FILE: ONEILL1

EHRHART: Today is March 27, 2007, and my name is Mindy Ehrhart. I'm interviewing Dr. James O'Neill for the Louise Schnaufer Oral History Project, which is conducted for the College of Physicians of Philadelphia and funded by the Foundation for the History of Women in Medicine.

EHRHART: Can you please begin by spelling your name and providing your job title?

O'NEILL: Yes, I'm Dr. James A. O'Neill, O-apostrophe-N-E-I-L-L, Jr., M.D. I am currently the J.C. Foshee Distinguished Professor of Surgery and Surgeon-in-Chief Emeritus of the Vanderbilt University Medical Center. Previously I was the C.E. Koop Professor of Surgery at the University of Pennsylvania and the Surgeon-in-Chief at the Children's Hospital of Philadelphia, which is where I worked with Dr. Louise Schnaufer.

EHRHART: Can you please state what years you were in those different positions?

O'NEILL: I was the Chief at the Children's Hospital of Philadelphia from 1981 through 1994, and then in 1995 I assumed the position here at Vanderbilt.

EHRHART: Can you please provide information about where you were trained as a surgeon, pediatric surgeon in particular?

O'NEILL: I was trained in surgery at Vanderbilt in both general and thoracic surgery. Then after a stint in the Army I trained in pediatric surgery at the Columbus Children's Hospital, which is Ohio State University.

EHRHART: You had already mentioned when you were and how you were acquainted with Dr. Schnaufer. Did that acquaintance begin when you assumed the role of Surgeon-in-Chief?

O'NEILL: Actually, I was well-acquainted with who she was, really from the time I was in training, which was probably 1967. Then by the time 1969 came along, I actually got to meet her. It was in those years that actually she went to international meetings and things of that sort, and I could see what sort of influence she had, not only nationally, but internationally, as a leader in pediatric surgery, and let's say gender-neutral. She was recognized for her accomplishments and her continuing leadership. I think in a sense she was recognized separately as a woman in surgery. That was another constituency in this world, if you will. But the constituency of pediatric surgery, which was perhaps more inclusive of women than surgery generally speaking, admired her in a way that was, as I say, gender-neutral, because she was so talented.

O'NEILL: So I got to know who she was, the sorts of things that she was involved in. I heard her speak, I saw her interacting. Then, as I began to take on a faculty position, which began around 1969, 1970, the beginning of 1970, then I saw her at meetings and actually had a chance to interact with her. I would say that it was a pleasure, because even though she was part of the

Philadelphia "niche," so to speak, she was open to everybody. If you spoke with her at a meeting and asked her a question, she would share an answer. She impressed me as a very cheerful person, a person who interacted generously. If I had to put it any way, I'd say that she demonstrated a generosity of spirit then, and then later I came to know how right that was.

EHRHART: Your knowledge of her before you actually met her in 1969, through what means was that?

O'NEILL: I got to know about her simply by reading her work and hearing her present some of her work, and at the time she was at the cutting-edge of certain disease states. I would say they were in three categories. The first category was in terms of ano-rectal function in children who were born with anomalies, primarily imperforate anus anomalies, and anomalies of something called Hirschsprung's disease, a disease of innervation of the colon and rectum. Now at that time, the only way to make the diagnosis was to do a full-thickness biopsy that carried some risk, particularly in a newborn. She developed the thought that if you could measure pressures that you might be able to make this distinction non-invasively. That's sort of a common term today – how can we make diagnoses on people without doing things that are risky or potentially hurt them? That was the thing that struck my eye first. Basically it was developing innovative ways to measure pressures in the anus and rectum. Now she started that work when she was still in Baltimore, before her move to Philadelphia. She was in Baltimore at the time that I first became aware of that.

O'NEILL: Then she moved to Philadelphia, and although I'm fuzzy on the year, the next thing that caught my eye was that she questioned the way a particular newborn anomaly was being treated, and the anomaly was duodenal atresia. Up until that time, duodenal atresia was treated according to the way Dr. Robert Gross in Boston and Dr. Denis Browne in London were treating children like this. They were making an anastomosis between this obstructed duodenum to the small bowel downstream. A lot of the time it didn't work very well, or when it did it took weeks for children to adapt to having this type of hook-up to relieve the intestinal obstruction. Louise said, "You know, this is not the best way to do this." I think you have to understand the time. Here she was, a lady-surgeon, at a time when it was not that easy for her to speak up, and of course she was a very gentle person to begin with. Dr. Robert Gross, who followed Dr. William E. Ladd in Boston, and Dr. Denis Browne, were giants. For anybody to disagree with them was unheard of. In fact, all their trainees did things exactly the way they said they should be done, including Dr. Koop. Although Dr. Koop didn't spend two years with Dr. Gross, he spent long enough to pick up all those tricks. And gentle, quiet Louise Schnaufer said, "No, what you need to do is to use the available intestine that's right next to one another and make an anastomosis." I remember when that first came out that people said, "You're crazy, because you can't make the opening big enough. The disparity between the intestinal sides is too great." She said, "Well, if you make the anastomosis correctly." In fact, she made a little joke. She said, "Being a woman, I know how to make a diamond-shaped anastomosis." She had this quiet sense of humor. She said that if you make the right incisions, and then reverse the way you sew it together in the shape of a diamond, that you would widen the anastomosis and make it work. Well, it was like, "Duh!" People immediately picked up on this and that's the way the operation is done today and the old operation was abandoned. That is a major contribution.

O'NEILL: The third thing related to her interest in tumors. There she collaborated with Dr. Koop in doing resections of a tumor called neuroblastoma in children. Dr. Koop had the theory that if you operated on these children, if all you did was to insult the tumor by operating on it, that the children would have a higher cure rate. Now this was at the beginning of chemotherapy, it was early on. That proved to be true. But what Louise Schnaufer said was, "Well, okay, I can understand where some sort of immunologic body defense reaction might be raised by insulting the tumor and releasing toxins, or whatever, something to stimulate the body to oppose the tumor. But it makes much more sense to me that if you can remove the bulk of the tumor, if not all of it, everything you can see, that your results are going to be better than if you just biopsy or take out a small piece." She was in a good position to say this, because she was capable of doing that, and there weren't a lot of other people, at CHOP or elsewhere, capable of doing these tremendously complicated extended resections that required patience and technical capability. As she partnered with Dr. Koop, at least it's my view that she improved the theory. Although it had not yet been proven at the time, subsequently, now this gets to my time at CHOP, we reviewed all the cases, we got all the slides out, we did all the statistics, and it turned out that Louise Schnaufer was correct. The closer you came to 100 percent resection, the better their survival, and that there was a linear relationship between the amount you resected and the degree of survival. Here was this lady who used common sense and technical capability and surgical brilliance to do this because she could get the kids through these operations. There were a lot of people who couldn't because intensive care wasn't...those things were just developing, it wasn't really where it is today.

O'NEILL: So she wasn't just a female pioneer in what was then a man's world, she was a scientific, surgical pioneer. Basically, I would say that in terms of science, what I saw in her was that she was one of the early pioneers in the field of clinical research. She never cared much for laboratory research, she always said, "Well, that's for other people who enjoy doing that." She enjoyed taking care of children and asking questions and trying to answer them. Those are just a few of the things that influenced me early to notice her. Her technical prowess I learned about when I moved to Children's Hospital. As I saw her interacting, and as I saw people in England, I remember a particular meeting where we all went on a nature walk, and I just happened to be able to accompany that. There were two major professors of pediatric surgery from the Hospital for Sick Children at Great Ormond Street, and they were on the walk with her, and you could tell that they respected her highly, and you could tell from the conversation. I realized that she was a big name in the field of pediatric surgery and I would have had no way to know this otherwise, because she wasn't a woman to toot her own horn, and nobody else tooted her own horn. She just showed herself by expertise.

EHRHART: That got to the next question I wanted to ask you. Of all the people I've interviewed so far for this project, you're the first one to mention the second and the third categories, the tumor resection and the atresia, what is it, duo?

O'NEILL: Duodenal.

EHRHART: Could you spell that please?

O'NEILL: D-U-O-D-E-N-A-L, and the operation that she devised was duodenoduodenostomy with a diamond-shaped anastomosis. That's the technical aspect of it. In fact, it's so simple that you can't understand why nobody else saw it.

EHRHART: What I find interesting is that no one's mentioned this, the other two. I've heard about the Hirschsprung's and the balloon manometrics, I heard about that, but I haven't heard about the other two categories. So I guess my next question is: Why haven't I heard about this already?

O'NEILL: Well, I don't know. I'm a person who has written several textbooks, and I've read a lot through the years and reviewed a lot of manuscripts. Being a medical writer and aware of bibliographies and history, in terms of editing books on these various subjects, I'm clearly aware of the provenance of ideas. These are only three things that I would bring up. I'm sure if I dig through my files I would find a number of others because of that.

EHRHART: I don't want to say, "Why didn't anyone else mention this to me, they should have," I'm not saying that at all. I guess what I'm trying to see is whether or not the fact that these aren't the foremost things that people mention when they talk about Dr. Schnaufer, if it goes back to a testament of her not touting her own achievements.

O'NEILL: Well, there's another issue, and that is that the majority of these things were done very early. If you talk to people in their, let's say, 40s and 50s, they've probably forgotten, or not been aware of these things and have just taken them for granted without necessarily knowing who did it first, or who struggled through it and so forth. I've always enjoyed that little story about how she had to beat out all these great men and show them what a good idea was, where they weren't necessarily accepting, and she just plowed on through and showed them. I just happen to be aware of these things. I'm absolutely certain about the accuracy of those comments, I just want you to be aware of that.

EHRHART: Oh, I'm not questioning you at all. I had done already four interviews before I even heard about the balloon manometrics, for example, with the Hirschsprung's, so I'm just sort of wondering....

O'NEILL: They highlight probably other things, such as teaching.

EHRHART: I'm not criticizing any of the other interviewees at all, I'm just wondering when people hear the name Louise Schnaufer, do these things automatically jump to mind? They do for you, but they don't for everyone else. So it makes me believe that even though she did pioneer these treatments, her name, because perhaps she sat in the backstage more or less, she's not as closely associated or, affiliated, or recognized with these.

O'NEILL: She may not have the public recognition, but her name is clearly associated bibliographically with these contributions. And then, since I had the unusual opportunity to be the chief at CHOP, and in a capacity where I was not in-bred, where I had to take the time to learn the history and the individual accomplishments of every single faculty member, starting afresh with no biases, I was able to dig all of this out, and I worked with some of the people she

influenced in that same regard. This is part of it, and I think that I have already shared with you on the telephone, which, by the way, goes along with the comment you just made, that she was a light under a bushel basket, in a sense. If you look at operative notes of complicated surgery, take some of the early conjoined twin cases, she was the other name. Now she didn't get a lot of publicity for it, others did, but she was the other name, the "dual surgeon," so to speak. I understand that she worked in an environment where there were very, very strong personalities and what have you, and maybe I should include myself in that. But I like to think I acknowledged her contributions because I appreciated what she did. It's in a sense I'm sorry people don't appreciate that. Younger people today are less aware of history and background, and that's why it's so vitally important to record some things like this.

EHRHART: Exactly. That's one of the reasons I'm here, and I'm glad to be here. My other question that stemmed from your comments regarding her three major contributions, you mentioned in specific, in regard to the tumor resections, you said she was "one of the people" who was capable of doing it. I was wondering then, if you could provide a little bit more insight or comments into her capabilities in comparison -- are you talking about technical abilities? – and in comparison with other surgeons, how would they rank?

O'NEILL: I would say that when you deal with a small child, we're talking about children from a year of age to four years of age, small kids, with big tumors in areas of the body where harm can be done. These tumors are characteristically very vascular – they bleed a lot. In their pristine state, which is the state in which she was working with these, they're mushy, difficult to deal with, and there's a lot of bleeding, and a small child can only tolerate so much rapid bleeding. That takes the ability to understand anatomy, the ability to understand how to control bleeding, the ability to understand how much you can do before you clean up and then start again, and a personality characteristic of calmness and self-assurance -- that you can undertake something really major in a small child, and get them through it -- where you have a personality that, if it takes you eight hours, it takes you eight hours. There are some people who don't have that personality. So it's an admixture of personality characteristics, of discipline, of commitment, of perseverance, and of good hands, and good hand-eye coordination, good anticipation of what kind of trouble you can get into, and the ability to rescue a situation. She had every one of those characteristics, and in my view, in her time at CHOP, she was the epitome of those characteristics over and above everybody else.

EHRHART: Okay, thank you.

O'NEILL: Is that clear?

EHRHART: Oh, absolutely. Definitely. The next question, you already answered that: you did meet her prior to accepting the position of surgeon-in-chief.

O'NEILL: Yes, I did.

EHRHART: But did her presence at CHOP, knowing that she was there, play any role in your accepting that position?

O'NEILL: I would say yes. It clearly wasn't the major role in me deciding to, interestingly enough, leave Vanderbilt, where I was the chief of pediatric surgery here, this is before this children's hospital, because I had personal considerations and what have you. But before I finally decided to take the position, Dr. Koop had tried to influence me, and he had told me that Dr. Schnaufer was his "gem," and would be mine. What he meant by that was that she was the most dependable, the most loyal, the person who you could depend on to handle difficult surgery, all of the rest. So that was one.

O'NEILL: Before I finally accepted the job, I interviewed everybody. I felt I should, and the reason I did was that I was the first person outside the University of Pennsylvania to be asked to take a major leadership position within the University and the Children's Hospital. Everybody else had been trained there, everybody else had pretty much been inbred since 1765. So here I was, being recruited to take this position, and I had gotten some vibes that I might have a hard time there, that I might not be well-accepted because I was not an insider, and that's the way Penn works, so to speak, I remember this vividly. I interviewed everybody in order to help make that decision. I won't go through all the people, because it turned out that the people in pediatric surgery were mostly very accepting and encouraging of me, not everybody, and it's not pertinent to this interview to say that. I only mention it because of the contrast when I sat down with Louise Schnaufer, and this is the sense in which my accepting the position, she bore some influence on that.

O'NEILL: Well, we sat down in her office, filled with plants. All the other offices were pristine, and hers was filled with plants and children's pictures and things like that. She was like a breath of fresh air. People were very formal, and I was not used to that, coming from Nashville and a place like Vanderbilt, which is a very informal place. We sat down and she says, "Jim, how can I help you?" She said, "Chick and I have talked about you," meaning Dr. Koop, and she said, "I'm convinced you're the right person to come here." And she said, "I know it won't be easy, but" she said, "I want you know that I'll do anything I can to be supportive and help you." I think it should stand on the record that she lived up to that, 110 percent. Whatever I needed doing, she would offer to do, whatever problem that would come up, she would come into my office because her office was right next door to mine, and she would say, "So-and-so is having a problem, maybe you should help with this." Or, as a newcomer, if I made a misstep and, let's say insulted somebody that I didn't know I was insulting, she'd come in and help me out, but not in a condescending way, that's not her style. It was strictly to be helpful. It was interesting, when I left CHOP to take the chairmanship here at Vanderbilt, which is an entirely different position, different scope, she was the one who led the effort to have my portrait painted. So from the day I sat down with her at CHOP before I took the job, until after I left, she lived up to that: "If there's anything I can do to help, I will do it."

O'NEILL: Now, I have to say I returned that. There were times when she needed support, when she needed somebody to speak up for her, because she's a sensitive person, and there were people who would, "Oh, it's just Louise." They would insult her, probably because she was a woman and a retiring type of personality. I would react vigorously to that because I knew what she was. So there was that influence, but it was more limited to our personal relationships than it was to the job itself. But obviously she influenced other people to come on board and to gradually make things work out, and it turned out to be a wonderful experience.

EHRHART: I think in a way you've answered the next question or two even. The next question was slated to be: Can you describe Children's Hospital of Philadelphia's atmosphere, et cetera, when you assumed your role of surgeon-in-chief? In other words, what kind of setting did you encounter? Was there anything you wanted to add to that about the atmosphere, the environment at Children's Hospital?

O'NEILL: Yes, and it was in this sense that I think having Louise on board was extraordinarily helpful. When I came in, it was a very different time from when Dr. Koop was there. CHOP was in great need of catching up with the rest of the world -- I'm talking in pediatric surgery now. Great advances had been made, a lot of things had been done clinically, but they were all about 15 to 20 years old, and I'm talking about the scientific aspects of things. So there was a great need to build research. There was a need to put more resources into education. There was an enormous need to enhance the ties with the Department of Surgery at the University of Pennsylvania, which, at that time, and still, was one of the leading departments of surgery in the world. The attitude at CHOP, which went from the chairman of the board of trust on down, was, "We need to be separate, they will take us over, they'll do things to us." I didn't see that at all, and so I started to move along in directions that hadn't been taken before because my vision was that CHOP needed to be a world leader in surgery if not scientifically. Louise was very helpful in influencing people. She knew a lot of people on the board, and she introduced me to people and made it possible for me to state my case.

O'NEILL: It was also of interest that as we had trainees who came out who were ready to get a job, Louise was very helpful. We teamed up in terms of encouraging people to go into academic positions, and that was one of things that turned the tide. There were strong financial issues in that if we were going to stimulate research in all of the divisions of surgery at CHOP, we needed to have everybody put aside some patient revenues, rather than take it home as income, to contribute to an enrichment fund for themselves to do research, et cetera, and that took some doing. In fact, I was worried about being ridden out of town. But she helped recruit some of the other division chiefs, and it would happen at cocktail parties, it would happen when we had visiting professors, it would happen in a variety of ways, and then we got help from pediatrics to have some of these thoughts proceed. She had the vision. She could have taken the position, "No, I want the money. I can earn a better living." She didn't take that position. She still earned a decent living, but she saw the wisdom of building the structure at the Children's Hospital.

O'NEILL: I can tell you it was far from number one when I went there. It was a place that I would not have considered training when I went in for training in pediatric surgery. It was not at that level. Louise helped make it that way, and that gets into, you may want to discuss it later, her capabilities as a teacher. In the end, that's her greatest contribution, but that may be for later. So I met a hostile atmosphere -- I don't think I'm overdoing it -- that was not ready for a lot of concepts that were more in keeping with a university department of surgery than a freestanding children's hospital, and members of the board, at the outset, didn't understand that. Now to Dr. Koop's credit, he did. He understood these changes needed to be made, but he just said he wasn't able to make some of these changes. I didn't care to be separate, and Louise understood that. It's in these organizational value things that her influence began to show. Nobody but

somebody like myself would understand this because I understood the stakes. I understood the fact that this dedicated person was truly a great academic because she understood that.

EHRHART: It sounds like she understood the strategic alliance part of working in a large institution like CHOP as well.

O'NEILL: She understood it. She had no interest whatsoever in participating in it. She didn't. She couldn't care less about having an administrative role. Any time I asked her to head a committee or do something, she didn't want to do it. She wanted to be part of it, but not to do it. On the other hand, when I would chat with her about these things, she understood it, she understood what needed to be done. She just said, "Oh, that's for you."

FILE: ONEILL2

EHRHART: Today is Tuesday, March 27, and this is a continuation of an oral history interview with Dr. James A. O'Neill, Jr.

EHRHART: The question I had from a few minutes ago is: Where do you believe that Children's Hospital of Philadelphia ranked when you arrived, and then where would you put its ranking by the time you left?

O'NEILL: When I first went there in 1981 it was a very good hospital because it was a brand-new physical plant, but it was well-known to be in financial distress. Probably the job as surgeon-in-chief at that time was not very attractive to a number of people because it was not thought to be an easy job. I would guess that it probably ranked in the 15 or so range of children's hospitals in terms of prominence and scientific contributions and trainees wanting to go there and things like that. It was a very good place, but it was clearly by no means the leader. At the time that I left and handed it over, it was probably number two, and as of today it's number one in all kinds of surveys. The steady rise in prominence was related to many things clicking at that time, and the fact that we recruited and had become very successful, surgically speaking. Yet we were able to maintain the integrity of the old guard at the same time we were bringing in new life, and new thought, and things like that, and it more or less invigorated things. That is the concept that Louise saw clearly.

O'NEILL: She appreciated going out nationally and internationally, and going to meetings and speaking. I remember a comment she made one day. We had a weekly conference on Thursdays, which was a management conference. After we got into it, I was brand-fresh there, and we started asking everybody their thoughts about, "What do you think about this case, what do you think...?" and so forth and so on. She said, "We never did conference this way. The chief would say, 'this is the way it is to be done,' and we all said 'yes.'" She said, "It's becoming obvious that the sharing of ideas is better, and that perhaps having people coming from different environments might be better yet." I remember her saying that clearly. Of course, I was, "Yeah!" because that's what I had wanted to see. But she saw that, better than anybody. She was fearless in that sense. So I saw slow but steady advancement over that period of time.

EHRHART: You said that you felt that you had already answered question number seven, which was: You said in a phone conversation that we had prior to this interview, that Dr. Koop had left you a tape that dictated what the incoming surgeon-in-chief at Children's Hospital would need to know, and he named Dr. Schnaufer as someone one would need to know. Did you find that to be true, if so, why? If you have any other comments, you're welcomed to add them, but if you feel you've already answered it....

O'NEILL: I think I've answered it very clearly. It was interesting. That tape had any number of things on it – how to get to the airport, the personalities of the board, all kinds of intimate things that even today would be extraordinarily interesting, but also, perhaps you'd have to wait until some of the people died before you released it, if you know what I mean. I mean, he was very candid. He appraised every one of the faculty, and then when he got to Louise, it was clearly different. He understood her, and he understood her great value and so forth and said, "She's somebody you need to cultivate." And he said, "She was my gem, and she'll be yours." As I say, he meant as an outstanding faculty member. She grew in that position, too, I have to say, over time. She had an environment that was a little more open to her speaking out and so forth, let's put it that way.

EHRHART: Is that something that was communicated to you at any point, or is that something that you gathered?

O'NEILL: I gathered that over time, yes. But Dr. Koop was very fond of her. Another thing he mentioned on the tape, it comes to mind now, is that they had gotten together, and use this as sort of an example. He said, "She can become your good friend, like she's mine." They bought a sailboat together, and he said, "You know, I have to make an admission." He said, "I always talk about what a good sailor I am, but" he said, "Louise put me down one day when she said in a group, 'Chick, you have to remember that I was the one who taught you how to sail.'" And he said, "I have to admit that privately." They bought a sailboat together, and they would go down to the Caribbean until a hurricane smashed it up. I think his brother was also a partner in that. Then they also had a condo on the Jersey shore at Ocean City, and they would spend time together every year. That's even another story about how she would admonish Chick Koop about how he should treat his grandchildren. He was too much of a disciplinarian, and she would say, "Chick, you need to not yell at your grandchildren, this is vacation, enjoy them." He acknowledged that to me, and he said, "She's got all kinds of insights," he said, "That's why she's my confidant and friend, and she can be yours, too." I almost forgot that anecdote. Until the last very few years, they still every summer spent time together until Betty Koop got sick, and then they couldn't do it so much anymore, and Dr. Koop became a little more infirm, and of course Louise did, too. They probably still have it, I don't know.

EHRHART: I think probably in most ways you've also answered number eight, which was: In what ways was she crucial in you assuming your role as surgeon-in-chief at CHOP?

O'NEILL: It went on more than just assuming the role, it went on my entire tenure. There was no question. I don't mean this in a demeaning way at all -- she was clearly my lieutenant. I don't mean that in a demeaning way because she had a major role herself. She was a very strong personality, and a strong woman professionally, but that's the role she wanted. I would put that

in the frame of reference. When I call her my lieutenant, that was a dignified role. I truly depended on her, and if I was away I wanted her to be the person to go to while I was out of town or whatever.

EHRHART: And she did that?

O'NEILL: Oh, absolutely.

EHRHART: And did she meet your satisfaction in assuming that role?

O'NEILL: It would not have continued for almost 14 years if that hadn't been the case. There were certain things that clearly she could do better than I could.

EHRHART: Do you want to elaborate on that?

O'NEILL: You can imagine in an institution, there were issues in terms of dealing with women in other departments, strong personalities, and so forth. I would do my best, but Louise did it better. If there was a knotty issue about something, some sort of disagreement on policy or whatever, I would always ask Louise to either come with me to a meeting, or to take it over, and she would always handle that better. I remember an incident where there was a young person, a senior resident -- I don't want to go into all the details -- but he got involved in a sexual harassment issue, which could have been a major problem. He was a fine person, he just made a terrible mistake, and the circumstances were such that maybe it wasn't all one way, et cetera. I have to say Louise handled that situation with both parties so beautifully that it became a model to me about how to handle issues like this, rescue two wonderful careers, and have people come out of it better than they went into it. Maybe two or three people, well, I know there are at least two and me, so maybe three or four people who know about that episode. It was a mark of her sensitivity. So there were things that she could pick up and do administratively that can happen in large environments, things that she taught me that I had never encountered, and didn't have a clue how to handle. She did.

EHRHART: You had also mentioned when we spoke over the phone that Dr. Schnaufer set standards at Children's Hospital of Philadelphia. Can you explain how and in what ways would people look to her to set standards?

O'NEILL: Yes. First of all, you have to realize that Louise is an absolute lady in the true and best sense of the word, just like we talk about gentlemen in the true sense of the word. She is everything a lady should be. She has absolute dignity, and that's a strong influence on people. She's a role model, certainly all during her professional career. I know people talk about these things, and they're not terribly common, thank goodness, particularly in a children's hospital, but there are times when people have disruptive behavior. Maybe they get stressed out and they do things -- they'll use profanity in the operating room, and insult people in the operating room, they'll perhaps occasionally say something vulgar and insult a woman in the operating room, things like this. There was nobody who could influence people -- and this goes from residents to faculty -- nobody could influence people better than Louise in that regard because she was so believable as a dignified lady, professionally dignified, that nobody could argue with her if she

would take them aside and say, "You know, you need to modify your behavior." Now we were usually in cahoots over this, because I was the one who would get the complaints. I'd say, "Louise, you're closer to so-and-so." Now I might talk with them, but my position was such that I was threatening their employment or something like that when I would talk to them. She would talk to them and appeal to their humanity, and their dignity, and very fleetingly mention that they might be in jeopardy for doing things like this in the workplace. Today, everybody talks about it. We even have programs in our institutions. She was the program in things like that. You know what I'm weaving for you is that, as I think of these things and remember them in their frame of reference, she was the whole person. She brought professional values to the workplace and to the people who were there, and she did it in such a gentle way that they accepted it and would acknowledge it, and mysteriously, these things would not keep up.

EHRHART: So those are standards primarily in relation to decorum and how one conducts his or herself. Were there other ways in which she set standards?

O'NEILL: I think I mentioned to you that she, this more as a partnership, she set standards in terms of pushing scientific discovery and things like that, particularly in her area of clinical research. She was the person to hound people about filling out all their forms, the tumor forms. Every child was on an experimental protocol. She made sure that they filled out their forms, she coordinated that. If they dictated an operative note that wasn't completely clear for the purposes of review later, she would make them do it over. There were things like that that you think of them as administrative, but they're really scientific standards for good clinical research, which has ethical implications, you see. She understood all that, way before her time. Now you read about it in the New York Times or the Wall Street Journal. She was doing it in 1982, just because it was the right thing to do and she understood that. Those are just examples like that. The other thing is, I mentioned the operation for duodenal atresia and tumors. She would set a standard that would fly in the face of dogma, so they were in multiple areas.

EHRHART: Perhaps you addressed this, at least in part, but how did she provide guidance for her colleagues?

O'NEILL: I would say surgically, certainly in the operating room. That was more with the residents, of course, but she also would help people in the operating room. There was a little less need for her to help faculty in the operating room once I arrived on the scene, because then I assumed that role. But in terms of the residents she was critical because she was such a patient teacher. She had a very large practice. She let the residents scrub with her in a senior way, let's put it, and somehow she would guide them through the operation and they didn't know that she was doing it, if you know what I mean. They thought they had done this great operation with her handling the reins. She did that. She taught every resident the fine points of technical surgery. Let me make a parenthetical comment. The Philadelphia school of surgery, at the time, was not a Halstedian school of surgery. Now the Halstedian school of surgery was what I was accustomed to. It was the Johns Hopkins tradition, Vanderbilt tradition, et cetera, which is very fine technique. The same thing in my Ohio State years -- that was very fine, delicate technique for children, fine instruments. When I got to CHOP, there were big instruments that were used in adults. They had no pediatric surgical instruments of the tiny variety. But there was one person who knew how to operate with very fine technical capabilities – that was Louise. The

others were a little rougher, and she would help them and teach them. She was very helpful when we bought all new fine instruments, when we started doing vascular surgery there and so forth. She was the partner in terms of that. That's one.

O'NEILL: I've mentioned the idea of clinical research, how she set standards there. She helped other departments and other divisions do this. For example, she helped urology pick up and do clinical research. You see, she was a maiden lady who spent all her time at work and devoted her life to that. Now having said that, she had another side, and that is that she was a very human person and taught people that you have to have a personal life as well. Once a week, Louise, and the head of nursing, Erna Goulding, who was also a maiden lady, these were committed single people of that era, and then another wonderful lady who later died during my tenure in Philadelphia, Winnie Betch, who was director of the operating room. So two high-level nurses and Louise would go to the theatre, they'd go to the Annenberg Center to hear lectures, and they'd talk about it. Louise would talk to the residents about it: "Are you taking your wife out, are you getting some time?" something I didn't do. I was "the taskmaster." She'd throw them out of the hospital, make them go home, make them be with their families. She had a family of sorts, she had cousins and she took care of an old uncle. She had this great kindness in her own personal life. They were Baltimore people. I understand one of her nephews is now kind of looking after her, which pleases me greatly.

O'NEILL: So she had this side of helping people be better professionals in terms of their behavior and their own personal standards. She had this side of saying you can be a really good technical surgeon and a thinking surgeon. She had this side of saying you need to be a human being – there was nobody more fun than Louise. And the sailing -- she would take people out sailing on the Delaware River, go out off Society Hill, Penn's Landing. She did all of these things sort of on the side. She enjoyed travel, again with the same group of ladies. She came down here to Nashville, we had moved back to Nashville, and she came down here and a whole bunch of the ladies, including my wife, went to Natchez, Mississippi. There's a time when they have a pilgrimage when they show the old plantation houses and you go and see antiques and all of that business. There were these three very close Philadelphia friends, and the husband of one of them had died, and so my wife said, "Why don't you all come to Nashville? We're fairly newly here." They invited Louise and they all went down there and had a good time together. So she had all of these strong friendships. I think she set a human standard at CHOP as well, because people like me, and certainly Dr. Koop, were all business. Whereas you might properly accuse Dr. Koop and myself of being more self-centered in our work, you wouldn't accuse Louise of that. That's what was so refreshing about having her around. It was her personal relationships outside the hospital, that linked to the hospital, that distinguished her. I honestly can say I never heard anybody say anything but nice things about Louise Schnaufer in all my years at CHOP and since.

EHRHART: Last week I interviewed Debra Petrillo, and she related some outings, social activities, that she would participate in with Dr. Schnaufer as well, so that's neat that you're adding to that.

O'NEILL: Did Debbie Petrillo share with you the time when she had breast cancer, and the tie with Louise?

EHRHART: Yes, she did. I didn't transcribe the interview yet, but she said that Dr. Schnaufer was the first person she had called, first at least medical person she had phoned. And she said that she made phone calls for her, and the next day Ms. Petrillo had appointments set up, and got in with the best surgeons....

O'NEILL: But not only that, Louise supplied her with what I would call psychological support and strength. I was aware of that event, which is why I brought it up. There were so many things. In a religious sense, you'd call it a work of mercy. But that's the kind of thing, that, if you talk to enough people, you'll pick up these anecdotes. Louise was everywhere in doing nice things. It wasn't because Louise tooted her own horn about helping Debbie, it was because I was aware of it, and I'm probably one of the few people other than Debbie and Louise who knew about it. And thank goodness Debbie has done fantastically.

EHRHART: I have to say I have really met the greatest people through this project, it's been a lot of fun. It's been a great experience.

O'NEILL: Well, the people at CHOP are wonderful, they are wonderful. I've never been in an atmosphere where I've seen as many people committed to excellence and working together as a team. Never. Even though, when I was coming on the scene, I had to earn that, you see. It wasn't like that I would have been taken in immediately. The staff all were that way, it was only some of the faculty who were not as accepting. Then once I was accepted, that's why it was so difficult for me to leave. But I kept in touch with Louise because she was my "gem," in Dr. Koop's terms.

EHRHART: Is Children's Hospital of Philadelphia really an anomaly in that? Because I've heard that elsewhere.

O'NEILL: No. Children's hospitals, generally speaking, are that way, but some are better at it than others. Wherever you have environments where people are there forever. They have a very high retention rate, and it goes down all the way to the housekeepers and porters, and so forth and so on. When I go back there, as I did last year, I still meet people in the hallway who swept my office and did things like that, who remember me and of course I remember them, because they're there for 20, 30 years. I think wherever you have high retention rates you have that. We have an element of that here, but I think that was special.

EHRHART: You had also mentioned in our phone conversation, you called Dr. Schnaufer a "pioneer," and you did mention this word earlier and you probably did contribute to this answer already, but can you please define what you mean by the word "pioneer" and comment on specific contributions she made?

O'NEILL: "Pioneer," in my view, might be defined as somebody who paves the way for others, who enables others to go to the next step because of their contributions. She certainly, as a surgical teacher, was in pediatric surgery. She was not a pioneer in surgery because that antedated her as a teacher, but certainly in pediatric surgery she pioneered that. She pioneered certain advances in intestinal surgery. She pioneered the way for women to succeed in surgery

and pediatric surgery. For example, every year there was a graduation dinner for the chief residents in general surgery at the University of Pennsylvania surgical residency. Since we were involved in their education, we would be invited to that dinner. One of the years, Louise was highlighted by the chief residents as an absolute pioneer teacher in their view, in the way that she taught surgery. What they meant, because they elaborated on it, was that the method of teaching at Penn and surgery in many other places was to let a resident assist and have a very small role. Maybe they had their own service where they did their own surgery, but they weren't supervised as closely. They had to observe the fine points of surgery. Louise took them through and taught them, so she pioneered a method of teaching surgery that has been highlighted by every resident.

O'NEILL: For example, this past weekend my wife and I went to Charleston, South Carolina for the wedding of the sister of one of the surgical residents at Penn who came through CHOP and who I had a part in training. We talked about this. This gal's name is Linda Callans, C-A-L-L-A-N-S, her maiden name was Skinner. She practices out in the Brandywine area. I had known her since she was a little girl, long before we moved to Philadelphia, so we're close friends, and this was her baby sister who got married. We were talking, and I said I'm going to be doing this, and she said, "Oh, Louise, she was an inspiration to me because she showed me how a woman can succeed in surgery, she paved the way for people like me." Now Linda Callans's dad was one of the leaders in American surgery, so she understood how to get there, but it wasn't easy for a woman, even at that point in time [around 1985-90]. Louise paved that way, so I think you'd have to say that she pioneered certain things.

FILE: O'Neill Tape 1, Side 2; Counter 398

EHRHART: You were talking about Ms. Skinner-Callans. How do you think that Dr. Schnaufer showed, what you said was, "She showed me how a woman can succeed in surgery," is what her comment was. How do you think she did that, particularly for a woman?

O'NEILL: Because she showed how to interact in a man's world when you have extraordinary talents. Now remember, Linda was in a macho surgical program. I mean, that's just the way it was. It's certainly not that way today, because there are more and more women in medicine and surgery, and it's properly changing. But at the time it took somebody to show the way, to show that you can be female and be in a surgical environment, and participate and succeed every bit equally, and in some cases, better than men. In other words, the way you handle situations, your insight into managing people and to interacting with people, and your own personal dignity can have you recognized on the basis of your talents, and not anything else.

EHRHART: While we're talking about that, as one of her colleagues and her supervisor as well, can you describe her commitment to and her work with her fellows? There are some follow-up things to think about. Would you consider her guidance or relationship with them unique when compared to the relationships that most surgeons had with their fellows, and if so, in what ways?

O'NEILL: Maybe I can give you an example. I told you that she has always been a very gentle person, soft-spoken. But having said that, when she spoke, like that advertisement on TV, everybody listened. First of all, she was very intelligent, very wise. Remember, she's experienced. She knew how to analyze situations. Now I had a policy where every day

beginning at five o'clock my office door was open and residents and students could come in, and then after that faculty could come in. At the same time, Louise had her office next to mine. After the residents would finish with me, and they'd come in every day and we'd talk about this, that or the other thing, then one or both would go in, two pediatric surgery residents, or general surgical residents, would go in and sit down with Louise. She'd open the lower drawer of her desk, and it was filled with peanuts and they would shuck the peanuts. Where she got this from I don't know. But they'd sit and chomp on peanuts. I think she had them there because that's what she would eat between cases or something like that. The residents would talk to her about their issues, and faculty would as well. While some of them would share personal problems with me, they would definitely share personal problems with her.

O'NEILL: I remember one case in particular. One of the faculty members was having some marital difficulties, and he was worried about his marriage and so forth and so on. And she counseled him. Here was an unmarried lady who knew how to counsel a man on his dealings with his wife. She actually came to me about this, and wanted to talk it over and see whether she had given the right advice. In fact, I was amazed at how good she was, because she more or less dressed him down about how he treated his wife. She was worried that she had insulted him, or that maybe she had been unfair, because she said, "I told him I just had noticed the way that he treated her, that he was always putting her down, and that if he kept doing this, it wasn't going to be good." She notices things, and she stores them away for the benefit of other people. It was just something she did. She would talk to faculty otherwise, in terms of counseling them, and in a way of kidding them. We had one faculty person who was a bit pompous, and she had a way of saying, "Oh, so-and-so, you don't really mean that, do you?" and then everyone around would laugh, and he would.... Just her way of doing things, just this very delightful way of having people learn how to conduct themselves. She didn't believe in pomp, certainly not with herself, and if somebody was a bit stuffy she would gently put them down. Interestingly, this latter example I gave you, this person became a close friend and sailing friend of hers, too.

EHRHART: And did it work out, though, the relationship?

O'NEILL: Oh, wonderful, wonderful, wonderful. They were the best of friends. Of all the people who go out to visit her on a regular basis, this person is one of them, Dr. Bishop. He's a wonderful guy, but he could tend to be a little stuffy at times, but she wouldn't permit that.

EHRHART: I interviewed him in the fall for the project.

O'NEILL: I think you'll find that he has a great affection for her.

EHRHART: Was it unusual that she had this personal relationship with not only with her colleagues, but her fellows, is that an unusual aspect?

O'NEILL: I think it's unusual because it takes people talents. People write about things like this today and they try to analyze it, and maybe they try to analyze it too much. But, if you look at leadership characteristics, obviously it helps to have great talent in whatever field you're dealing with. In the case of surgery, you have good hand-eye coordination, and you have what we call "good hands," where you're a special surgeon. There's an elite writer, there's an elite ballet

dancer, there's an elite opera singer, elite athlete. She was an elite surgeon. She might not have been the big name like Michael Jordan, but she was an elite person that way. She could influence those around her, and they saw that. Now the other aspect of that is social genius. I think that's the technical term that is in today's psychological analyses of leadership that's used. My grandmother used to call it "the ability to get along with people," and she had that insight. Not everybody has that. So when you say this, is this ability to counsel and so forth unusual? Yes, and when you find it, it's extraordinarily valuable, because in any organization to have somebody like this, and also be a role model for you, which I would admit to, she was the person who would be able to make personnel work together, and work for themselves. She had the ability to notice things, to take them in here, and then use that information for the good of people when the time was right, and because of this people sought her out. I don't know of a single resident who didn't use these sessions with her with the peanuts as a teaching moment, and I would say that the majority of it was interactive, absorbing from her what values she had and what she could espouse and what advice she could give. Yes, part of it was surgery, part of it was how to handle this difficult case, but a lot of it was how to get along with people, and what was their career going to be in the future. That's something Louise and I partnered on a lot. She also had insight as to who would be good and lasting in academics, and who wouldn't. But the thing is she took the time to do these things. She had the talent, but she took the time, she had the patience. She was generous with her time. I used the term before, "generosity of spirit," this was unique. I know there are people who can do this, I know there are people who do it regularly, but I probably have never met anybody who did it as well or as unselfishly.

FILE: O'Neill Tape 2, Side 1 (beginning)

EHRHART: My next question follows up on her teaching abilities. You had just gotten done saying about her ability to teach people skills and social skills as well as surgical skills. I think the next question should be: Why did you nominate her for the lifetime achievement award?

O'NEILL: That came, if I recall, after I left CHOP. It could have been just as I was leaving. That nomination letter, if they kept it, would be at the Medical College of Pennsylvania, now Drexel, for that award, because that's the institution that gives that award. I do not have a copy of that in my file, regrettably. But there might be a copy of it at CHOP in her personnel folder. As a matter of fact, I can tell you the person to go to later who might be able to give you more of that information. What she got at Children's Hospital was a fellowship in pediatric surgery that we all donated to, it was endowed. So the training position in pediatric surgery, the chief resident's position, is endowed. The resident gets paid out of this and I think there's some money for going to meetings and getting them ready to go out in the world, and the fellowship is named after her. I was one of the two or three speakers on that occasion. There is a brochure that again could be found in the office of the surgeon-in-chief, and again I'll give you the name of the person who could give you this brochure and the background.

O'NEILL: It was a natural to endow this position for her lifetime achievement of teaching in pediatric surgery. It is no accident that she was selected as the role model for pediatric surgical educator par excellence. I have a little pet peeve in terms of surgical education, everybody talks about surgical training, surgical education is a much broader term that has to do with professionalism and teaching a lot of other things. That's why Louise was selected, because of

the breadth of her educational contributions. So we talk about teacher, but it's almost in the rabbinical sense.

FILE: ONEILL4

EHRHART: So we were talking about the two different awards that you had nominated, or at least had a part in having Dr. Schnaufer nominated for, or what have you.

O'NEILL: The one I actually did nominate her for was the lifetime achievement award for women in medicine, I think that's the proper title of it, which was awarded by the Medical College of Pennsylvania, which in her day was the Women's Medical College. So that was one. And then the other, I was one of the supporters of the award, which was the endowment of a fellowship in pediatric surgery.

EHRHART: So that was an award, actually?

O'NEILL: It would be called an award because it was endowed in her name, in her honor. There was a wonderful ceremony where everybody came back and feted her because it was such a deserving thing. Those are two awards I'm aware of.

EHRHART: Was the latter the endowed fellowship?

O'NEILL: The endowed fellowship in pediatric surgery was the second one, yes.

EHRHART: That was in the late 1990s, maybe?

O'NEILL: Or early 2000.

EHRHART: Let's talk a little bit about the Medical College of Pennsylvania lifetime achievement award. What made you want to nominate her, or what motivated you to nominate her for the award?

O'NEILL: I became aware of the award, first of all. A request for nominations came across my desk, don't ask me why. It didn't come from Louise, I can assure you that. It came from the Medical College. Maybe they were just asking the chiefs of various services. I was aware of the fact that Louise was, first of all, a graduate of the Medical College of Pennsylvania, a.k.a. Women's Medical College, and that she was absolutely one of the leaders in American surgery as a woman. It seemed to me that she was one of their most distinguished graduates. When I read this, I immediately thought of Louise. Now I'm aware of a number of women in medicine. It did not have to be a graduate of that school, it was any woman in medicine for lifetime achievement. It just so happened that the two corresponded. So I nominated her, and I don't know how many other people wrote supportive letters. I know I got some other people to write letters, but I did the nomination, and it came about. The second award was a group of us that did it.

EHRHART: And what characteristics did she have that made you think that she was going to be a viable candidate for the award [MCP lifetime achievement award]?

O'NEILL: Basically her accomplishments. She had accomplished enough, and had had sufficient recognition around the world. I know there are many other women, but not many other women in surgery at the time, and so I thought that she was an ideal candidate for it. It turned out I was right.

EHRHART: We had talked a little bit before about the counsel that Dr. Schnaufer had provided to her colleagues. I guess this question now really is more about you, and whether or not you benefited from her advice personally. You did already talk about how she assisted, I don't know if "assisted" is really the best word, but how she played a role in the social interactions within the hospital and that type of thing. But how about on a personal level? Were you a recipient of her advice?

O'NEILL: I would frequently ask her for advice. The pecking order was not so much for her to come offer me advice unless I asked for it, but I was wise enough to ask for it. If I had a decision that I knew related to a bunch of people and so forth, since she was always in the office and right next door when she wasn't in the operating room, I'd say, "Hey, Louise, come on over here to the office and let's sit down and talk about an issue," and I'd ask her advice. Most times it was wise guidance and I would take her advice, or she would either reinforce a decision I wanted to make or made me change my mind. I benefited from several years of her giving me her feel for situations and decisions. Now there were some areas where she would say, "I haven't got a clue about that." I'd talk about spending money on a piece of laboratory equipment or whatever, and she'd say, "I can't help you with that stuff." It was the people stuff that she could do. She, as a role model, taught me how to handle situations with people.

EHRHART: How about on a personal level regarding matters in your personal life?

O'NEILL: No, we were just friends more than anything else. I guess we were just friends. My personal life I didn't have that need so much. It was more in my dealings with other people.

EHRHART: Well, how would you describe your friendship or personal relationship with Dr. Schnaufer?

O'NEILL: I would say that she was my closest colleague at CHOP, of anybody, with good reason. We depended on each other in so many ways. She would come to me for advice about personal things, and we'd talk about them. I usually just listened while she talked through and made up her mind. Sometimes it had to do with personal relationships with people, and things like that in particular. But she trusted me that way, and I trusted her. Since I had a whole family around me I didn't need as much personal advice from her as she did. When it came to having any thought that she might offend anybody, she might ask for my thoughts about this. We became very close that way, because I admired her.

EHRHART: There is something that I wanted to hop back to a little bit. You've mentioned a few times, and I think this segways well from talking about personal relationships, but it also has

to do with professional relationships, too. You had mentioned something about her "generosity of spirit," and my question is whether or not you believe that her religious views played a role in that, and if so, how?

O'NEILL: She was pretty private about her religious...not so much her beliefs because she had strong ethical standards and things like that. I know she went to church, but she never wore her religion on her sleeve. I would never put down the fact that her religion and religious background might have influenced the way she dealt with people and her attitudes, because I think that's very likely as she grew up and so forth. I just think she was hard-wired internally, that place in the front of the temporal cortex that deals with making value choices and proper decisions. I think that, as much as anything else, that was it. But it could be, and I think very likely, because she was involved in the structure of religion, going to church and things like that on a regular basis. She rarely ever talked about it, but I have a feeling it must have influenced the way she behaved.

EHRHART: A lot of the beginning questions I tailored to our conversation. These are more standard questions I've been asking some of her other colleagues now. Can you describe how Dr. Schnaufer would conceptualize and approach novel procedures?

O'NEILL: Yes, I saw this very clearly when we would have our management conference. She had a habit of thinking in a very orderly way. Problem X in a newborn infant. This baby has such and such, and anastomosis is made, it just didn't open up, intestinal continuity didn't function. She'd go up to the board and she'd write this, and write that, write that. Okay, these are the problems, and she'd draw a line. Then she'd say, and this was all here, "It might do this, you might do that, you might do that, you might do that. This one doesn't make sense, that one doesn't make sense. Maybe this is what we should try." But she didn't have to always put it on the board. She would think through. I know the residents, when they'd go in and eat peanuts with her in the evening, they'd present a problem with a baby that just wasn't panning out, she'd go through the same mental orderly progression of analysis and come out with a judgment, and would have an alternate if that one didn't work. That's the kind of thinking she did, and it antedated me, but I know that was the kind of thinking she did with the duodenal anastomosis. She thought things through logically in terms of her experience, and then would think through what things you might try. Other surgeons might, "Here's the problem," and then they'd have this inspiration and say, "That's the way to do it." She was much more deliberate, much more deliberate, and would look would at several alternatives before finally deciding on what was the right one. Now when you did this publicly and visually, it is an unbelievable teaching tool because she would teach the residents how to use this process. You can tell what things I admired in her and appreciated in her.

EHRHART: The next question is: An important aspect of performing surgeries is the ability to make appropriate decisions at crucial moments. Can you reflect please on her decision-making ability and/or procedure?

O'NEILL: You get into situations, and I think this is particularly true in pediatric surgery where you have all the imaging, all of this, all of that, but you still encounter unforeseen things. That's the nature of working inside the body. First of all, she had a lot of experience that she could

draw on when she found something, she didn't, "Oh, there's this," but "I saw this five times before." She remembered everything she ever saw. She would be able to stop, change the plan, and move on. The decision-making -- she could change her mind. She wasn't fixed in a notion that a procedure had to be done this way. When something unforeseen came up, she had the ability to recognize, "We need a change in plan now." That's another way she taught the residents, because a young resident will read something in a book or hear something in a lecture or even at a conference, and their mind is prepared to do this, but you may have to change that plan if something comes up. Particularly in cancer surgery if you have to change conceptually from a curative to a palliative procedure and have to pick which is the best one under that circumstance, that takes a certain mind and ability to change your mind. That's what I call the best in decision-making. She was a very definitive lady, though, she didn't take long to change her mind because her operations didn't take her a long time. That's because she was better than most everybody else.

EHRHART: Hospitals can be stressful places. How did Dr. Schnaufer deal with that stress and situations that arose, in or out of the operating room, among colleagues, and/or among fellows?

O'NEILL: I only saw her affected by stress outwardly, undoubtedly she had stresses otherwise, but I only saw her affected by stress outwardly if somebody disappointed her. If one of the trainees, or one of the faculty, and I'm speaking about specific examples now. If she felt that they weren't behaving in the best way possible, if she felt that she had influenced somebody and they didn't quite measure up, she would be bothered by that tremendously. She would actually be, I would say, made anxious, because she knew she was going to have to confront them and she didn't want to offend them. One example, there was a young faculty member who was not getting along with another one, and it was poisoning the environment. She had talked to both of them and one of them was sort of coming around. This was before I knew about this happening, she told me after the fact. The other one was just being an SOB, and she was really bothered by that. "He's really disappointing me, he's got to leave," I remember her saying. Then finally she settled down and so forth. But it was only those things. If there were things in the overall department in other divisions, where somebody would do something that was antagonistic to another faculty member, that would bother her. Surgery never bothered her. I know if she had a patient who was dying, she had great feeling for that because I saw the way she interacted with parents. She never abandoned a family when a child was dying. She had the courage to face all that and to help the family, but that never bothered her, at least outwardly. She covered it up if it bothered her inwardly, but outwardly, it's those other things. She didn't like certain administrative aspects of things.

EHRHART: Which is a perfect lead-in for the next question, which was the way in which she related to her patients and their families outside of the operating room, and whether or not it differed from the way other surgeons related to their patients.

O'NEILL: In pediatric surgery almost all of the doctors get along well with families. There are very, very few who don't, at least in pediatric general surgery. You may find a cardiac surgeon who protects himself from parents and things like that, doesn't talk to them or spend a lot of time, or that's how they handle their stress. But Louise was loved by everybody, and it was well-known.

EHRHART: Including...

O'NEILL: I had a telephone conversation this morning, I mentioned that to you. A father of a young boy I operated on and the boy is now going to the University of Miami and needs a letter because he's got some special facilities he needs in college. I mentioned to him that I was going to do this thing, and he talked about Dr. Schnaufer because she would cover for me on occasion, so he knew her well. He talked about, "Oh, we love Dr. Schnaufer, we love Aunt Louise." See, he learned the fact that all the residents called her "Aunt Louise." "We love Aunt Louise, my wife and I." That's many, many years later. Every parent loved her, and maybe that was just a measure above the others. Pediatric surgeons get along with parents, but some do it better than others.

EHRHART: In what ways do you think she did better? You had mentioned that she never would abandon a family. What other ways?

O'NEILL: First of all, she communicated beautifully. She would take the time to sit down at the bedside with a family, explain everything repeatedly. She visited every family twice a day in the hospital, including weekends, whether she was going sailing or not, now had a vacation, yes. But every family knew everything about their child. The other thing about her was that when she dealt with families, she'd come in and sit down in the evening and she had the ability to say, "You know, Mary is not doing very well and I'm very worried." She knew how to share bad news with people, but at the same time, she'd say, "But you know I'm going to be there for her, I'm going to do my best to get her out of this, but I just want you to know we're worried." So she shared everything, the triumphs as well as the failures, and families knew she cared. The ability or the willingness, I should say, to spend time with families and to minister to them, that's a semi-religious connotation. She had that. And that's why parents loved her. She never short-shrifted that.

EHRHART: You have talked about her teaching technique throughout the interview, so is there anything at this point -- that's my next question. Anything about describing her teaching technique in and out of the operating room, you've talked about the time that she would spend in the operating room, her reasoning, and how she would deduce procedures or problems, diagnoses, anything else?

O'NEILL: I would just highlight that she had the ability to teach at all levels, and would pitch it to the proper level. For example, she was superb with medical students. She was superb with junior residents in general surgery. She was even better with pediatric surgical residents, and she was excellent with faculty. I saw a senior faculty individual in the operating room one day with a child who had a tumor of the lung at the hilus of the lung where all the blood vessels and bronchi are, and he, frankly, got into something he didn't expect to see. So he called Louise in, and then I subsequently got called in, but it was clear I wasn't needed with Louise there. I watched Louise teach that senior faculty person how to handle this very difficult thing beautifully. Her manner and everything, I mean that's the highest level of teaching. I also went to Cuba one time with Louise. A whole group of us went -- my wife came along, too. We did some teaching in Havana. She charmed everybody there. She didn't speak Spanish, but they

spoke enough English and there were some translators there. She was giving some lectures and then also working in the operating room. She was fantastic. So I saw her at all these levels, whether it's the lowliest of the low, I mean high school students would come in and shadow her for a little bit. It was at every level, up to the senior surgeon, who should have been better but wasn't.

EHRHART: How many women do you think worked in pediatric surgery at the time that you worked with Dr. Schnaufer?

O'NEILL: First of all, there were several in England, three or four. They were all pretty good people. There was a woman in New York. There was a woman in Columbus, Ohio. I think there was one in Chicago. I don't know, nowhere near more than a half a dozen.

EHRHART: So about a half a dozen worked in the field at that time you think? And that would be in the United States?

O'NEILL: No, I think if you took the whole world, the ones we know about, maybe there would be 10 everywhere. In the United States, maybe three or four.

EHRHART: How do you believe she made a name for herself in a male-dominated field?

O'NEILL: Through her confidence, and in working with men. First of all, she charmed them personally, but not in any subservient way, I guarantee you that, just because of her personal charm. Secondly, she was better than most of them, and in working alongside them, it became immediately obvious. I can tell you, in surgery, if you're really good and better than other people, it shows. Surgeons admire that, whether or not they're women.

EHRHART: Do you believe that because she was a woman she brought particular attributes to her work that enhanced her effectiveness?

O'NEILL: I think there's a certain gentility, and that's a complimentary term, that more women have than men. It's not exclusively women. She brought all the best characteristics of being a lady to the table, as well as all the other stuff, and that's a pretty unbeatable combination as you look at it in retrospect in a specialty that deals with children.

EHRHART: Pediatric surgery was considered a fledgling specialty for a while. Do you believe that Dr. Schnaufer contributed to its development and legitimization, and if so, how?

O'NEILL: First of all, the fledgling specialty, we're going back now to the 1960s, the beginning of the 1960s, and so forth. There were not that many pediatric surgeons. There were not that many pediatric surgical centers. Knowledge in the field was skimpy. It was the beginning of the time of the elaboration of new knowledge, the application of things to children, the understanding of embryology, the understanding of how to use multi-modal therapy for tumors, the introduction of research, the burgeoning of educational programs. All of that she grew through. When she started, there were a handful of people. When she ended, it was well-

developed. So it was a matter of growth in numbers as well as sophistication, and she added at every level.

EHRHART: Do you believe that you've clarified that throughout the interview, how and in the different levels that she contributed?

O'NEILL: I think I did.

EHRHART: I thought so, too, I just wanted to give you an opportunity to expand upon that if you'd like to. What do you think was Dr. Schnaufer's biggest contribution to pediatric surgery?

O'NEILL: I'd say that it was a dual contribution. First of all, she paved the way for capable women to comfortably fit into the world of children's surgery. She showed women that they didn't need to be timid about realizing their career goals in this field that up until that time had been dominated by men. Not by any design, it's just the way it was. She showed young women, "You can do it, you don't have to be reticent about this." And of course they have. But her other thing, which is equally as important, is the fact that her life of educating surgeons.... First of all, it influenced a lot of people to go into the field of pediatric surgery, and secondly, it made a lot of people end up being better pediatric surgeons once they were trained. Her legacy of people who have come on to do the same thing she's doing, including women, you have to highlight that. She was her own personal role model, and she actually actively educated people. I use that word advisedly, because it's more than training, it was the whole package with her.

EHRHART: You worked with her for...

O'NEILL: Fourteen years.

EHRHART: Fourteen years. So if you were to look at your career and the way that you do things now, as opposed to the way you did before she was personally an influence in your life, do you see anything that she contributed to?

O'NEILL: To me, I think I became more understanding of people's needs. I became more sensitive. You could say, "Well, you've just mellowed over time," but I've gained from that experience because I saw how effective she was, and I admired that characteristic in her. My wife says that it was Louise who made me hospitable to women in surgery. My wife says that I was too macho a surgeon, and that Louise was the one who showed me the way to appreciate women in surgery, which I do. I have to take that at face value.

EHRHART: You agree with that, then?

O'NEILL: I have to. I'm sure that's true. See, I was trained in a way that, women go off and have children and they drop out of surgery, and why waste your time on them? That's wrong, of course.

EHRHART: But it was also the time period, too.

O'NEILL: It was the time period, and my dear wife says, "You learned from Louise." Oh, she talks about that all the time.

EHRHART: How about clinically?

O'NEILL: Well, I was trained in a different way. The relationship there was more one of colleagues, where I think we were more equals in terms of our relationship clinically. We respected each other, and more or less depended on each other. When I had to leave town, I wanted her watching over my patients. If somebody had to be reoperated on, I wanted her to be there, because she was the best one, judgment-wise and everything else. Not that the others weren't adequate -- she was special. She treated me the same way. It was just the relationship that we had. I'd say it was more that than anything. I brought many different concepts because, you see, she had been trained at CHOP, and I brought some things to CHOP that nobody dealt with there before. She, more or less, sought that out more than anything. I don't mean that to be arrogant in any way.

EHRHART: We've reached the end of my questions. Is there anything that we did not discuss that you would like to add?

O'NEILL: I think we've discussed everything, because I interjected thoughts as I went along as things occurred to me.

EHRHART: It's March 27, 2007, and this interview is with Dr. James A. O'Neill [Jr.], and this interview is being conducted for the College of Physicians of Philadelphia, and the project for which I'm conducting it, which is the Louise Schnaufer Oral History Project, was funded by the Foundation for the History of Women in Medicine.

###