

Interview with Dr. Shirley Driscoll, Professor Emeritus of Pathology at the Harvard Medical School for the Archives for Women in Medicine at the Countway Library at Harvard Medical School on June 30, 2006 by Dr. Malkah Notman..

DR. MALKAH NOTMAN: I'm Dr. Malkah Notman. We are about to have an interview with Dr. Shirley Driscoll, Professor Emeritus of Pathology at Harvard Medical School. This is part of a project of establishing an archive women's history at Harvard Medical School which is sponsored by the joint committee on the status of women. As you think back about it, what stands out for you about your academic career?

DR. SHIRLEY DRISCOLL: I don't think I can pin point anything. Maybe because it's because I've been retired for an amount of time. But I think it's the fact that I was very satisfied with my career. And I think if you ask for one word it would be satisfied.

MN: Have your views about it changed over the years, do you think?

SD: Again, from this distance in time I don't think they have. I had some career changes but I have never regretted those.

MN: What were the changes?

SD: Well, it depends on how far back you start? That is, I was an achiever as a high school kid. And I expected and planned to have a career, a profession. I had no doubts that I could do what it took. The only doubts that I had then had to do with whether I could afford it. Now, at the time college and medical expenses were very modest but I had two younger siblings. And the expectation was that if I were supported, that when they came along, I would be sure to contribute to their support. So I didn't know whether I would go, I would try to be

a teacher or a physician. And either would be satisfying and in a way I was both. So those were not exactly career changes but it was the drift of my career. The only difficult change that I made without boring you with the details were that I was married when I was in medical school, just before the senior year. And 57 years with the same man. It was at the time of war. And he was vulnerable to being called in service. We were not sure what we wanted, each of us wanted to do with our upcoming career choices. And we wanted them to be compatible so that we could be together as much as possible. I therefore, I won't go all steps along the way, but we thought he would be in the service and I thought I wanted to be a pediatrician having had a rotating internship which I required because of my state requiring it and one year of pathology. Partly because both of us were uncertain as to our choices and thought we'd learn more about basic medical things that way. So given that he might be stationed in a big city like Philadelphia or something, I applied at the hospital at University of Pennsylvania for the pediatric residency and I was accepted. I didn't really know whether I wanted to be a practicing pediatrician, or, I didn't know much about specialties. Then we had I suppose you could call it a eureka moment or something or other. He was going to volunteer and we said, why are we doing this? Let them find you. And I had already begun my residency and he had to make a change of what his plans were. And to tell you quite frankly I was miserable. Because I was married to this man and I was coveted to him and I wanted to be with him. And so after three or four months, I went to my chief who had a big role in my choice of a field anyway, although he didn't know it. And I just told him that I love what I'm

doing but there have been various forces that we couldn't anticipate and I would like to be released. So I resigned my residency and went and stayed with him while he took a year of surgery in a remote hospital. That he required to have a year of surgery in Pennsylvania and I volunteered to help a local pediatrician who was the only one with any credentials. So that was a change. At the time I wasn't sure I wanted to be a pediatrician, I thought I did. But after some time instead of deciding to return to pediatrics, I had really liked pathology and I was very intrigued with well, how to say it precisely. I was impressed that there were babies that were born dead and no body knew or really wanted to inquire as to why. When I was in pathology I was impressed with that. And babies that were born prematurely and my chief in pathology in Philadelphia was a German man and a very fine pathologist. I would do an autopsy on a premature baby say weighing four pounds. He had a big, busy schedule. I would go to him, and I'd say, Dr. Eric, I don't understand why this baby died. He said, Madam, why should he live, he weighed only four pounds? Then I thought, God, so I thought there was an extreme of life that was in a sense related to pediatrics that I might get engrossed with was perinatal medicine from the point of view of pathology. And that was what I decided to do. I decided, I did some more laboratory years and so and so because we had to make a living. And then I returned to pathology at the Brigham. And I was very fortunate because there was a place eventually at the Lying-In where somebody who was, who did care about these matters could work and perhaps make a contribution. So that was what I did and I got a great deal of satisfaction out of it. There was no such thing as perinatal medicine.

There were no such thing as neonatology. At one point, and I'm getting, not really getting off the path now. At one point I needed a paying job because he was going to be a resident and he was going to make \$50 a month.

MN: Yes, I remember that.

SD: Fifty dollars, he got it in \$11.00 and some cents a week packages. So I got a, I would look for a job and there were various possibilities most of which didn't pay very much but more than he was getting. I went to see Clem Smith. You may remember Dr. Smith. He was a neonatologist at the Lying-In and told him what my interests were. And I had some skills because I had worked for a pediatrician and I had worked on newborn babies. But he didn't need me he had much more professional people who were already there. So that would have perhaps been a channel to being something like did what Mel Avery did. But there was no such field. So to shorten this discourse, I returned to pathology and stayed in pathology. And because of being at a women's hospital, and I was concerned about women's medicine and women's pathology, I had to learn and act in conjunction with gynecologists as well as with obstetricians and neonatologist. But I got a great deal of satisfaction out of that.

MN: Do you feel that being a woman influenced those directions, you know pediatrics, pathology?

SD: Do I feel that women influenced me in that?

MN: No, that you're identify as a woman or your being a woman shaped your interests. I mean, as you describe it it's a series of decisions that were out of interest and out of the requirements of how to manage.

But I wondered whether you felt particularly drawn to pediatrics, to babies, to gyn?

SD: Well, we could be here all day.

MN: Yes, I'm sure.

SD: I'll tell you, when we were medical school students at the University of Pennsylvania in either the first or the second year, we were provided, or efforts were made to give us some insight into what various fields of medicine offered to person who engaged in it. The chairman of pediatrics who was the chief at the children's hospital of Philadelphia gave a talk. Which I think you might say, he talked to the whole class, big class about what it means to be a pediatrician. And what I got out of it was the notion, he wasn't a very good speaker by the way. But I got out the idea that you could help people early, that you could perhaps have more positive influence and to put it crudely, if you were cleaning up later. So I thought that's why I wanted to be a pediatrician because I thought being there early would be a valuable thing to try to do. And I think, I carried that influence over and actually he was the man I went to later and resigned my residency. That was motivation and my orientation at that time. Now, you could say that being a woman, having two younger siblings, have a lot of neighborhood kids, I don't know whether I had maternal orientation but you know, that is a true story of my journey to the field in which I found myself. And I found a great deal of satisfaction.

MN: Did you find at any point that being a woman was problematic in the sort of career development?

SD: I really don't think so. Now I have friends who say that I was blind. That there were things. And I'm not sure that they were correct. But

I was very supported in many ways because I met my husband. Actually as I said in my other interview the first day of medical school, right across the table from me. And we've been together for all these years. So I was very supported and we as a couple, we weren't married until we were about to begin our fourth year. But we were a sort of focus for social groups. And particularly there were many more men in medical school and some of them had problems they wanted to share with some woman and I was available but not, I was already committed but they would come to our apartment and tell me about the grief of their girlfriends and what not. So I think I also, and I know I'm rambling and I shouldn't be. In my growing up, I was exposed a lot to boys. I was the oldest of three children. My brother 7 years more younger than I was too much younger to be a factor. But neighbors, big families and very close friends, there were many, many boys with whom I associated. And felt like an equal that I was not attuned or sensitive. If I was slighted or prejudiced against, I wouldn't have had the sensation of that.

MN: What was your family like?

SD: Well, my dad was a public accountant. We lived in a town of 6,000 people, a little bit from the Sescohan River in Pennsylvania. My mother never had a job, she was a big volunteer person, she was with ever do-good group. She never had a job until she was in her 60's when she took a part time house mother's job. She was the daughter of a doctor. And the granddaughter of a doctor. Her father however died before I was one year old. So I had no personal influence from him. My parents were very much invested in my being happy and being successful. So my brother, much younger, was never much of a

student. He had a career as a salesman and then my sister who was 11 years plus a few months younger than I was a nurse. And they were just too far away from me in age and orientation for them to have had much of any influence. And I think they looked up to me, but it was a one way street in lots of ways.

MN: What do you feel drew you to medicine rather than teaching?

SD: I beg your pardon?

MN: What do you feel influenced you to choose medicine rather--

SD: I wanted to have a profession. I wanted to be of service. There are so many, not nowadays, nowadays there are just myriads of professions. There were not that many then. And not all that there were would I have been aware of. But as I said, I thought I would be a teacher or I would be a doctor.

MN: But I would have thought that being a teacher was a more available and maybe more usual choice?

SD: Well, I have a couple of teachers whose influence on me where probably quite powerful but I can't say honestly that they were responsible. My high school science teacher was a woman. And she favored the boys in the class except for me. And I think she was very influential in my wanting to get, to have further education irrespective of what that direction might take. I had an art teacher who was very supportive and I think also in general, encouraged me to seek some field of profession beyond, not that teaching isn't respected very much but with a graduate component. And I didn't know much of anything about graduate schools. Could I have become an architect? I used to draw well. But I didn't even, I knew women could be doctors because we had a school doctor who was a woman. But I hardly knew her.

MN: Looking back, do you feel there were particularly high points from a career point of view?

SD: Which number question, I have notes here?

MN: Three.

SD: Three. I just put a question mark. I can't remember anything. Specific high points.

MN: Moments that stand out. Maybe unofficially.

SD: Well, being promoted to professor. I was invited in the, it must have been the '70's to speak at the Mater Hospital which is a women's hospital in Dublin as their charter day speaker. And I was the first woman and the first pathologist and the second American. So, in some ways, that was a real distinction. And we had a wonderful time. It was very nice. And I spoke in Mexico and I spoke in Australia. And various post graduate venues but the one in Dublin was so extra special because of being married to an Irishman. And the Irish are very charming and I knew quite a lot of Irish doctors. But when I looked over your questions, I thought, I didn't even think of the Dublin experience until you asked me here. I had a good time in my career. I really enjoyed it.

MN: Do you remember any low points?

SD: No. Except when I agonized over whether I'd leave pediatrics. Well, it was more of an agonizing about whether I would leave the pediatric residency because at that time I hadn't decided, I had decided that I was going to go back into pediatrics. As time went by and I developed further interests that could be supported by becoming a pathologist focusing on early life that would be the way.

MN: Well, you know, it sounds like you were pleased with your choices you made.

SD: I was. I was very pleased.

MN: Do you ever had any regrets? About pediatrics or any other?

SD: No, not ever. Not a one. I was very satisfied. I'm sure that I had my low moments but, since retirement many times I've said I was happy with my choice and very satisfied that I did a good job and was respected and made good friends and made contributions.

MN: You know you have said that you felt if there was any discrimination that you were blind to it, you had said just before that if there had been discrimination about women that you really didn't feel you experienced it.

SD: I didn't experience.

MN: Have you seen it in relation to others? I mean good friends or colleagues?

SD: Oh yeah. I'm sure, it's hard to say that I didn't recognize it. I don't know how to express this. I have seen people being passed over, not being given what I thought they were entitled to. But it really hasn't been a, I don't know how to express it. It hasn't been something that caught my attention. I know how few women there are in this and how few women there are in that and how difficult it might have been for a woman to have got to do thus, thus, and thus. But mostly it's from a distance. When, may I introduce--

MN: Absolutely.

SD: When I was in college in Philadelphia, the program which was called the something Service Corp during World War II had taken men into the army and supported them through medical school and veterinary

school and there were some navies as well. Navy people as well. In my dorm there was a woman who was English who was a veterinary student. At the time she was the only woman in veterinary school.

MN: At Penn.

SD: The only one. And she was rather shy. And these fellows went to class in uniform with some officer directing them, you know march them. And when they passed her he would give instructions for them to do something in recognition of her. Eyes right or something. And she was just so humiliated. She went through an awful lot of humiliation as a veterinary student. So I was aware of that because she lived in my dorm. At Penn when we entered, we doubled the number of women in the school. We were thirteen and the total made 25. So the ratio between men and women is just so different. And I'm sure that all along the way, these few women were subject to unpleasantness and discrimination of considerable impact. But I was shielded by friends and the fact that I was dating and going around with a classmate who protected me from it. And I was, I think very respected and loved by their friends. So maybe I was shielded, maybe I was blind, I don't know. Is this off course?

MN: No, this is right on course, actually. Because we're really interested in your experience.

SD: I never thought that I couldn't do something because I was a woman.

MN: And you never experienced it.

SD: No. I never experienced it. I didn't expect it and I didn't get it.

MN: What would you say to the young women now in medicine or in pre-medical training or those who are--

SD: Oh, it's so much better. It's wonderful what opportunities young people have irrespective of sex. And I'm always so gratified, so pleased when I see that something is being accomplished and it's a woman who's doing it or is a participant. But I don't remark on this and say, oh isn't that wonderful because they're capable of it. They belong there. And now they're getting their just opportunities, I think.

MN: Would you have any particular advice about directions or choices or [unclear].

SD: I don't think so. I don't think so.

MN: Are there any other sort of personal experiences that you'd want to add or talk about?

SD: No. I can't think of anything. May I just see what I wrote down when I looked at this, your letter previously?

MN: Yes.

SD: I have written down here, yes, there have been barriers and obstacles to women being able to achieve, accomplish, or get to where they want to go. But and for me they were not unassailable. And I think they now, they're really not, they've not vanished. I don't think they'll ever vanish. But they certainly are much less of an impact.

MN: Well, what do you think they were for you? I mean, granted that you over came them. But when do you remember? Or what do you feel there were in the way of barriers or obstacles.

SD: I honestly can't don't remember any. I can't recognize them. Perhaps if somebody who had observed me along the way were asked that, they would say this and that happened that I was obtuse about or denying. But I pursued a course that I wanted to. And I retired when I wanted to. I didn't retire because of some age. I retired partly

because my husband retired. And I just thought, I want to do something else. I got promoted reasonably well. I got to have a job that had content, that I respected and enjoyed, engaging in, I worked hard.

MN: Are there any particular achievements that stand out for you that you feel pleased with? Personal or professional? I mean sometimes the official things aren't quite what has meaning for oneself.

SD: Well, when we moved from the Women's Hospital to the Brigham, I was concerned that the interests of the Women's Hospital, not just pathology, but the interest of the staff might be taken less seriously let's say or diminished in a competitive situation. I didn't have the impression that there was a welcoming attitude on the part of the institution to which the Women's Hospital joined. Not to be for me personally but the overall ambience. And I don't know whether I was correct that they were not welcoming. I think it is, it was correct. And I think that some of that attitude may have been sustained partly because there is a snobbishness or was, and I think probably still is. There is a hierarchy among specialties in medicine.

MN: Oh yes.

SD: And the ambience in a setting where that hierarchy is present in all of its combinations and permutations, the ambience in a big hospital like the Brigham and Women's was I think probably persists. I was talking recently with a man who is a very fine pediatrician and neonatologist who said how he missed the Lying-In because it was such, the place was for women. It was for women. He said, I love the young mothers, I love the new babies. And I think that the, I haven't analyzed, you brought this out. I didn't think of it until just now how

to express it. But I think that there are values related to caring for young people and tending people who are having babies. Whether they turn out to be happy outcomes or not. There is an ambience that sort of penetrates using not very good words.

MN: No, I know what you mean.

SD: That penetrates the atmosphere, the atmosphere is different. And I don't think one should have to defend that. And I had the feeling that you had to defend it when you went into the bigger diverse institute.

MN: When? When the Lying-In joined with the Brigham? Or when the Women's Hospital?

SD: No. When the Women's Hospital, the Free Hospital For Women and the Lying-In joined it was still a women's institution.

MN: Yes. So it's when--

SD: Even though it was run by men. And there was a lot of difference between being a gynecologic surgeon who did extensive cancer surgery at the Free Hospital For Women and somebody who delivered babies at the Lying-In. But it was still women. And when the whole unit, which was a unit, irrespective of the diversity of the components, it was a unit. When it moved into a setting which not necessarily welcoming,

MN: Yes. No, I know what you mean.

SD: There was not only the inherit competition but I think there was a lot of feeling on the part of the Women's Hospital doctors that they were being taken over in ways that did not give them voice or might not. They might have anticipated that they were going to have more difficulty. And I don't know.

MN: That's an interesting issue I think, also that one could wonder about the whole issue of taking care of women that is in the context of the male dominated profession as it was. That that shared some of the prejudices and status issues in the larger world.

SD: But there are a lot of women who have become gynecologist.

MN: Now, yes. With a hope I think to change that.

SD: I'm afraid I'm diverging a lot.

MN: No, but I'm really interested in what you're saying.

SD: Some of it is so personal. I'd go to the Beth Israel for my mammograms and for my care to the breast unit. And I'm so impressed with the ambience of the breast unit women. It's just wonderful. And I think that in the care of women irrespective of the sector of their care to have more women be the persons who provide the care is a good goal and something to foster, to be sensitive to. If you're in a path lab, it's pretty distant from that aspect except that you can empathize with the parties involved.

MN: And you've been in the setting for a long enough time, I think that you're observations are really important. And I think not only the personal ones but the whole, the way it works. The way the system works. Well, any ways, is there anything else that we should ask you or you want to add?

SD: I'm afraid I've wondered so far.

MN: I think the wondering is fine. It's really your opinions.

SD: Just let me see.

MN: Absolutely.

SD: When you sent me that letter, I looked at it almost immediately and made some notes. You've elicited from me a lot of expressions of

experience and thoughts that I didn't know I could bring out. I don't think there is anything else that I could say.

MN: Well, that's really very helpful.

SD: Has it?

MN: I think that what your saying is exactly what we were hoping to learn. What your own views and personal experience has been.

SD: I never had a mentor.

MN: That's another important piece.

SD: I never had a mentor unless it would have been my two high school teachers who I mentioned. I never had a mentor in medical school. I never had a mentor in my development of my interests. Maybe distantly harking back to hearing a lecture by somebody. But not a mentor in--

MN: In the sense of someone who follows--

SD: --the sense on my being an individual who was provided with the support of somebody who would be called a mentor. I think they're important.

MN: Yeah. But it sounds as if your husband provided some of the support maybe not in decisions or in a specifically medical mentoring but the kind of having someone to share with.

SD: And our fields overlapped because he was in ob/gyn. So we knew a lot of the same people. And probably in some ways I was accepted more readily because they, his colleagues knew me both as his wife and as a person that they could turn to in terms of their professional interests. I'm sure that was an advantage.

MN: Yeah, I think that's important.

SD: And all along, I've had some good breaks, you see, all along the way.

MN: Well.

SD: Are you tired out?

MN: I think this is exactly what we hoped. Your particular experience not just a list of accomplishments. And you know, including the role of having good breaks.

SD: Yes, I have. I had a good break. Should I tell you one more?

MN: Yeah.

SD: This certainly is a scattered. Make this is short as possible. We lived in this small town. And across from us was a property, this is a town, little neighborhoods. It was owned by two men, brothers who lived in another town. And they were Catholic and the town was mostly Protestant. They used to come over, one of them particularly to see my folks. And taught my brother his first words, things like that. One of the fellows did. He was very active in sports. He was something of an athlete. He was a plumber actually. But he was an athlete. And he knew all of the Pauls because he was a referee, he would around to all of the sports. He went into the Navy during World War II and he served in the Seabees in the South Pacific. He kept in touch with my family. When he came home we socialized a lot with him. And he would ask me what I was going to do, and I said, that I wanted to me a doctor but I wasn't sure I could afford it. Turned out that the state had through capitation certain of the Pauls who were actually judges and stuff, had they had money that they could give for people to, for scholarships if they were recommended. And this fellow said, I know who Judge So and So and I think he could help us. I'll take you to meet him. And maybe we can persuade him to give you one of his scholarships so you could go to medical school on it. We went to see

this man. His nephew had been killed in the war. And he had planned to give this scholarship to his nephew but because his friend recommended me and he knew the candidate he gave it to me. So there's another break.

MN: Oh, absolutely.

SD: I thought it was kind of interesting that meeting the man the first day in medical school. Being chosen by the Judge--

MN: To get the money.

SD: Because I was a good student and was worth investing in. This is quite a workout for me.

MN: Yes. Well, but I think it's important. I think including your having thought about that whole observing what happened when the Lying-In, I mean, I think you're absolutely right. And if I just asked you that, you might not have thought of it.

SD: Your prompt worked very well.

MN: This is what I do for a living.

SD: I guess it is.

MN: No, but I'm really very interested in just those observations. You know, I had three kids at the Lying-In.

SD: You had.

MN: And I remember that whole feeling. And I think the competitiveness was true, is true when it enters a very achievement, competitive, oriented setting. And I think it is different when there are more women. There is just a sense of what's important and it changes the ambience.

SD: Yes.

MN: And you know, the structure of a lot of the institutions were developed by the men who were in them.

SD: Oh yes. The history of Lying-In is very interesting too. And the Free Hospital For Women actually was free for people who couldn't pay.

MN: I remember that history.

SD: And the Lying-In is the second oldest hospital in greater Boston; Mass General is the oldest. It's very, very, it's interesting the way the nurses have been asserting themselves.

MN: Well, thank you very much.

End of Interview