



*Profile #8*  
**SHIRLEY DRISCOLL, M.D.**

**BIOGRAPHY**

Dr. Driscoll, a lucid and stimulating teacher, is also a committed mentor and supporter of Harvard's medical students and residents. As Director of Women's and Perinatal Pathology at the Brigham and Women's Hospital, she conducts research on various fetal diseases and inherited disorders. Her 1967 book, **Pathology of the Human Placenta**, is a classic in this field. In addition to her research, she discusses her medical school years and early marriage to a fellow medical student.

**VIDEOTAPE SUMMARY**

**Professionals Portrayed:**

Pathologists

Residents in Pathology

**Medical Equipment and Concepts Demonstrated:**

Light Microscopy

Training Residents

Teaching Medical Students

**Social Concepts Discussed:**

Sharing Profession with Spouse

The Effect of the Women's Movement on Aspirations and Expectations

Decisions and Factors Affecting Career Advancement

The Significance of Collaboration in Scientific Research

## Shirley Driscoll, M.D.

### Transcript

**Interviewer:** The Joint Committee on the Status of Women in conjunction with the office for Educational Programs has created and produced a series called "Women in Medicine" with senior women professors at Harvard Medical School. Today we're talking with Dr. Shirley Driscoll, Professor of Pathology at Harvard Medical School and Director of Women's and Perinatal Pathology at the Brigham and Women's Hospital.

**Interviewer:** Dr. Driscoll, where did you go to medical school?

**Dr. Driscoll:** I went to the University of Pennsylvania, Philadelphia.

**Interviewer:** And Dr. Driscoll, what influenced your choice of pediatric pathology?

**Dr. Driscoll:** Well, during medical school, the course in pathology, which was a second year course, was a wonderful course. It was wonderfully organized and taught. Furthermore, it was the first contact that we'd had with disease and that is very exciting for someone who wants to be a doctor, so they really had us at that point, they caught us at that point. So I thought I might be a pathologist, then, not very long after that, I attended a lecture by my professor of pediatrics who spoke more about the responsibilities and the opportunities involved in taking care of children with their whole lives ahead of them, in a sense, and that really touched something in me too. I thought somehow or other I would be either a pathologist or I would be a pediatrician. Then as time went on and I got more of my schooling and my training, I had to choose between those two possibilities and I decided that the youngest patients, which then I thought of as the newborns, would be, you know, sort of the epitome of the challenge and opportunity of pediatrics. Also that there were many things to do about newborns, to understand a lot of their problems. Extending that to the fetus, the unborn, that I might be able to address their problems, either as a well trained pediatrician taking care of the youngest patients or as a well trained pathologist. Again as time went forward it seemed to me that pathology offered me more opportunity to do that. I had the good fortune to be able to find a setting in which I could pursue those interests and they extended to the consideration of pregnancy because I think that in a sense the factors in pregnancy have tremendous bearing on the quality of the prospective life of grown ups.

**Interviewer:** When did you meet your husband?

**Dr. Driscoll:** I met him on the first day of medical school, in the afternoon!

**Interviewer:** Did his friends become your friends?

**Dr. Driscoll:** Yes they did.

**Interviewer:** Was there sort of a comraderie, a sense of sharing with one another?

**Dr. Driscoll:** There really was, we were a couple in a sense from very early on, we started to see one another the first week of medical school, and formed a kind of nucleus of a group of mainly medical students, but students who were in other fields too who lived where my husband lived. He lived in a boarding house about which one could write a wonderful novel if one had the time because of the variety of people and their interests and some of the escapades that took place there! We were very actively involved in the life of that living unit.

**Interviewer:** Is it still in use?

**Dr. Driscoll:** It is in use, but it is out of print. If I were to do that book over again and if it were mine, rather than done in collaboration, and at the level of seniority that I have reached, I think I could make it a better book, not for content, but by being a little more judgmental, a little more evaluative in presentation of information. In a sense, sticking my neck out about certain phenomenon!

**Interviewer:** Much of your research relates to fetal development, in particular you were working on projects which examine the problems of diabetic pregnancy. Could you briefly describe your contribution to this research study?

**Dr. Driscoll:** Well, my first interest in this goes back a very long time. I would say probably to the early 50s when I became interested in the fact that women who are diabetics have less success in producing healthy surviving children than do their counterparts who are not diabetic. It was obvious that they had three or four areas in which their problems lay. One of them had to do with the fact that many of their babies had to be born prematurely and in such a setting they were at risk of having severe respiratory problems. Over time with the development of perinatal medicine, that problem has not been completely solved, but it is very close to solution. Another was that they tended to die before they were born for no known reason and that aspect has also lent itself to some preventive approaches that have been developed in perinatal medicine. There remained the problem of maldevelopment, that is the fetus or the embryo would have a malformed heart or a malformed brain or no kidneys, or something that would be disastrous or very handicapping if they were to be born alive. I wrote about that in the early 60s. I have been interested in characterizing, those would be descriptive things, and have taken every opportunity to work on that project which I, as a pathologist in the hospital setting, could work on. At the present time, we are one of the five institutions that are doing research with reference to malformation in offspring of diabetic mothers. I am the pathologist to the women's division arm of that project. Also, because we have an interest in early development, we are examining the products of miscarriage from diabetes in the process from two other centers, that is, at Cornell and Pittsburgh.

**Interviewer:** You said to me once, Dr. Driscoll, that a typical day in the life of Shirley Driscoll is an atypical day. Could you sort of describe how you spend your time in a day here at the hospital.

**Dr. Driscoll:** Every day I spend a substantial amount of my time being a hospital pathologist in a teaching setting in the subspecialty areas where I have established sufficient expertise. I may work with a microscope with residents, making diagnoses, I may look at slides, from uterine tumors, ovarian cysts, vaginal lumps, breasts masses to make diagnoses. That is, the patient has come in, had an operation, the tissue is ready for a diagnosis. We always do that in conjunction with someone in training so that we use the process toward two purposes, one to make the diagnosis and the second to teach, thus the feedback at that time is continuous. It's a big part of the day. I go to and participate in hospital conferences and there are many of those! It just depends on which week it is and what day it is. Committee work, dealing with projects that residents and other staff have undertaken. Reviewing papers that have been written, advising in that capacity. Reviewing policies, how we handle certain problems in the laboratory, going to medical school to teach.

**Interviewer:** Dr. Driscoll, you're known in particular for your enthusiasm about teaching. What specifically do you enjoy so much about teaching?

**Dr. Driscoll:** I think that what I am interested in, and science is terribly important, and I believe that I can communicate the challenges and importance of those subjects as a teacher.

**Interviewer:** Did that make you feel any less isolated as a woman?

**Dr. Driscoll:** I think it did. I don't think that the group did, as much as the fact that he and I would spend so much time together.

**Interviewer:** Could you briefly describe your residency training, in particular how you seemed to alternate it with your husband's residency training.

**Dr. Driscoll:** Yes, my husband and I were classmates. We had financial problems and we were not sure what fields we wanted to be in, but each of us wanted the other to make choices and to be able to pursue his or her interests. Having such limited financial resources, we had to make some kind of an agreement that while one worked to support us, the other one could study and vice versa. That was the sort of general spirit of our planning, and then certain other factors bore on where we went and how things evolved including the fact that he was in the Air Force for a couple of years and I wanted to be near where he was while trying to do something that would have good medical content, would be satisfying and I would hope would be educational. Gradually we meandered along the road together and ended up trained in our fields.

**Interviewer:** I would like to talk briefly now about your research career. Is there one piece of work in your career that has been perhaps exceptional in attracting people to you, that you would look to as your major work?

**Dr. Driscoll:** That is very difficult to answer. I think that probably my interest in the placenta has a broad sort of focus, if that is not a contradictory statement. The fact that I have been interested in the placenta and the fetus have been more a distinction for me than any other of my interests.

**Interviewer:** Could you describe the impact of your book, **The Pathology of the Human Placenta**.

**Dr. Driscoll:** At the time we wrote the book, there was a perceived need, on the part mainly of people who were in obstetrics and some people in pathology, for a volume that would gather together information from widespread sources on this particular topic. There was a need to do that, to provide kind of an authoritative compendium of the information that could be used by the pathologist and applied in a sense to clinical problems, to sort of point the way and I think that that is where the book has had its greatest influence.

**Interviewer:** It was published, I believe in 1967.

**Dr. Driscoll:** '67, that means it was complete in '65 which is a long time ago.

## Dr. Shirley Driscoll

### General Questions

1. Dr. Driscoll and her husband were in medical school and residency training at the same time. What was unique about this period in their lives?
2. Dr. Driscoll wrote a book, **The Pathology of the Human Placenta**, that was published in 1967. What advantages in writing the book would she have now, over what she had in 1967? Why?
3. Why does Dr. Driscoll feel that her role as a teacher is so important? How are knowledge and experience passed on to others?
4. Why did Dr. Driscoll become a pediatric pathologist? What factors influenced Dr. Driscoll's choice to become a pediatric pathologist?
5. What role has marriage played in Dr. Driscoll's career? How did the couple accommodate two medical careers, hers and Dr. John Driscoll's as an obstetrician?
6. Why does she describe her typical day as "atypical"? What tasks does she perform?
7. What personal traits does Dr. Driscoll reveal through her career?
8. What is shown about planning and decision in a career?

## Dr. Shirley Driscoll

### Science Questions

1. What is involved in the study of pathology?
2. What was the major medical work of Dr. Driscoll?
3. Dr. Driscoll is currently doing research which involves investigating problems associated with diabetic pregnancies. What are some of the problems that develop in the fetus, with a maternal diabetic environment?
4. How does Dr. Driscoll's work illustrate the connection between basic and applied research?
5. What advantages do you see associated with the acquisition of new knowledge in the area of fetal development?
6. How might new information associated with tissue differentiation and morphogenesis lead to treatments of abnormal tissue/organ development? Do you feel the fetus can and should be treated as a patient?
7. Currently, there are five institutions involved with research on malformation in offspring of diabetic mothers. What are the advantages associated with several facilities doing the same work? What could be a potential problem? Why?

**Dr. Shirley Driscoll**  
**Vocabulary**

**diabetes.** A metabolic disease in which carbohydrate utilization is reduced and that of lipid and protein is enhanced. It is caused by a deficiency of insulin.

**morphogenesis.** The differentiation of cells and tissues in the early embryo which results in establishing the form and structure of the various organs and parts of the body.

**pathology.** The medical science, and specialty practice, that deals with all aspects of disease, but with special reference to the essential nature, the causes, and development of abnormal conditions and disease processes.

**perinatal medicine.** The branch of medical science dealing with care and treatment before, during, or after the time of birth.

**placenta.** The organ of metabolic interchange between fetus and mother. The human placenta, at term averages about 1/6 to 1/7 the weight of the fetus, and surrounds the fetus until birth.

**tissue differentiation.** The acquisition of specialized function and character of collections of similar cells and the intercellular substances surrounding them.

**Dr. Shirley Driscoll**  
**Social Studies Questions**

1. How does Dr. Driscoll's work show that research is a "social process"?
2. How are knowledge and experience passed on to others? How do Dr. Driscoll's experiences show that medicine is a highly "social process"?
3. Describe Dr. Driscoll as a role model for young people. What might you incorporate as part of your own self?
4. What dilemmas might confront a couple when both have careers in medicine?
5. What does Dr. Driscoll's life and work say about aging and creativity?