

Once upon a time

To today's students, the DMS of the past may seem as unbelievable as a fairy tale: A place with no women students or faculty. But that time wasn't so very long ago. Here's a look back in time, at how women have been forging a place in medicine and science.



The basic science and clinical faculty, c. 1940 ...



...and the likewise all-male DMS Class of 1948.



The clinical faculty, c. 1958, with 1 woman ...



...and the basic science faculty, c. 1960, with 5.

Last fall marked the golden jubilee of a milestone in DMS history—one reached in 1960 when Valerie Leval Graham decided that being the only woman in a class with 23 male medical students was not a terrifying prospect but, rather, eminently doable.

Current male students at DMS would undoubtedly think it odd not to have women in their midst in equal, if not greater, numbers. They'd also find it strange, perhaps even unbelievable, that women were once scarce to nonexistent on the Dartmouth campus.

But older faculty and alumni remember a distinctly different Dartmouth. "I was denied faculty housing because, according to the man in charge, I was 'just a woman,'" says Dr. Frances McCann, who joined the DMS faculty in 1959, just before Graham's historic matriculation, and is now a professor emerita of physiology. (See page 37 for a personal essay by McCann.) "He told me to 'be a good girl' and get myself a room in town, so I did."

It would be another 8 years and 10 years, respectively, before Dartmouth's other two professional schools—the Tuck School of Business and the Thayer School of Engineering—admitted their first woman student. And it wasn't until 1972, 12 years later, that the undergraduate program embraced co-education.

After Graham's groundbreaking admission to the DMS Class of 1962, the next year's class was all-male. But then two women matriculated in the Class of 1964. "The thinking went something like, 'Well, a woman needs a companion,'" says Dr. Hilda Sokol, also a professor emerita of physiology. "It sounds obsolete now, the thought that coeducation issues could be settled simply by having two women keep each other company. But that's how things were at the time."

Throughout the 1960s, when DMS still offered a two-year preclinical program rather than a full M.D. program, nearly every class had fewer than five women; the Class of 1966, with six women out of 48 students, was the sole exception. "There was some anxiety that so many of us might dilute the previously all-male experience," reflects Dr. Suzanne Boulter, one of the six women in the Class of '66. Instead, the group—housed separately from

Poh, who earned a master's degree in pharmacology and toxicology from DMS in 2007, originally planned to do biomedical science but instead developed a passion for communicating about medicine and science. She was an editorial intern at DARTMOUTH MEDICINE in the summer of 2007, went on to complete the science journalism program at the University of Santa Cruz, and now writes about science and medicine for the University of Kansas Medical Center (as well as continuing to contribute on a freelance basis to DM). Her feature is accompanied by five personal essays by women alumni and faculty of DMS.

their male classmates—did what women often do: they bonded. Besides supporting each other academically, they shopped for groceries together and equitably divvied up tasks like cooking and dishwashing. And they commiserated over Dartmouth's pervasive masculinity.

"You didn't really want to walk through the main campus and downtown, because you might get jeered at. Not only were there few women [at DMS], but we were all older than the college boys," says Boulter. "So we had our own communal existence and grew very close." The "six sisters" remain good friends to this day, sending each other annual holiday letters and connecting, in person or by phone, when they pass through one another's hometowns.

"We shared a camaraderie that no one else will understand, because they weren't there with us," says Dr. Sarah Donaldson, another member of the Class of '66 sextet.

Boulter and Donaldson are quick to stress that their male classmates never treated them with anything less than respectful courtesy. "I felt totally integrated with my class," says Donaldson.

"They could be a little nervous around us, and you'd occasionally hear off-color comments, but they weren't mean and it really wasn't bad," Boulter says. "One of the guys was my anatomy partner, and it turns out that we'd both grown up in Nashua, New Hampshire. We got along just fine."

The times were different in other ways as well. All-day lectures—including on Saturdays—were the norm, and students were kept busy trudging between classes, the medical dorms (another difference from today, when medical students must arrange for their own off-campus housing), and cramming sessions at Baker Library (Dana Biomedical Library wasn't built until 1963). Boulter points out that the rigorous basic science curriculum left little time for worrying about gender bias.

Overall, "I think everyone was curious about how this [the admission of women to DMS] would go," Boulter remarks. "And, personally, I think it went pretty well."

Like many of their classmates, including two others from the female sextet, Boulter and Donaldson completed their M.D. degrees at Harvard Medical School. Oddly enough, says Boulter, "seeing patients was easier than competing [with men] at the science end of medicine. I don't think any of us had problems with the clinical side of things; perhaps it's because women tend to be nurturers."

Post-Harvard, the classmates' paths diverged. Boulter's career focused on pediatrics and adoles-

The six women in the DMS Class of 1966, the fourth class at Dartmouth Medical School to include women, "shared a camaraderie that no one else will understand, because they weren't there with us," says Dr. Sarah Donaldson, one of those six women.

For a **WEB EXTRA** with a link to a video from a conference earlier this year for Dartmouth women in medicine, see dartmed.dartmouth.edu/f11/we01.

By Alissa Poh

Blazing the trail

By Valerie Leval Graham, M.D.

Graham, a DMS '62, was the first woman admitted to DMS—the lone woman in a class of 24. Now retired, she practiced and taught for many years in the Burlington, Vt., area, including at the Vermont Women's Health Center and the University of Vermont College of Medicine. This essay was originally published in the magazine's Spring 1989 issue.

I arrived at Dartmouth Medical School for my admissions interview with Dr. Harry Savage amidst construction of what is now the Remsen Medical Building. There were construction vehicles and piles of building materials everywhere, and the surrounding area was a sea of sand and dirt.

I could see that there was a big circular drive going up to the door of the place, but I didn't want to get in the way of the workers. So I parked my car on the far side of the drive and tried to figure out the best route on the door. The whole area was a mess, but it looked as if it was better to go across the middle than around the edges. It got more and more mucky as I went, however, and about halfway across I lifted my foot and my shoe stayed behind. When I leaned over to pick up my shoe, my other shoe came off. By then, both of my shoes were balls of dirt.

I looked up and there was this old fellow—he looked like a worker, in his shirt-sleeves—standing in front of the Medical School. I figured he must be laughing his head off. But there was nothing to do but to keep on going, and I finally got to the other side with my filthy feet. I brushed them off and asked the man if he could direct me to some water where I could clean my shoes. He didn't say much, just pointed around the corner to an outlet. I rinsed off my shoes, put them back on, and hoped nobody had been watching out the windows of the Medical School. Then I went back to the man and asked, "Do you know where I can find Doctor Savage?" And he said, "I'm Dr. Savage."

Despite that dubious start, I was accepted into the Class of '62. Dartmouth was thought to be a rather wild place then, so some of my friends were concerned about me. But what actually happened was that all these Dartmouth men, who were used only to going on dates with women, were so polite it was painful. Whenever we left the lecture hall, all of these boys—23 of them—would stand there holding the door for me. It was very embarrassing. And when we were in anatomy lab, everything was painfully correct. Finally, I started making a few risqué comments to loosen things up, and from then on we got along fine.



The Dartmouth Medical School Class of '62—Graham and her 23 male classmates—are pictured in front of the building where Graham went for her admissions interview in 1960.

cent medicine; for 25 years, until October 2010, she practiced at the Dartmouth-Hitchcock Clinic in Concord, N.H., and taught in the New Hampshire-Dartmouth Family Practice Residency Program. She remains active in child and adolescent advocacy and still holds an appointment as an adjunct professor of pediatrics at DMS. Donaldson headed west to do her training at Stanford, then one of just three U.S. medical schools offering a residency in radiation therapy; she joined Stanford's faculty in 1973 and became a full professor 15 years later. Inducted into the Institute of Medicine in 1999, Donaldson has been a pioneer in the field now called radiation oncology. She has held leadership roles in many national organizations, including the American Society for Therapeutic Radiology and Oncology, of which she was the first woman president.

A century before the arrival on campus of these first few women, the tenor was very different. Then, the "be a good girl" attitude that McCann encountered in the 1950s would have seemed enlightened. Had Dartmouth's medical faculty been more open-minded in the 1850s, DMS would now be well past the sesquicentennial of admitting its first woman.

Elizabeth Blackwell's graduation in 1849 from New York's Geneva Medical College—at the top of her class, no less—made her the first woman to earn a medical degree from a U.S. school. Her achievement provoked several protests, including one in the *Boston Medical and Surgical Journal*, where an outraged male physician hoped that "for the honor of humanity, [the granting of a medical degree to Blackwell] would be the last."

Nonetheless, Blackwell's younger sister, Emily, also felt "induced to depart from the appropriate sphere of her own sex," to quote the same physician. In 1852, Emily requested admission to the Medical College at Dartmouth, as DMS was then known. She was flatly rejected. "It was voted," the faculty minutes of August 10, 1852, note, "that in the opinion of this Faculty we should not be justified by the medical profession of New England in complying with her request."

But while Emily Blackwell's admission to DMS was not to be (she did go on to earn her M.D., from Western Reserve Medical College in Ohio), two far-sighted men enabled Graham to choose between offers of admission to both Dartmouth and Boston University.

One of them was the late Dr. Marsh Tenney, a 1944 graduate of DMS who was hired by the Trustees in 1956 to revive Dartmouth's stagnant medical school. Among the changes Tenney made was expanding the basic science faculty from some

half a dozen to over 60; importantly, several of the additions were women. And the other was the late Dr. Harry Savage, a 1927 graduate of DMS who went on to become associate dean of DMS; described as "teacher, mentor, and friend to countless students," he had written to the dean of Radcliffe College early in 1960, asking her to send any qualified women DMS's way.

So DMS was one of the 10 schools to which Graham applied. Here's what unfolded, as related in the Fall 2010 issue of *DARTMOUTH MEDICINE*: "Savage had lined up six interviews for Graham the day she visited Hanover. Midway through the day, her father called to say she'd been admitted to Boston University, and if she intended to accept the offer she'd need to start classes the next day.

"When the interviewers heard that news, [they] told her, 'Come back at three o'clock and we'll have an answer for you.' Upon being offered a place in the Class of '62, Graham was speechless for a moment. Finally, one professor said, 'Well, are you going to accept?'"

Not only did she accept, but her admission paved the way for ever more women to follow in her footsteps. The path the early women trod was "both easy and difficult," Boulter observes. "The unspoken thought was that whatever we did would affect the future of women who would be accepted into medicine [at DMS]. We felt like we had to be as good as or better than the men, that no one would cut us any slack."

So the history of women in medicine at Dartmouth owes much to the tenacity of those early students. And it's a history that has flourished in the years since. In 1987, Dartmouth became the first U.S. medical school not historically a women-only institution to pass the 50:50 gender ratio—and decisively so, admitting a class with 49 women and 35 men.

DMS's women graduates of all eras have forged varied paths. Just a few examples are offered by the four DMS alumnae included in a traveling exhibition titled *Changing the Face of Medicine: Celebrating America's Women Physicians*. The exhibition, created by the American Women's Medical Association, is scheduled to make a stop at Dartmouth in the summer of 2012, coinciding with the 50th anniversary of Valerie Graham's graduation from DMS.

The four DMS women featured in this national exhibition include two who have done groundbreaking work on HIV/AIDS: Dr. Judith Currier, DMS '85, the director of the clinical trials unit at UCLA's Center for Clinical AIDS Research and Education, and Dr. Ann Collier, DMS '78, who

An accidental doctor

By Georgia Newman, M.D.

Newman, a DMS '69, was one of three women in a class of 48. She specialized for many years in hematology-oncology at the Oberlin Clinic, a multispecialty group in Oberlin, Ohio. She later added qualification in geriatrics and is now in a private internal medicine practice with another internist. This essay was originally published in the Spring 1989 issue.

Year: 1963. Scene: Vocational career day at a large high school near Philadelphia. Nursing, secretarial work, and teaching were scheduled in double rooms, business in the auditorium, the other fields in regular classrooms.

I picked medicine, mortuary science, and library work. In the medicine classroom, I sat with 20 other students, most of them academically undistinguished, one other girl. An earnest but rather dull physician arrived and duly listed the long career requirements and the tremendous financial outlay necessary for those considering going into medicine. The audience was polite but restless, uncomprehending. How could anyone think for a minute about four years after college with college itself looming impenetrably? The funeral director, addressing an audience of considerably fewer hopefuls, was much more lively and spoke engagingly about preparing the body. The librarian was dull, dull, dull.

Year: 1966. Scene: Vassar College, fall of senior year, amid class-wide panic about Life After June 1967. I had abandoned plans for a career in diplomacy or translation. Language prizes in high school had transmogrified into C grades in college. Advanced placement in Spanish had catapulted me into a class in which I alone had never resided in a Spanish-speaking country. Russian had been easy but unpleasant. On the other hand, history and biology had shown themselves to be something I could do. Since I could do biology better, I majored in it. The other 12 biology majors were all premeds. Why not make it unanimous?

So my choices that fall were med school, grad school in biology or history, becoming a lab tech, or returning home to look for a job. I applied to five medical schools. In December, the fifth rejection slip arrived. After a week of soul-searching and encouragement from friends, I wrote a letter asking for reconsideration at Dartmouth, my favorite of the five. A week later an interview appointment arrived, and two weeks after the interview, an acceptance letter. I still have the letters and will be forever grateful to DMS for taking a chance on me.

Nowhere in the two scenes above are there vignettes of my tending sick animals or doctoring dollies; no declared intention to be a doctor at age five; no visits to the hospital with my doctor father (in fact, my father owned an engine repair shop).

When I arrived at DMS in 1967, my experience in medicine consisted mainly of visits to my childhood doctor, during which I sometimes required restraint for routine injections. My sole experience with a woman physician had occurred at the Vassar infirmary, where, without an exam or any pertinent questions, my episode of cystitis was attributed to tight underpants—though not without obvious embarrassment on the part of the elderly woman physician who presided there with widely acknowledged incompetence.

Was my serendipitous path to medical school unique? I doubt it. However, my belief that medicine was possible for me as a woman was fortuitous in the 1960s. That vocational career day, as silly as it seemed, offered a view of medicine that was daunting to men and women equally. My experience at a women's college fostered a sense that all things were possible. The pressures against being too bright or too successful or too unfeminine were not present for me in college—though they did appear, in manageable quantities, in medical school and beyond.

I was lucky enough to roll into the system at a time when few women did, and then once there had enough momentum to keep rolling all the way through.

The way it was

By E. Lucile Smith, Ph.D.

The late Lucile Smith was one of the first women on the DMS faculty. She joined the faculty in 1958 and, even after being named a professor emerita of biochemistry in 1978, remained for many more years an active researcher, teacher, and mentor to other women. This essay was originally published in the Spring 1989 issue of this magazine.

When I joined Dartmouth Medical School as an associate professor of biochemistry in 1958, it was a male bastion. There were only two or three female faculty members and two classes of 24 males each (back then, after two years of preclinical study, all the students transferred to complete their clinical studies at one of several other medical schools).

When I went to the desk at Baker Library (Dana Biomedical Library wasn't built yet) to sign out biochemical journals or books, I was often asked, "Are you a faculty wife?" The students were agreeable enough, but one was once heard to wonder out loud whether a woman could teach him anything. I must have taught him something, since he is now a biochemist.

When I was finally promoted to full professor, and was invited to a lunch to be awarded the honorary degree that customarily went with such rank, the other candidates (all of them male) assumed that I was there to serve them lunch and handed me their empty sherry glasses.

Finally, DMS became coeducational with the admission of Valerie Leval. Time passed, the Medical School grew, and classes came to include not just one but two, three, even four women. They were distinguished students but must have had a strange time. Sometimes the male students decided to ignore their presence. Often it was suggested they were here to get husbands. The response to that idea was usually "There's got to be an easier way to get a husband."

Two more women, Frances McCann and Valerie Galton, joined the DMS faculty in the late 1950s and early 1960s. They have been continuously productive research scientists and have received nothing but praise from their students.

Originally, my laboratory was on the top floor of the long-gone Old Medical Building, so the one bathroom was declared to be coed. The laboratory had such a rickety floor that heavy apparatus had to be rotated around the room as the floorboards sank. But we got a lot of work done.

As the Medical School expanded, the scientific atmosphere was exciting. The word went out that biomedical science was thriving at Dartmouth. Slowly but



Smith was an international authority on cytochrome oxidase.

surely, the DMS student body expanded, too; the contingent of female students has now [as of 1989] increased to the point that for the past five years the women-to-men ratio has been 1:1. So now women are no longer a small minority of the student body, and both sexes are treated with respect. The women students have been outstanding and have added distinction to the alumni body.

holds a similar position at the University of Washington in Seattle. And the other two have committed their careers to improving the health of Native American populations. Dr. Sara Dye, a DMS '75 and a general surgeon in South Dakota, directed the first noninvasive vascular laboratory for the Indian Health Service as part of her goal to reduce diabetes-related amputations in Native American patients. And Dr. Angela Erdrich, a DMS '94, is a pediatrician who previously practiced on reservations and now works for the Indian Health Board of Minneapolis; she has developed a number of health-promotion materials, such as a diabetes-prevention picture book.

So what has changed over the last 50 years? Work hours are more flexible, for one thing. Women (and men) physicians and scientists can now keep part-time schedules if they wish, leaving more time to juggle other responsibilities.

This, says Boulter, was not possible early in her career. "It was another aspect of feeling like the spotlight was always on you," she remarks. "There were many who worried that we [women in medicine] would end up shelving our training, due to marriage and family commitments. Instead, I'd say we went out of our way to not do so.

"I was one of the first two women pediatric interns at Children's Hospital Boston," Boulter continues. "We worked 120 hours weekly for very little pay. We wouldn't have dreamed of having kids at the time, as maternity leave simply wasn't part of the culture."

In addition, "women physicians tended to pick specialties with more structured schedules—pediatrics, internal medicine, psychiatry and such," Donaldson explains. "Because to compete with men in surgery, not only did you have to be as talented, you had to be as available. You couldn't be out . . . picking the kids up from school—that wasn't acceptable."

"It's why there are mixed feelings attached to being pioneers," Boulter admits. "We got publicity and interest from many sources, but that put pressure on us to conform and perform, and to not rock any boats. I think that's why none of us dared to challenge the system." Even several years later, when Boulter was practicing and had a child, "I took my two weeks of vacation—for the year—all at once. It's very different now."

Indeed it is. Balancing motherhood with medicine or science is still a challenge, but it's now quite the norm for students and practitioners both. Christina Megli, an M.D.-Ph.D. student at DMS, is a case in point. Last fall, she organized a symposium titled Women in Science and Medicine. Megli,

The road less traveled

By Frances McCann, Ph.D.

McCann is a professor emerita of physiology at DMS. This essay was originally published in the Summer-Fall 1997 issue of this magazine.

I lifted the telephone to send a telegram. It was 1959. I had completed my training and was looking for a job. Back then, for a woman in science, that task harbored some stresses. Not least for me was the ambiguity of my name—Frances, with its subtle designation of gender: male with an "i," female with an "e."

I had just been offered a position, but one I'd been warned was a poor job. Several friends had held the post but abandoned it in frustration. I had little choice, however; a bad job was better than no job. I'd agreed that if I decided to accept I would respond by Western Union and would not withdraw if I got a better offer.

I had dialed the first three numbers of Western Union when a knock came at the door. I hung up the telephone and answered the door. There, I was presented with a special delivery letter. I signed for it and with trepidation opened and read it. The embossed letterhead was impressive. The Medical School at Dartmouth was in the process of being refounded, the letter said, and my research was of interest to them. Would I be interested in a position?

"Two roads diverged in a yellow wood" was Robert Frost's description of such a dilemma. Which road to take—the one I knew something of or the one totally unknown? Guided by some inner voice, I sent a telegram declining the offered position, then called Dartmouth to say I would present myself for an interview.

The next morning I started the drive north from Connecticut. A bit south of Hanover, I stopped at a gas station in Windsor, Vt. The attendant, an archetypal Vermonter, scrutinized my license plate and asked, "You come all the way from Connecticut by yourself?" Such an inquiry of a single woman was deemed acceptable then. But being a native New Englander myself, I saw humor in the query. "Ayuh," I responded.

"Where you on your way to?" he countered.

"Going to Dartmouth," I said.

His laconic demeanor vanished. "Dartmouth!" he exploded. "That's a rough place for girls, you know." I assured him I'd be fine, confiding that I was hoping to join the faculty at the Medical School. "Well, I think you've made a terrible mistake," he stated. "First, there ain't no women at Dartmouth. No women teachers, no women students. Second, there ain't no medical school. I think somebody's having some fun with you."

My confidence was ebbing faster than I cared to admit. Actually, he was the third person to tell me Dartmouth didn't have a medical school. I left him staring at my departing auto, shaking his head. Once the gas station was out of sight, I pulled off the road and reread the letter from Dartmouth. Yes, there was the "e," so they must know. Still, what would I do if they expected an "i"? I was a physiologist rather than a microbiologist because of that trivial difference. When I was an undergraduate, the head of microbiology had invited Mr. McCann, who had an enviable academic record, to enter the department for major studies. But when I appeared in person, the department head flew into a rage. He said I had deceived him into believing I was male, even though I'd re-

turned his letters with the "i" changed to "e." Women in microbiology, he said, were trouble and a waste of education. Physiologists did not make such a distinction, so that's the field I pursued. I recalled other instances when I'd faced Robert Frost's roads.

I refolded the letter, pushed the car into gear, and drove on. Despite my anxiety, I could not fail to note the countryside. What a setting! If Dartmouth had a medical school, and the difference between "i" and "e" was not a factor, I resolved to stay.

When I finally arrived at Dartmouth, I proceeded to the campus information booth to ask directions to the Medical School. "Now, young lady, what can I do for you?" asked the cheery, elderly man in the booth.

"I would like directions to the Medical School, please," I said.

Laughing, he told me, "Dartmouth has no medical school." I said I had an invitation to join the faculty, but he insisted there must be some error. Now I truly began to worry. My last hope was to ask if there was a hospital. "Oh, yes," he replied with pride; at last I'd posed a question he could answer.

Following his directions, I proceeded to the hospital. In the lobby, I again asked, "Where is the Medical School?" The people there weren't sure but suggested I try a nearby clapboard building. I set out for the house. Beside it was a war-surplus Quonset hut bearing a sign saying "Department of Biochemistry." My flagging hopes revived, and I opened the front door onto a scene of absolute chaos. Everywhere were packing crates, instruments, and people hurrying back and forth. My entrance brought this frantic enterprise to a halt; everyone stopped as though performing a *tableau vivant*.

Approaching the person who appeared to be in charge, I said, "Good morning, sir. Is Dr. Tenney here?" He looked at me, stepped back, and said, "Yes."

I could see from his laser-sharp eyes and intimidating carriage that that was all I was going to get until and unless I could formulate a further query. So I asked, "Are you Dr. Tenney?"

"Yes," he replied with an almost undetectable chuckle, as though I had solved the riddle of the day.

"How do you do. I am Dr. McCann."

As I recall it, he stepped back in astonishment, dropped the item in his hand into a box, and, recovering, said, "Well, I wasn't expecting you for several hours. As you can see, we are packing for an expedition. We leave this afternoon." That certainly explained the chaos, but not the apparent surprise. Still afraid of a negative answer, I asked again, "Is this Dartmouth Medical School?"

"Almost," he replied. "We're in the process of constructing a new facility, but temporarily we're housed in this building."

We chatted. He took me around the campus to, among other places, the Baker Library Tower Room. This was not a room you entered; rather, it enveloped you. I couldn't believe I had a chance to be part of such a place.

Dr. Tenney asked if I would like to join the faculty. "If you would like to come, we'd like to have you," he said, with a degree of sincerity that left no doubt I was welcome. I eagerly said yes. I was no longer walking; I was airborne. I again recalled Robert Frost's words:

Two roads diverged in a wood, and I—

I took the one less traveled by,

And that has made all the difference.

Patron of positivity

By Julia Nordgren, M.D.

Nordgren, a DMS '99, is a pediatric lipidologist; she recently moved to Connecticut after spending several years on the staff of the Cholesterol Treatment Center at Concord, N.H., Hospital. This essay was originally published in the Spring 2009 issue of the magazine.

My first meeting with Dr. Judy Frank was supposedly a job interview, but it seemed more like cheerleading practice. “Great!” and “Terrific!” were the chorus of our conversation. She was “thrilled” that I was interested in doing research the summer after my first year at DMS. And instead of quizzing me about my strengths, weaknesses, and five-year career plan, she clapped and cheered, then outlined the research project and said, “Let’s start right away!” It seemed wise to agree. With that, she tucked me under her wing for a summer of research, rounding in the neonatal intensive care unit (NICU), and absorbing her approach to the complicated business of being a woman in medicine.

Judy Frank was no ordinary woman in medicine. Her office felt like a cozy beachfront condo, with wicker shelves, a seashell-rimmed mirror, a comfy love seat, and a shameless display of family photos. Her interview style was effervescent rather than interrogative. She seemed fascinated by my nontraditional path into medicine. “You were a ranch hand? Hooray for you!” When I expressed interest in shadowing her on rounds, that was “Super! Come every day!” She invested in my learning, and I seemed exempt from having to prove myself. I was a superstar, apparently.

I started many days that summer following Judy on rounds. I had a hard time keeping up with her quick, determined stride. As she sailed into the NICU, I felt proud to be alongside her. She had picked me! She thought I was terrific! One in a million!

But what I saw in the NICU seemed to belie Judy’s cheerfulness. This was my first look at the world of micro-preemies. Caring for these infants—the sickest, smallest babies imaginable—seemed depressing. But “depressing” wasn’t a word in Judy’s vocabulary.

Instead, she approached each bedside with a keen eye for the

accomplishments of the day. “Gained 18 grams! Super! Weaning off oxygen! Hooray!” If something wasn’t going well, she let it be known that “We’ll work on this.” She knew her team was devoted to managing all the critical details of sustaining these fragile lives. She also had a way of nurturing the infants’ anxious families. No matter how grim a situation seemed, Judy stayed positive.

As the summer passed, I came to realize how her constant positivity must have sustained her through her journey in medicine. She had been one of only five women in her class in medical school. This was unthinkable to me. I had just finished a difficult year, during which I’d often felt discouraged and intimidated. I would certainly have failed histology without the help of a tutorial group led by one of the many women on the faculty. Had Judy had that kind of support? Maybe not. Maybe that’s when she realized that to brim with self-assurance, to reject negativity, would take her far in every dimension of her life.

Judy’s life had many dimensions. She was a totally involved mother and grandmother. She was politically active. She was a published researcher. She was an amazing cook. She was always zipping off to a party, to Nantucket, to take in a show. She seemed to have what many of us dream of: a rich professional career, a beautiful family, a life full of music and joy. Other women in medicine seemed constantly torn between work and home. But rather than see life as filled with demands, she saw it as filled with engagement—there was not a moment to be missed!

I began to wonder, that summer, how Judy did it all. One day I asked her. The exchange went like this:

Me: Wow, Judy, how did you manage being pregnant during residency? I can’t imagine that was common then.

Judy: A friend in Laundry kept bringing me bigger scrubs!

Me: How did you raise three children *and* practice medicine?

Judy: I had a lot of brownie mix in the pantry!

Me: How do you have time for everything you do?

Judy: I drive fast!

So while I was looking for philosophical insights, she gave me simple, practical answers. She was saying that being a woman in medicine didn’t have to be a metaphysical challenge. You didn’t have to struggle every day with “How do I do all of this?” You just had to do it. I learned from her that being a wife, a mother, a friend, a daughter, and a woman in medicine was a privilege, a great adventure. Super! Terrific! You just had to see it that way.

Later, I learned I’m not one in a million. Many times I have said, “Judy was a special mentor to me,” and heard, “Me, too!” She opened doors for so many of us, infused us with a sense of belief, of possibility. No one celebrated my accomplishments quite like Judy did. Ever since her death in the fall of 2008, I have missed having her there to cheer me on—and I know I am far from alone.

I have to confess that I haven’t yet perfected Judy’s technique. I sometimes feel exhausted by doctoring and mothering. I don’t always feel thoroughly enthusiastic. But on days when I don’t, I have a plan. I say “You bet!” to things that I see no time for. I say “Hooray for you!” at my children’s smallest accomplishments. I say “Terrific!” when a friend wants to drop in on my perpetually messy home. And if you see me speeding by to pick up some brownie mix, you’ll know who taught me that trick. Does it work? You bet!

who was seven months pregnant at the time, brought together an assortment of Dartmouth graduate students and faculty to plan the event.

More than 100 students and faculty attended the symposium’s keynote lectures and workshops on mentoring, negotiation, and leadership, among other topics. Megli and others hope that such training and networking will help young doctors and scientists better navigate the barriers that keep women from achieving parity on the higher rungs of medicine and science.

Actually, women now dominate some specialties, like obstetrics and gynecology, says Dr. Ann Davis, a pediatric gynecologist at DHMC and the associate dean of student affairs and student services at DMS. She finds this striking, since during most of her training she was the only woman in her ob-gyn program. “It was a residency women were not supposed to do,” she says, “but look at how much things have changed.”

“Women [doctors] know what it’s like to put on a bra, face a hysterectomy, give birth to a child—they’re uniquely able to help other women face such experiences,” Donaldson observes.

But despite the fact that medicine today is a much more equal-opportunity arena, attrition still increases with each rung up the ladder. Women faculty are less and less in evidence at and near the top of the academic hierarchy—at the level of department chairs, deans, and the like. Out of about 900 voting faculty at DMS, about 300 are women, but only one of the School’s 17 basic and clinical science departments has a female chair (see page 50 in this issue for a profile of her).

The quest for parity is a complex endeavor, however. Dr. Leslie Henderson, a professor of physiology and neurobiology and DMS’s senior associate dean for faculty affairs, has seen promotions committees equivocate on the scholarly accomplishments of female candidates, but be willing to give them the benefit of the doubt because of child-rearing responsibilities. “I stop and say, ‘You never say that about a man, that he has two small kids,’” she remarks. “Life outside work—the stuff that keeps you from being 100-percent successful in the workplace—happens to both sexes, and we need to consider it for both or, in the absence of really being able to do that, do it for neither.”

And there’s “this psychological notion that it’s okay for a woman to drop out of medicine or science, but if a man does, he’s failed,” says Henderson. “Also, it’s not just kids, but the mundane stuff of life—for example, who stays home [to wait for] the dishwasher repairman? That falls disproportionately on women. Conversely, society is still very

much behind the times when it comes to supporting men who might choose to take on such duties.”

Such issues “may well figure into compensation and advancement,” points out Dr. Mary-Margaret Andrews, an infectious disease specialist who runs DHMC’s Family HIV Program. “Working part-time means women have fewer opportunities for meaningful involvement at the institutional level, and they’re less willing to be involved if they’re not compensated. It’s hard to figure out the chicken and the egg here.

“It seems like many people are enlightened about this issue,” Andrews continues. “They’re able to vocalize ‘We support the concept of more women leaders’ easily. I hate to call it lip service, because it’s actually more complicated. But when push comes to shove, many [hiring and promotion] decisions still don’t reflect such enlightenment.”

Not that there’s any nefarious scheme barring women from the higher ranks, Henderson reckons. “It’s more about a limited number of women applicants, and making selections based on science, not gender,” she says. “While we really need more women [faculty], I also wouldn’t want to have scientific and academic qualifications take a backseat to gender balance.”

As Dr. Susan Pepin, a pediatric ophthalmologist at DHMC and the chief diversity officer at DMS, told the *Valley News* last October, there are plenty of women in medicine and science these days. The gap between male and female faculty is much more evident at the leadership level simply because “the system isn’t really set up for women, it’s set up for men.” So the hurdles may be not so much purposeful as they are structural.

Scaling the ladder in medicine and science involves “working a lot more than the average or expected hours, publishing more, presenting more [papers],” points out Boulter. “So, yes, a lot of women don’t choose to do so; it’s not that they can’t.”

The so-called glass ceiling, then, may not be so unyielding; in fact, some don’t buy the metaphor. “I’d say it’s more like a waterfall [that women] can choose to swim through, where it won’t be without some resistance,” Pepin says.

“It’s really more about the slowness of an adjusting system,” agrees Henderson. “While I think here at DMS the bias against women in medicine and science is mostly gone, that very history means that it’ll take some time to make up the balance.”

Could the attitude of male peers still be a factor? Certainly progress has been made since Edward Clark, a Harvard professor in 1874, opined that women who pursued advanced education were

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Once upon a time

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doomed to develop, among other things, “monstrous brains and puny bodies; abnormally weak digestion and constipated bowels.” Yet more than a century later, fellow Harvardian Lawrence Summers made the national press for insinuating that the underrepresentation of women in science could be due to “a different availability of aptitude at the high end.”

Dr. Valerie Galton, a professor of physiology and neurobiology and still an active teacher and researcher after a DMS career spanning 50 years, thinks otherwise. “When you’re told you can’t do something, or you shouldn’t be here, I think the best way to deal with it is to show [them] you can, rather than moaning and groaning or fighting it,” she says. “I’ve been the only woman on [National Institutes of Health] study sections, and you can approach it one of two ways: Simply be yourself, or act like a man. You’ll be respected the first way, while I think the latter is ridiculous.”

Donaldson feels the same way. “I think women lose when they try to be pushy, or carry a chip on their shoulder because of gender issues,” she observes. “Success comes from being the very best at what you do, and you can definitely do so without waving flags or loudspeakers around.”

Can women “have it all,” then? The answers to that question are nuanced. “There are few [women physicians] who can juggle the quadruple threat of patient care, research, leadership, and educational commitments and still have a balanced life outside medicine,” says Davis.

“My personal opinion is, no, you can’t” have it all, Henderson says. “It’s likely that if you’re a parent with a full-time career, you won’t manage either as well as you’d like.” In other words, she elaborates, “I think you can’t have it all in trying to be a National Academy member and Mother of the Year, and setting out expectations for young women that they should strive for this is not realistic. That said, the life of doing both, even if you never attain the best-of-the-best you’d like to, is still very much worthwhile.”

“I spend a lot of time mentoring young, talented women and encouraging them to go into academic medicine,” Donaldson says. “I

tell them that they’ll have to learn to be superefficient and to make appropriate use of resources—child care and household help, for instance. I wouldn’t want to take some really smart young woman and tell her, ‘You can’t have it all, so don’t go into academic medicine,’ because that would be wrong; it’d be turning away the best talent.”

Given the shift toward better work-life balance, it’s more important than ever that medical students—female and male—equip themselves with time management and proactive planning skills. The curriculum requires “constant redesigning and reassessment” to address these needs, Davis says.

There is general agreement that mentoring plays a key role in overcoming gender gaps and enabling women to achieve work-life balance. At a March 2011 celebration of women in medicine at DMS, Dr. Harriet Hopf, a 1986 alumna and a professor of anesthesiology at the University of Utah, spoke about managing mentoring relationships. “It’s very important,” she said, “to have a stable of mentors—professional, personal, those who’re there throughout your career, even those who may say just one thing that has a profound impact on your life. Mentees, too, need to own their side of any mentoring relationship; theirs isn’t a passive role.”

“I share every trick and tip I’ve picked up along the way—on, for instance, doing two things at once,” Donaldson says of her own mentoring. “It’s important that I give young women the product of my experiences so they won’t make the same mistakes and will profit from what I learned.”

And advocating for women to find their place in medicine and science is also crucial. As Hopf put it in her talk, “Sponsorship is necessary: mentors telling their mentees things like ‘You should give this talk’ or ‘You ought to pursue that position.’”

“It’s how we’re going to get more women to become leaders,” Donaldson agrees, “by getting behind them, opening doors, and pushing them to be more ambitious. Women are generally pretty good when it comes to networking and forming support groups to help promote each other. That’s what we need to keep doing. Then more of today’s young women will have a chance to climb up the ladder of academic medicine.

“I can’t think of a more rewarding and palpably exciting profession, really,” she adds. “I’ve adored every moment of it.” ■

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