time.

ROSEBERRY: Is that a complicated—?

WYNGAARDEN: It's pretty complicated. Obviously, there are other ways to do it. Now you can probably do it all by computer now, but she was the computer before they existed.

ROSEBERRY: So tell me a little bit about those three-by-five cards that we've heard about.

WYNGAARDEN: Oh, she had a stack of them in her pocket, and all the information that she wanted. I suspect some of that was related to other things than the house staff, but she had a card on every intern or resident. She had a master card of schedules, things of this sort. So whenever she made a change, she had it on the record. She also planned a year ahead, but she never released the schedule to the house staff a year ahead—it might

have been two months ahead—because of the changes that she knew she'd have to make. So if someone had a very nice assignment, maybe four, five, six months from now and then something happened and she had to reshuffle—that person never knew what he or she had gained or lost, because Grace could make those changes without anyone knowing that she made them. She was very secretive—very secretive about a lot of things.

ROSEBERRY: So was it difficult to know Grace as a person?

WYNGAARDEN: Well, this is the person she was. So I think we all knew her just as she was. She was no different.

If you ran into her in the store or so on, she was just—I don't think she had an enemy in the world—a very kind person, and very thoughtful, and extremely reliable. I never saw her high, I never saw her low; she was always the same. She influenced a lot of people. Gale [McCarty], I think, was probably closer to her in a personal sense than anybody else I know of. There were a few clinical fellows in Rheumatology when I arrived in 1956, one or two who worked with Grace on consultations and so forth. And one of them said once in a while they'd get a bottle of wine on Saturday afternoon when everybody else was at the football game. And they'd sit around in the laboratory and finish off the bottle of wine working in the Bell Building. So she might do that sort of thing once in awhile. She was not a drinker in the usual sense. I'm not even sure I was ever at a cocktail party with her, because she didn't do that sort of thing. We had a big departmental party at Christmas at that time at Hope Valley Country Club, and I can't even recall whether she came to those. She was very ill at ease socially.

ROSEBERRY: Did she appear uncomfortable?

WYNGAARDEN: She just wasn't a mixer. There were times in Atlantic City when we might be in a group. She was very much a private—and I suspect very lonely—person. But Gale got to know her better, and Gale has a very fine appreciation of Grace. Grace was a terrific doctor. She knew a lot and she was good with patients, good with house staff on the wards, and so on.

ROSEBERRY: So she earned a reputation for those two things?

WYNGAARDEN: She was highly respected but not with a national reputation. Her research didn't rise to that level. But every medical school has to have worker bees. She certainly was one of those: she put in long hours and worked hard, always here early. And without such people, a place won't run. She made a major contribution.

ROSEBERRY: So she was in the department after you left for the NIH?

WYNGAARDEN: Yes, she stayed on in Medicine until she retired. And for years I used to get a Christmas card from her with no real note on it—just signed—from Atlanta. I think she was from Atlanta originally. She moved back to Atlanta and died there. I can't even tell you when that was—you may have the date.

ROSEBERRY: I don't know.

WYNGAARDEN: My guess is that she might have stayed on at Duke until sixty-five or even until seventy and retired; I just don't know that. I'm sure the records are somewhere, but I don't know that.

ROSEBERRY: I think we have her information there in the archives. Well, are there things about her that I haven't asked you today?

WYNGAARDEN: Well, not really, because I have absolutely no clue about any private life she had. My only contacts with her were in the hospital. I'm not even sure, except

for maybe an occasional Atlantic City meeting, that I ever saw her outside the hospital setting.

ROSEBERRY: Do you know of any firsts in her life?

WYNGAARDEN: Any what?

ROSEBERRY: Of her being a first of anything at the medical center or in the department? The first woman to *blank*, or—?

WYNGAARDEN: I wouldn't be surprised if she was the first woman to hold a full professorship in the Department of Medicine. I think that's probably true. You know, she may have been a chief resident in Medicine, too, she might have been. In which case, I think she would have been the first woman chief resident.

ROSEBERRY: I think that's true.

WYNGAARDEN: I don't know what sort of records there still are around the medical school, but those things you could look up. But by the time I arrived, she was well past her house staff years, and doing the things I mentioned. From the day I arrived, she was in charge of that schedule.

ROSEBERRY: So when Dr. Stead was, you know, kind of paying her that half salary, was that typical across just medicine in general?

WYNGAARDEN: I do not know. I have no information about that.

ROSEBERRY: Okay.

WYNGAARDEN: Anyway, she was appreciative of the extra money, because then she could give more away. (*laughs*) Well, I'm sure she was saving something for herself as well, but she would have been included in the TIAA-CREF system—because we were all

in that—so she would have had that retirement program, which, given her modest needs, I think, probably was enough.

ROSEBERRY: Well, I want to thank you, Dr. Wyngaarden. It's been a pleasure talking with you.

WYNGAARDEN: You're quite welcome.

(end of interview)