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Glamour Clinic: 2B
Main Line: 4B
Heloise: 5B
Dear Abby: 7B

The News American — Richard Tomlinson

CONFIDENT BUT GENTLE TOUCH: Dr. Mary Alice Helikson, chief resident at Johns Hopkins childrens's surgical and medical center, checks a small patient.

WOMAN M.D.

When scrubbing up means surgery, not dinner dishes

By Corinne F. Hammett
News American Staff

Thoughts on being a doctor — and a woman: "My sex does affect me, in where I can go for my training, because I am married and my husband's career must be considered. It does affect me in where I can take a job, for the same reason. And it does affect me on my choice of speciality. If I want a family, I cannot choose certain more strenuous, time-consuming areas of medicine."

The speaker is Dr. Susan Roseanne Panny, who received the national Glasgow Award given outstanding women graduates of medical school. She is now a fellow in the pediatric genetics unit at Johns Hopkins Hospital.

Her comments come in advance of a symposium, "Women Physicians in Contemporary Society," being held at the Hopkins Tuesday and Wednesday of this week. They come in reply to the inevitable queries about the problems inherent in a woman's attempt to combine career and marriage.

Hopkins is an appropriate site for such considerations: It was the first medical institution to admit women students on an equal basis with men. That was in 1893. The class included 15 men and three women. The latter owed their opportunity to four tenacious, outspoken young women.

The four, all daughters of trustees of the University, seized an opportunity to aid the financially-stricken medical school, with one mighty "if" attached — if the school would admit women on an equal standing with men. The reluctant trustees accepted, with an "if" of their own — if the women could raise $500,000. One of the four, Mary Elizabeth Garrett, who had inherited her father's fortune, donated $354,784 and campaigned around the country to raise the remainder.

The doors of the exclusive club were opened.

In the years since, Hopkins has had more than its share of outstanding women, in both the medical school and on the staff. Among them: Dr. Florence Sabin, first woman member of the Rockefeller Institute for Medical Research; Dr. Helen B. Taussig, who developed the famed blue-baby operation with Dr. Alfred Blalock and has contributed much to the field of cardiology; Dr. Dorothy Reed who developed the criteria for diagnosing Hodgkin's disease; Dr. Clelia Duel Mosher, a pio-

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Woman M.D.

'Women have to program themselves to think bigger, if we are asked to serve. . . we should not say, 'Oh, no, I have to go home and fix dinner.'"

DOCTORS from 1B

neer in the destruction of sexual myths (an extensive research project on the sexual attitudes of women born around the time of the Civil War has just been found among her papers and is being published; it refutes the view that women of the day blushed at the mention of sex). Even Gertrude Stein was a medical student at Hopkins, though she never graduated because of "boredom" and a declared distaste for "delivering babies."

Some 38,000 women are currently in practice across the country, accounting for 10 percent of the nation's doctors. Of the 16,000 students in medical school this year, 4,000 — 25 percent — are women.

It is a significant number, but not a large one. *Women are not applying in record numbers.* Enrollment of women in medical schools, in fact, seems to be peaking at 30 percent, according to the Association of American Medical Colleges. Ten years ago a government-sponsored conference concluded that women faced sexist, economic, social and political barriers to top-level medical careers.

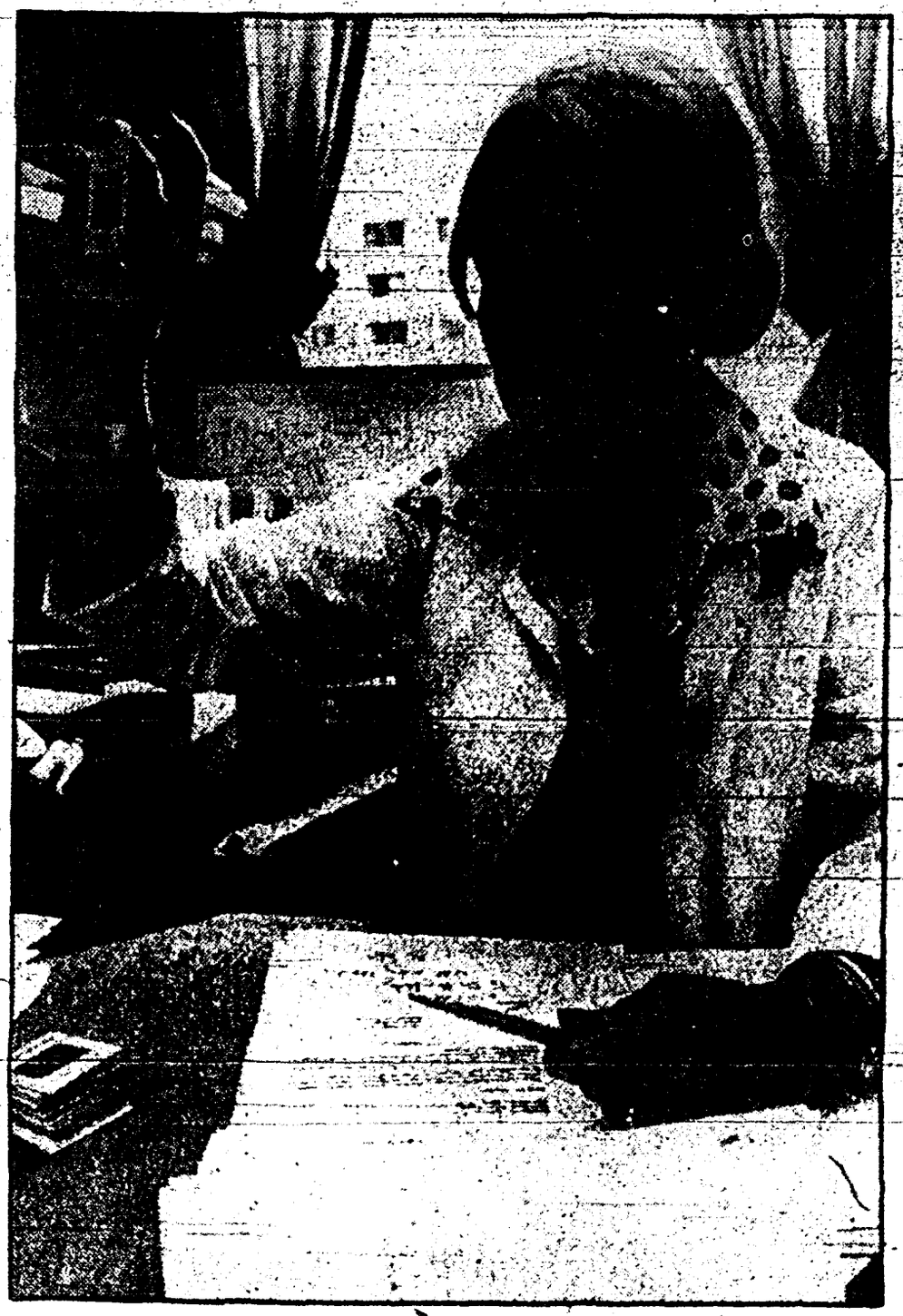
Do they still?

Yes and no, according to area doctors.

Says Dr. Edythe Schoenrich, associate dean, Hopkins School of Hygene and Public Health, "In the 60s I was up for a promotion, a very good post. Then one of the doctors who would have made the decision told me, in essence, that I had all the qualifications except one — I was not a man.

"I was hurt, but mostly I was very angry. Later, though, it led to a whole new direction in my career and I've gotten philosophical about that. The key to getting through this life is to be able to take something that looks like a disaster and make something positive out of it. I don't mean that in a Pollyanna way; I'm certainly not that. But it is true."

Dr. Bernadine Bulkley's name is followed by an impressive string of credentials: associate professor of medicine at the Johns Hopkins School of Medicine; assistant dean for post-doctoral programs, director of the Hospital's Coronary Care Unit, noted researcher and membership on several boards and committees. She says, "Today, most of the problems that women face in medicine are internal problems. For example, I know of a woman who wanted very much to be a surgeon; instead she went into dermatology because she thought there would be barriers. There is no difficulty, that I'm aware of, getting into medical school, and, once in, there is no difficulty in finding advancement, work or training.



BEYOND STATUS QUO: Dr. Bernardine Bulkley is philosophical about the hurdles and advancement of her medical career.

home tends to fall into traditional lines. Bernadine does do more of the household duties than I, partly because when I was in surgical residency, it was physically impossible for me to do much.

"But we've always regarded each of our careers with equal emphasis and neither of us has made any negative compromises for our careers. And I've never thought dinner on the table as soon as I come home to be an important thing. I probably eat more TV dinners than most men, but this isn't important to me. I haven't made any sacrifices in this respect."

He has, he says, noticed inequities in the medical world.

"*You know what really makes me angry? Bernadine has just recently been appointed a dean and I've had people come up to me and say 'Isn't it wonderful what being a woman can do?' People just blatantly assume that's why she got it. No one who really knows her does this, of course, but it is an insult.*"

As a surgeon, Gregory Bulkley is cognizant of reluctance in that area of medicine to accept women. "Surgery has been the last stronghold of male domination," he says. "It is perceived as the most difficult area of medicine, and it has always been an extremely conservative field, and, by tradition, has attracted the most conservative people. I have heard doctors, who have been very agreeable to women in medicine — intelligent, reasonable men — who will then add, 'but *not* in surgery.'"

Susan Panny says she did not go into surgery — which she "loved" — for "almost a feminine reason. I felt, first I was too old (she spent five years prior to medical school, working as a technician so her husband could get his career training first), and the course of study is very long. But I also thought I wouldn't be able to have a family if I went into surgery."

She chose, instead, diagnostic research, genetics which gives her lab time, teaching duties and patient care responsibilities. At 36, she, too, has had her first child, just six months ago.

"Some days I'm terribly excited and I feel fortunate with my job, career, patients, lab, the baby and our home," she says. "Then on other days I wonder how I'll keep it all together. It's like a house of cards ready to fall down.

"What I had to realize is that each of these is a 24 hour job and you just can't do it all on that basis. You must scale down your responsibilities, in each area. I take fewer patients, I'm less productive in the lab than I could be and I don't want to miss out on the early development of my baby. It's difficult, exhausting, but you do it."

Dr. Mary Alice Helikson, 34, is the chief resident in

there is no difficulty in finding advancement, work or training.

"I'm not aware of what's going on in the classes, the interactions between students. When I was in med school, some ten years ago, the only hassles I got were from the male classmates. Such as 'why was I there?' 'why was I taking up a spot that a man should have,' things like that. I always thought they were humorous and I treated them as such."

She adds that once a woman has her training and is progressing in medicine, "a director or supervisor wouldn't dare discriminate in today's world. He would be foolish to do so."

Still, Bulkley is aware of certain inequities.

"I do think women need to be more visible in the medical profession, especially as physicians, surgeons and on committees," she says. "We have been in medicine for 100 years but we are not often visible to the public. We are not the heads of boards, foundations, committees, medical schools, and we are not often in private practice. Top level appointments are still being made by the rules of Eton. The men in the clubs, locker rooms, lounges, will almost always suggest another man for these positions.

"Women have to program themselves to think bigger. And if we are asked to serve on a committee or whatever, we should accept. We should not say, 'Oh, no, I have to go home and fix the dinner.' We must make choices."

Schoenrich did make a choice. After graduation — she was second in her class — she worked with the acutely ill at Hopkins' Osler facility as a chief resident. Shortly after that, she took one full year and part-time hours of the next seven to rear her two small children. During that time, she did not advance in her career and "remained five or six years behind my colleagues for some years." Interestingly, later, when Schoenrich had caught up with her male peers, she found herself serving as "token woman" on numerous committees.

Bulkley made a different choice. Thirty-five years old, her first child was born just months ago. "I simply couldn't have had a child while interning," she says. "And now I have to juggle my schedule, make compromises, but you do that. I have a good woman who cares for my child and that was a priority. It all takes a lot of energy and I guess I have it. I was up until 4 a.m. this morning with the baby and I don't feel any ill effects."

Her husband, Gregory Bulkley, assistant professor of surgery and staff surgeon, was *not* up until 4 a.m. with the baby. Why?

She smiles broadly and says candidly, "He believes in the theory of women's lib, and he does think my career is as important as his is, but, at home, if anybody is to be up with the baby at 4 a.m. it will be me."

Admits Gregory Bulkley, "The division of labor at

about the hurdles and advancement of her medical career.

SOME COMPROMISES: Dr. Susan Roseanne Panny chose research to make time for family life.

you do it."

Dr. Mary Alice Helikson, 34, is the chief resident in pediatric surgery. She is at Hopkins by 7 a.m. and often doesn't leave until after 9 p.m.

"My guidance counselors in high school thought I was crazy," she remembers. "In college everyone tried to talk me out of it. In med school the only hassles were jokes. But training at Yale, they had only one woman before me, I felt that I had to do everything better than a man. And I still feel that way. When I was a resident I determined that I would not miss one day and I didn't. I even covered for some men, and once I answered an emergency call in a wheel chair (with a foot injury)."

Susan Panny understands that kind of pressure. "There were times when I just didn't feel I could say 'No' to something, and I often tried to do too much. Now I've accepted my limitations. But, even now, if a man doesn't put in his 24-hour day no one thinks anything of it, but if a woman doesn't, the immediate reaction is she's got to go home and take care of the baby or cook dinner."

And Mary Alice Helikson's five years at Yale pointed up yet another problem: "I found that I really missed having another woman around to talk to. That's very important. My phone bills went way up."

Her personal life, she says, has suffered, too. "A lot of the men, surgeons that I might date, actually feel threatened by a woman surgeon. This is true for the men in my age group and older, but probably not always true for younger men. Often I don't know if it's me or my profession when someone doesn't relate to me."

Adds Bernadine Bulkley, "Ten years ago, in a social situation, you almost had to apologize for a career."

Doctor-patient relationships constitute another ticklish area. Rare is the woman doctor who hasn't been mistaken for a nutritionist, nurse or therapist, by patients who then address a male med student as "doctor." Mary Alice Helickson says she is so accustomed to calling doctors "he" that she does it herself.

Susan Panny remembers encountering prejudice during her residency which eventually led her to switch her male patients with another resident. "But then there were some who did not want a male doctor," she adds, "teenage girls, for example, and even some men."

The time has come, concludes Gregory Bulkley, to stop sub-dividing the medical profession in His and Hers terms.

"What I think is the fault of the women's movement (is that) it has made the whole issue of women moving into what is called a 'male world' an adversary war, a battle between the sexes and this is creating unpleasantness and a polarity in some areas. It should be an evolutionary process."