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Interviews of the Margaret MacVicar Memorial AMITA Oral History Project

Leona Norman Zarksy – Class of 1941

(interviewed by Rellen Hardke)

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MIT ORAL HISTORY PROJECT

Interview with Dr. Leona R. Norman Zarsky by Rellen R. Hardtke.

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Session 1

Transcribed by Rellen R. Hardtke.

Hardtke: This is Rellen Hardtke and I'm here with Dr. Leona Norman Zarsky in her home in Brookline, Massachusetts. Today is July 9, 1991.

Zarsky: It's not really so exciting. I was born in Malden and traveled all of eight miles in seventy years. My father was a physician in general practice. I have an older brother who is four-and-a-half years older than I. We were brought up in a very academic kind of household where the textbook was really an important resource from birth. We were always surrounded by textbooks and journals and what have you and so that sort of was a very early part of my upbringing.

Then I had a very bizarre educational history. It's taken me a long time to undo it - the why's and the wherefore's - and I'm still not altogether sure that I understand it, but I had the reputation even as a little girl in Malden of being very bright, exceptionally. People would see me and tell me in advance how bright I was and I never knew where that came from. It sort of existed. I just don't know. The neighbor up the street used to tell everybody that he taught me to spell and I do remember that I couldn't have been more than two, that I would walk up and down the street saying L-E-O-N-A because that was what they told me to say, so I said it.

In the house... My father played a very interesting role in the community. My father was a first-generation American who made it very young, altogether on his own. He came here in 1906, had never been in a classroom of any size, shape or dimension, and in 1913, he entered medical school, never having been in a classroom. But in the interval he taught himself the sciences, mathematics, English - a voracious reader - and he became quite a Latin student, as you had to have that, and twenty-five years later he could stand behind me after I had taken Latin for six years and he would freely translate Caesar. So he had that kind of a mind and it was really very exciting, very pleasant.

Hardtke: Where was your father from?

Zarsky: My father was from a tiny town in the Ukraine and he left Poland as young as he could be. He was probably 14. This is my father [gesturing to a picture on an end table of a young man]. That's my father on the roof of what is now the University Hospital. They used to take people with respiratory diseases up on the roof to get fresh air. So that was he. He came from this little tiny town and, really, it was a fascinating story, but he was a very good doctor, awesome, and I could tell you stories about him but that would take all afternoon.

Anyway, he played an interesting role in the community because as a first-generation American who made it intellectually, he really served as a model for a lot of kids, a little older than I, whose parents were fine, upstanding, hard-working folk but who had never really had an American experience such as my father had in the systems, in the school systems. So he was mentor to many young people and in the summertime I remember that we used to have a screened-in front porch and there was a chess set always set up and my father would come in and out between patients and there would

always be a high school kid, who would then be a freshman at college, who was waiting to play chess with him and talk. They would talk about their future and their work. I heard all kinds of very profound, philosophic discussions and I was much younger at the time.

But in that milieu, one of the people who were so accepted as my father's, more or less, proteges, was a young man who entered up at MIT and he was very close to my father. He was the one I think that started the whole MIT story because he would come home and tell us about the women in his class, which were very few, but they were all outstanding and they all had money because the Institute had money that was earmarked for women and there were no women. I believe the money came from gifts to the Institute. So he kept nudging for me to explore that. My folks had a profound respect for this young man who did go on to become a very known ophthalmologic surgeon in California and so sort of at his urging, they decided that that would be a good place for me, and to be sure, I did get a freshman scholarship which sort of proved his point. And so the die was cast. I did not apply anywhere else. From my point of view, the reason I didn't apply anywhere else is that I was accepted on early decisions. I didn't have to take any exams, so as I saw everybody sweating to take college boards and I wasn't going to have to do it, that did it for me. So I did it.

Hardtke: What was your education like before then, like high school?

Zarsky: Before that, I was in Malden High School which was a very highly-rated school. For many years it was ranked at, or a close second, to the Latin School. We had an extraordinary number of kids who went on to Harvard and graduated as valedictorians and salutatorians from Harvard. We had a very strong classic department and I had Latin

and Greek and a lot of good stuff in addition to the sciences. I was not athletic. I played nothing in school. I really was very young.

My odd academic career started when, for reasons that were not clear... My birthday was in April which meant that if I went along with the accepted practice I wouldn't be admitted in the first grade until September and I would be seven before I left the first grade and that apparently was unacceptable to my parents. They didn't want a seven-year-old still in the first grade. So my father, who had quite a lot of clout in the school system and I'll tell you why in a minute, really manipulated and so I was admitted to the first grade on my sixth birthday. So I was there from the ninth of April for about ten weeks and that was all I was ever in the first grade. My father assured them that I had already gotten all the material. Now it really wasn't so and retrospectively the whole thing was a terrible distortion. It should never have happened. I think I suffered much more than I appreciated because that was the first of many. I skipped the first grade in essence. I also skipped the third grade and I also skipped the sixth grade. At no time was I really participant in this decision and it blows my mind that the school system went along. But my father had somewhere along the line decided that I was wasting time, that I should go ahead.

So I found myself graduated from high school at fifteen and a freshman at MIT, all wrong socially. I really was a very little girl. I had very little social experience, but I had learned many tricks that concealed 'A', my anxiety, and 'B', the fact that I really didn't understand a lot that was going on, that it was really not in my experience. Mostly the social stuff I really never quite understood. I never had dated. I had had lots of friends in my class who were boys and we threw a ball around and played tennis, but I didn't know about anything more social than that. So there I was. I found myself in college at

fifteen. My mother had picked up somewhere in her reading - it must have been the smallest paragraph anywhere - but she found out that women in all-women's schools had a lot of opportunity for sexual activity and that terrible things happened in women's dorms and she decided that I would be "safer" if I was in a man's school and she was right. I was very safe. Nobody looked at me from the dating point of view.

So there it was. Lots of fanfare. Big pictures in the newspaper. "Malden graduate enrolls for Tech PhD." Now I don't know where that came from. A lot of things came from nowhere. So everybody in town knew that I was at MIT and the whole mystique arose. It went before me. I never had to say anything. Everybody knew how smart I was and what a great record I was making and they didn't really know that I was a very frightened little girl who was working the top of her level academically. I had very little time for anything else, just to keep her head above water. So that was it.

In 1937, if you've seen the schedule, everybody took the same classes except the architects. We had engineering drawing which was great, and math and physics and English. We had a four-hour exam every Saturday morning which we had in the drafting rooms and was alternately math and physics. So my freshman year at MIT had five days and a very black Saturday. It was very black. Those Saturdays, we'd sit there and it would take me a few minutes to get the courage to open the exam questions and nine times out of ten they were Greek. I had never seen anything that week that remotely resembled that. As I looked around I would see everybody's face and I knew I wasn't alone. They did all sorts of things. They had sliding scales and you got credit if you set up the equation. You got credit if you wrote an essay outlining your process. Everybody tried very hard to give you credit. Inevitably, there was one guy in the class who did it and solved it and he had to be thrown off of the scale because if he was on the scale, we

were all dead. That was the way it was in the freshman year.

There were six of us in the class. We had a rather pleasant --

Hardtke: There were six women in the class?

Zarsky: Yes. --setting because we had the Margaret Cheney room. It was done over after we were there in the beginning, but it was warm and friendly. We had a place where we could go and leave our coat and hat and walk back and forth and aggravate before exams and there was some support there. There was a nice elderly lady who apparently belonged to the Dames, who were the wives of the professors, and they had a lot of socialization. They shared the room and they had the room next door. They had Mrs. Smith who cooked for them and who sort of looked in on the girls and she was a great support to me as I held my breath before exam after exam.

Hardtke: Where did you live while you went to MIT?

Zarsky: I lived at home, so that put me really as far to the bottom of the totem pole. I was a woman, I was 15 years old and I lived at home. I lived in a rather strict home which meant that I was home for dinner. My mother was very proud of the fact that we always had dinner together, that my father who was a busy doctor one way or another managed to have dinner with us and we never ate, if it was 10 o'clock at night, until my father sat at the table. That was a rule: we ate dinner together. My mother always had examples of terrible fallings-apart of families because people didn't sit down and eat together, so that was always a no-no and we still do that. I've discovered that if you don't, then nobody sees or talks to one another. Everybody goes his own way, which they do anyway.

There was never much of a question about what I would major in.

Hardtke: Why not?

Zarsky: Because the only thing at the Institute that I could understand at all when I got the course was biology. The original dream and this...

I had two unreal goals when I entered, each of them not well-founded. One was that I was going to be a patent lawyer, and then I would be the first woman on the Supreme Court. I never knew a patent lawyer. I didn't even know for sure what that was, but I found out very quickly because early in our freshman English, we had to write a patent. We did scientific English. I don't know if they're still doing it that way. I was given a Stillson wrench to write a patent on and I wasn't the least bit sure I knew what a Stillson wrench was and I really wasn't savvy enough to find out. So I wrote a patent for what I thought it was. After this glorious, glowing history in Malden High School, I'm three weeks into my freshman year, and I get the Stillson wrench patent back and it has a note on it which says, "Not even Stillson could make a wrench out of this." So, X-out patent law. Big X.

Then the other possibility which existed for a long time was that I would... The department was biology and there was a lot of public health going on there. A heavy percentage of the women at the Institute were getting their Master's in Public Health. So that sort of all got incorporated and I was going to become a public health worker, and at that time I was very invested in a lot of Young Zionists organizations so I was going to go to Israel and clean up the malaria and the flies and the swamps and do all the things that everybody did, has in fact done. That stayed with me for a long time and that was really a driving force through several years at the Institute, until there was sort of an

impasse I think when I was a junior and had to make some decisions about what I was going to be doing. My mother made it very clear that I was not going to go to any god-forsaken country. I could support its growth and development, but I wasn't going to go off there and be the one to fix the malaria.

So then it became very obvious that the life I had been steeped in was my father's. My father's office was in the house and I had been in and out of that office from the time I could be functional at all and had worked with him and helped him, held retractors for him and helped him set bones and do a lot of stuff as a very young child. So then it became obvious that I would go to medical school and that was it.

During the years at the Institute, I really tried very hard to overcome what I considered the big obstacles, namely the living at home. I was very aware that there was a college life that I was not sharing and there were several girls who wound up in an apartment on Bay State Road and I kind of thought that was pretty swift. That was more collegiate, but it really wasn't. They were pretty isolated too.

The best thing I could do to have some social life while I was at the Institute turned out to be sort of academic too. I got active in the Sedgwick Biology Society and I was the first woman that presided over that and that was a big to-do. I think it was kind of a joke in the beginning, but very early when I was a freshman, that I was elected to the freshman council. I really think in retrospect that that was really a joke. There had never been a woman on the freshman council. I really had no credentials. I was competing with the born leaders that had come from the military academies and the fancy name private schools and everybody knew who they were, who they were going to be. I imagine it's much different now, but there was a very distinct hierarchy depending on where you came from and what sort of background you had, and the commuter was at the bottom.

We tried. We had something called the Five-fifteen Club that was a poor attempt to have a fraternal sort of thing, but I wasn't very active in that. So that was the struggle at the Institute, to be my own person and to be a person and to not be overwhelmed with the coursework which was very easy - easy to be overwhelmed by.

There was a lot of work. I was not well-prepared. I really am amazed that I did as well I did. I'm not a mathematician. There was poor integration between the math and the physics. We had mathematics to be done in physics many months ahead of when we got to it in the math course. So I really had no tools. I think the only reason that I got where I got at all is I can conceptualize very quickly. I may not have the infrastructure, but I can understand the point. The men in the classroom were really very supportive. I had no really good three-dimensional view, then even less, and I really would've fallen off the end of the world if I had not known it was round. So the engineering drawing was a horror for me and there was a wonderful young man who has passed away named Fred Came who sat in front of me and he was very nice. He would watch me sweat and sweat and sweat and then he would finally turn around and put the two dots on and he said, "Connect them." So then I would sort of be off and running. So I had a certain amount of that fraternity.

Hardtke: Do you think it was more difficult for you in being a woman at MIT?

Zarsky: More difficult in terms of what? Of the relationships with the school, with the professors, with the students? I think that I did as well in the classwork as anybody. I'd forgotten, there was an extraordinary percentage that dropped out by the first Thanksgiving. Somebody once said a third of the class, but I don't really think, maybe a sixth of the class that never came back. I came back because I knew damn well that I was

going to finish this thing. That was another thing we didn't do in my house was not finish.

The professors? I never was harassed. I felt that sometimes they... Of course the fact that I was so young I think put me at a disadvantage. I think some of them thought that I was out of place but nobody ever really made an issue of it.

The only thing that was, there was no place to go to talk about anything as a woman. There was nobody to talk to. Mrs. Smith was the only one that sort of was a presence that was female. She was hardly literate. She was a lovely lady, but she was not the one with any of those answers.

I really didn't think that I had a problem with the setting because I was a woman and I think that in some of the departments women were very well-received. The architects were well-received. Certainly the graduate students in biology. Many of whom who were star people. These women were getting their Master's and Doctorates. They were teachers. They were very professional people. They were running labs and everybody had a lot of respect for them. So that department, I don't think there was. I didn't really feel it. Maybe in the physics or something, they sort of... Well that isn't fair to say that. I don't think I ever felt that the school was after me.

I just am not sure, fifty years later, if it was where I should have been, at all, and that had nothing to do with any... I have since brought up three children and I have seen how much different decision-making and choice-making was for them than it was for me. But then they brought so much to it. I brought very little to it. I was really pretty much a child and I did what I was told. I had always done what I was told and did what I was told at that point too.

Oh I had lots of fun experiences. I was in Drama Shop and I was big. I'm now receding, but I was a very big gal, five-nine, five-nine-and-a-half. At one point I must have weighed two hundred pounds and within was a soul yearning to be Juliet and so when I went out for Drama Shop I was bigger than anybody in town and so there was never a role that I could play where there was a lead that could take me as an equal. So I always ended up as a very bad character actress, the Italian apple-woman. We did Winterset, which is a wonderful play and I liked it, but I was the Italian apple-woman. Not very dramatic, but it was fun. It was as close as I ever got to having that kind of collegiate experience.

Then I went summer and winter, because I took Qualitative Analysis in the summer and I took Organic Chemistry in the summer. So I had no vacations during MIT. I used to meet my friends from high school who were having these long, wonderful opportunities to travel or to work or do what-have-you, and I never had that. Then I went straight to medical school, so I really didn't play much and my husband and I have often joked about the fact that I adolesced when I was in my mid-30's. It was the first time that I felt that I could take a breath and look around at the world and I stopped working and that was the first time, ever, that I discovered that there was a world that functioned that I had never seen.

You can ask me what I've left out.

Hardtke: Actually, if you don't mind going on and telling me about medical school.

Zarsky: Well, before that, say in the Institute, I did have and we did have a nice relationship with the women. Somewhere along the line, the women's organization began, but before that, we had lunch together and we played a little together and we had

picnics together and there was a lot of exchange. There were groups that were some closer than others, but mostly they revolved around courses that you took together or the fact that you came into the Margaret Cheney room and were there at the same time. So there was a lot of very personal exchange. We got to know one another and to love one another, and some of that has continued, less with me than with some of the others, but some of the other girls in my time have remained very close. But they were important. They were very important in the whole scheme.

There was a lot going on that I never got to see. That was one of the big drawbacks of this kind of concentration that we had. Even at the Institute, there was a whole world I never knew existed. Ten years ago, when we, Bud and I, got busy and became more interested in sailing, that was the first time I had ever been in the Hart Nautical Museum and I walked by that corridor a billion times, never knew it existed. Of course, the art galleries and the libraries were not anything like they are now, so there wasn't that much to seek out. I knew that there was an atom smasher, but I never did see it. In my senior year, I knew a little bit more about that because Professor Evans who was the king of the atom smashers, he began to work with people from the Mass. General and that came out in the public press, that they were treating thyroid disease with radioactive iodine and stuff like that. So people would ask me. I didn't know anything about it, but I knew that those things were going on, but I never knew anything about aviation, electrical engineering, or any of the engineerings at all. It's something I turned off. Since I wasn't very athletic and since women were not necessarily sought-after to participate... Once I went sailing and I almost fell in, so that was short-lived too.

It was mostly work, but I got a lot of secondary gain out of the Institute because as soon as anybody found out that I was a student at MIT, people fell flat on their faces. If you go to the city of Malden now, fifty years later, dozens of people will tell you that they remember my whole story. It was an issue that was known. Then when I graduated I wrote a thesis on the health system for pre-schoolers in the city of Cambridge and then they asked me to do the same thing in Malden, so that was really my first job. I think I got fifty dollars for spending a summer reviewing what existed and expounding on what I thought should be the next thing.

Then I went to medical school and medical school was another same sort of thing.

Hardtke: You went to Boston University?

Zarsky: I went to Boston University. I was admitted on the twenty-fifth anniversary of my father's graduation. He was very proud of that. Boston University was originally a women's medical school, in 1884, American Woman's Medical Seminary. It became part of the homeopathic medical school system and then it became part of B.U., it became eclectic, probably shortly before my father graduated. The University Hospital was called the Old Homeopathic Hospital and then it became the Mass. Memorial, and then it became the University.

My father prescribed certain homeopathic remedies. It was sort of petering out, but there is still, and they're still using it, the oil that comes from the calendula flower, has the most anti-burn healing. It must be vitamin E. It's a very yellow oil and my father knew from his experience at the hospital that burn patients that were treated with that had very little scarring. My son found a tube of it last summer. He brought it home, he'd heard so much about the calendula my father used to use.

Medical school was somewhat more of the same. If I had experiences that were directed toward me because I was a woman, there were many more in medical school than there were at the Institute.

Hardtke: There were more women in medical school?

Zarsky: I started to tell you because it was a woman's school in the beginning, there was always a ten percent quota. We had ten percent of women in the class, when not another medical school had anything like that. Tufts had a few and Harvard of course had none. So it was relatively open, but the clinical professors were not very happy and I had some dreadful experiences because I was a woman. Also without support. There was nobody you could go to really and flap your arms. So I sort of learned to take a deep breath and suffer it.

When I took the clinical course in urology, for example, I massaged prostates for four weeks. It's not very delightful, and not very happy for the patients either. I was furious but there was nobody I could go to to complain and when the course was over, the head of the department called me into his office and he said, "Now you can go home and tell your father what I did to you." Then I found out that he had been at medical school with my father and there was some kind of a feud. So he had used me, twenty-five years later, to get even for something. Ridiculous. Really ridiculous. Hostile, nasty. But I did it because I had no choice. My other choice was to go home and tell my father. My father would have known the name. I had never delivered the message to him. My father would have killed him. He would have beat him up. He would have done something, but I didn't know that past was there. And other things.

The patients tended to be more supportive than the staff. I happened to be at the time of World War II, when penicillin first came out and sulfa. We had a whole ward of kids with gonorrhea that we were treating and they were young eighteen-year-olds and I was nineteen years old. It was not a very good combination and yet that was where I was for a block of clinical training. That was very difficult for a woman because I had to do dark field examinations for spirochetes and bacteria and good stuff like that, but things that I did then I don't know how I had the fortitude to do them. I learned a little sort of a rote lecture. I would say to the male patients who were not happy with me, that I was there to do it, that nobody else would relieve me, that I couldn't complain to anybody, that we might just as well do it and have it over with and forget it and the faster we did that, the less of a burden it would be. So it was, for whatever it was worth.

Then, since I was always striking out into new territory, I decided I wanted to be a surgeon which was the least good area for a woman. Anyway-

Hardtke: How did that come about?

Zarsky: How did that come about? How did that come about? Well for one thing, way back with the Drama Shop, I have always had a bent for theater. There is nothing in medicine that's more theatrical than surgery. If you've ever been in a surgical operating suite, there is a gallery, and people watch. I mean it's Romeo and Juliet again. So the surgeons of that era were sort of the stars and they put on a big show. They were kind of exciting people, exciting thing. I had, as I say, even as a little girl, been around with my father and stitched up wounds and done that sort of thing and so I decided I would be a surgeon and that wasn't so easy.

I took a year of pediatrics because I wanted not only to be a surgeon, I wanted to be a pediatric surgeon. That was just boring. The specialty of pediatric surgery was just aborning and that came from some of the work that had been done at the University Hospital. I don't know what you know about congenital heart disease. Not much?

Hardtke: A little.

Zarsky: But the first surgery on closure of patent ductus was done first at the University Hospital and then at the Children's Hospital. So Boston became sort of a center and there was a lot of talk about pediatric surgery. Of all the glamorous, theatrical specialties, that was the most glamorous and the most special.

So I had a year at the City Hospital in pediatrics and that was a very interesting and difficult year. The War had come and a lot of people were gone from the staff. The house staff was pretty much on its own. We sort of just plowed around.

BEGIN TAPE ONE, SIDE TWO

Zarsky: But that was a very exciting year. That was a year in which also I was one of the few women, but there was a change. Women at the City Hospital, there was really no issue about being a woman, except for the living. Men lived in the house offices, apartments. I was first given a room in the pediatric building which would make me very isolated and the ward was there and there was one room that was really not a living quarter. It was o-kay at night, so I didn't have to leave if I was on duty, but it was really not a place to live. Then they put some women over to the old South Department, which is the infectious disease area. I've forgotten how many there were of us, maybe four, went over there. The only virtue that had was they had a different cook there that was

totally separated, so the food, if you got to eat there at all - which I didn't get very often because the only place that I would have an exchange with the rest of the staff was in the dining room. So that was sort of isolated. But aside from that, there was a lot of comraderie. Everybody worked hard and everybody shared the same issues and the same problems.

I had a pediatric chief who was very hostile to surgeons and he used to tell me to walk backward through the underground corridors of the Boston City Hospital because if I didn't, a surgeon would sneak up on me and god knows what they'd take out. That was my introduction to the City Hospital.

But it was an exciting time and we did just begin to have antibiotics. It was also a stressful time. It was the first time I saw death in little children and I think that reinforced some of my need to wish to be helpful and to play some kind of a role. Those deaths I have never forgotten. They were the most dramatic of my life. I also met the children who were brought up in a much rougher and tougher site than I had been in my very protected homelife and so I had never heard four-letter words. Would you believe that? Nobody believes it, but it was true. I had never heard four-letter words. I saw them sometimes written, but I never even pronounced them out loud. These little two-and-a-half year olders and three-year olders used to scream epithets at me if I took blood or anything. That was I think one of the most shocking things I ever had. What is this? I never heard of such a thing in my life.

Then I think I began to see things, that my very protected, middle-class life was not shared by everybody. I had kids who came in with oil pneumonia because they used to leave the kerosene beside the kitchen stoves in open dishes prepared to fill the containers again. The kids would get into it and drink it and then they would cough and

they would have interstitial pneumonia. They would die of this. It's not a good thing to do to your lungs. That was kind of a first. My father was a pediatrician. I'd been in the office with him. I'd seen thousands of children, one more meticulously cared for than the other. If there was a problem, they were dealt with immediately. So the babies I had seen, for a lifetime, very few of them had deformity, very few of them were less than perfect and if they looked as though they weren't going to be, people would work on them immediately. They would be casted if they had problems with their feet. They all were braced and stuff like that. Then I suddenly saw a whole level that didn't have these opportunities. I'm still hardly 21 years old, so I'm not so old, but a lot of that was quite new to me and the Boston City Hospital was a place to learn an awful lot very fast.

I lived in the Franklin Square House for a block of time when I was a fourth year student in medical school and doing deliveries in obstetrics. Then that was an eye-opener too. I really had never met a lot of those people before, so what with one thing and another, I sort of grew up, saw a lot of things. I used to look out in the park outside of the Franklin Square House. It was a very active place at night. All kinds of things were going on there.

I finished my year of internship and then I became a surgical intern. I repeated the intern year and I went back to the Mass. Memorial. That was an interesting year. That was a good year. I learned to do a lot. A lot of people were going off to the service and we were always short-handed. So the last quarter or third of my senior year, I was an acting house officer which meant that I was scrubbing in the O.R. and I was doing all the things that I shouldn't be doing, but the level over me was missing, so I did it. So I learned a lot and did a lot there and then became very invested in the surgery. I enjoyed that a lot.

They talk about the surgeon of that era being a star. Of all the surgeons in the city, the head of the department of the Mass. Memorial was *the* star. His name was Howard Clute and he was gorgeous and he knew it. He was tall and handsome and blonde and a tyrant. When we made rounds, he would frequently stop talking and he would look and the daggers would come and inevitably it was because someone wasn't standing up straight. Doctor Clute wore an immaculately white starched coat which moved without him. It was that way. If we came in, we had to go through the whole ward before the grand rounds and change all the dressings and the patients had to be perfect when he came through. So we would be a little bedraggled because we would have been on the ward at 6 o'clock in the morning. So we tended to be a little tired. If we relaxed and rested against a bed, that was the worst no-no. But in general, it was very important that you sit up straight and looked interested and were awake and so forth and so on.

He was the one who said to me in the operating room as he pointed to the gallery, he said to me that, "You know, good surgery looks good. You should never flounder. If you pick up an instrument, you should have a direction. You shouldn't look around. You have to use everything very crisply and very directively and so forth and so on. When somebody is looking there, it should look good." So his fields were always clean and the nurses that helped him knew it and it was really a picture. Everybody cooperated to make that picture perfect and he had no patience. I remember that the surgical resident was late one day and he said to me, "You and I are going to do this alone." It was no place for me to work with Doctor Clute as a first assistant, believe me, but he invited me, so I moved in. Now they do very few thyroidectomies, but he was the master. So he worked like a fiend that day because he was damned if he wasn't going to be through before this guy came in through the door. When they did it, as they cut the thyroid, they left a clip on the

cut piece, so it ended up, it was like the Nephrotite necklace. It was all the clips in a nice, neat row like that. Then you ligated each one and pulled them off and the deed was done. Then you closed the skin. It was very neat and he put the last clip on and the door opened and the resident came in and Doctor Clute motioned to me and we both took off our gloves and he said, "And now you can close," and he went off. That kind of theatrics, once you've seen it, it turns you on.

Then something terrible happened. Doctor Clute was in the elevator with me one day and he said, "Would you like to stay on?" and I said, "Yes." This was maybe in February and the year ended July 1st. So I came running home and said, "Guess what? I'm going to be an assistant resident in surgery." There had never been a woman before and there had never been an assistant resident. I take that back. There was one before me.

Hardtke: Do you remember what year this was?

Zarsky: Yes. This was 1946. It was early '46.

Hardtke: O-kay, thanks.

Zarsky: Well I came home and everybody was applauding and it was going so great. Then Doctor Clute had a coronary and he died very quickly, of a massive coronary. He never recovered.

The department was then headed by Reginald Smithwick. I don't know if that name means anything to you, but Doctor Smithwick was the one, he was at the Mass. General, and he perfected the first operation for hypertension. He was a big name. He came from the Mass. General just as the War ended. This was 1946 and he came with an entourage. He came with a lot of young men that he had trained, who went to war, that he

had promised a place in his staff when they came back. So I had nothing in writing. I had a verbal hand with a handshake with Clute and so it was, "Sorry my dear," and I was left sort of high and dry, very close to when the resident year began. There was no way I could get a job like that at that moment.

So I decided, since somewhere along the line of my training I would have to take surgical pathology, that maybe I should take surgical pathology because that was something I could sign up for and do and I went to NY, Columbia Medical School. I spent a year there in the surgical path department which was the first time that I had a schedule from nine to four and I was in New York City. So that was the first time I think I had a chance to take a little bit of a breath and run around a little. Then I got very social in fact. That was a bit of a change, so I had dates and parties and museums and theaters and operas and a lot of stuff that I had only had with guilt. That was good. That was really good.

When that year was over - my father had met Dwight Hark in the interval. Dwight was a young surgeon then, now not so young, who had made a big reputation in the War because he was the first surgeon that took shrapnel out of hearts and didn't lose any patients. He did forty-two patients and nobody died. He came back to be the cardiac surgeon at the City Hospital. Then my father had had some patient with him and somehow told him about me and he said he was interested in talking to me. When I did, he offered me a job as a research assistant in cardiac surgery at the City Hospital for which he had a grant. So that was when I started to do that and that was fun. I did a little bit of everything.

He's really a chauvinist and he told me right out that he was willing to take a woman, he was looking for a woman, because he didn't want anybody who would then leave him and compete. So he was sure that I wasn't going to be a cardiac surgeon *bona fide*.

I worked with him for several years and we really did a lot of exciting things. Some not so exciting. He had the idea which had been touched upon previously that -- I don't know what you know about rheumatic fever, but there was a lot of rheumatic fever. Rheumatic fever was a sequella of the strep throats. So there were a lot of kids who had a acute rheumatic fever and then twenty years later, they began to have diseases of their heart valves. The valves had been inflamed during the acute process and so they became sickened and stiffened and immobile and so they went into heart failure. They had big murmurs. Some of those kids you could sit across the room from them and hear the sound of blood going from one chamber to the other. So there had been, maybe in the thirties, some talk about maybe developing instruments that would open these valves. Dwight had been the recipient of many of these instruments that had been worked with before, and since he had now experienced operating on young people with the shrapnel in their heart, other things had happened that made cardiac surgery imminent. One of them was that they learned how to give pressure transfusions, so that you could bleed at this end, but you didn't bleed out because they were putting it in back under pressure. So a lot of mechanical things and technical things were sort of catching up and there were other kinds of fluids that people knew that they could use to maintain a blood volume.

So he was going to work on the whole business of what the problem was in rheumatic hearts and valves and whether there would be a surgical procedure that could improve it. We suddenly discovered that nobody really knew very much about how these

valves functioned when they were sick or what it was that was sick or what the real pathology was. They had seen them dead and stiff, but nobody had ever tried to make them move and function. So the first thing we had to do was really find out a lot of, as many rheumatic hearts as we could, and the easiest place to go was in the Harvard Medical School. They had a museum. They had hearts and hearts and hearts. They were all in bottles and they all smelled of formaldehyde, but they were there and nobody had ever touched them. Once they got put in the bottle, nobody ever used them, and I must say, Dwight was fearless. There isn't a heart that we didn't mess up because we had them and we had to learn. So we cut them and we looked at them and we had that whole thing to ourselves. Then when he was ready to go on, we got the cadavers that were not picked up in the Southern Mortuary. These were bodies that were sitting around frozen for months. That was, I would say without fear of contradiction, one of the less pleasant parts of my years with Dwight, when we went down there at night and they pulled out bodies that were very stiff and ice cold and full of crystals and we operated on them. He and I alone in the dark. Putting your hand in one of those was really quite orky, but we learned a lot.

We had our own lab. It was really not our own. We borrowed a piece of lab.

Hardtke: And where was the lab?

Zarsky: At the Boston City Hospital. We began to operate on dogs to develop instruments. The dog is a reasonably good animal for valves. When I moved to the Beth Israel Hospital, we worked on pigs because the pig coronary system is much more like the human. So when I did coronary work, we worked on pigs, but the valves of dogs were good. We did it nicely, I have to tell you. I would defend the dog research with anybody.

We were clean. We were sterile. The dogs survived. If the dogs died, it was something that was to learn. We didn't abandon them and I always felt very strongly that... These were animals that they were going to kill. The anti-vivisectionists were always going to the Statehouse to make it impossible for us to do it, but really we treated them better than they were going to treat them. They were just going to kill them. There was a lot to learn and we did use them well.

We gradually developed a procedure that has since been perfected, but we began to operate on people. That really got very exciting. We were given the opportunity to operate only on people that the assessment team were sure could survive only a year without surgery. The first six patients that we brought to the anesthesiologists, they laughed at us. They said, "You must be joking. These people are so sick. I don't want to give them anesthesia. Never mind what your going to do to his chest, they'll never survive this." Then the patients would say, "I'm not functioning. I can't walk. I can't breath. I'm always sick. I'm willing to take the risk." We lost a couple.

I had a less than enviable job. Sometimes I scrubbed, because I was part of the research team and the first one who would do it because we had been doing it in the lab, but then I had another job which was very important. That was, we also had a very primitive resuscitator. We plugged one end into the wall and we had two great big paddles and if the heart stopped, we gave it one jolt. It was unprotected. We had oxygen. We could have all blown up to kingdom come. I was under the operating table trying my best to stay out of harm's way, but every time I pressed that button I prayed that we didn't all explode. I pressed the button many a time, and some survived and some didn't. Then they started surviving more and more. We changed. We did a lot of experimenting on what kind of a knife we used and what kind of a valve we used and so forth and so on.

While all this was going on, I had met my husband who was also a house officer at the City Hospital. So he had taken to dropping into the lab for coffee in the mornings. We got engaged. My fine and loving boss said to me one day that I couldn't serve two masters. He said that when I told him that Bud was going to pick me up at four o'clock and that I was going to leave. He was incensed. We parted. But we have continued to be very good friends.

He's now blind, but does a lot of interesting things. He was president of GASP, that organization that is an anti-smoking one. They're the ones that really got the airlines to be smokefree. He traveled around the world. Lots of interesting stuff. He, about two years ago, did a film on the development of cardiac surgery.

Oh, I didn't tell you a lot of things about him and his chauvinism. He used to demonstrate to groups about incisions and how you taught patients after surgery. He could teach them to selectively breathe with various lobes of the lungs, sort of like an extension of Sister Kenny. She worked out physical therapy with polio patients. You can really develop a route from your head and mind to any part of your body and make certain muscles work independently, so he could make his right upper lobe breathe and then the rest of his chest was quiet. As many times as he did this, he would strip, beautiful chest, jump up on the table and he would turn and say, "And my associate, Leona Norman, she can't do this," or "I wouldn't call upon her to do this demonstration." Very embarrassing. Kind of ridiculous stuff, but it was, it's still going on.

Anyway, I had to find a place where I didn't have to explain the fact that I was married and that I really wanted to sometimes leave early! Dwight could call me at four o'clock in the morning and say there was something, a patient or something. We did a lot of things together and we grew too close. On some of these early patients, we were the

only ones that really knew what was going on physiologically. Nobody had ever seen heart surgery and the nurses were petrified. So we would stay twenty-four hours until all was in hand. We put underwater catheters in to maintain the lungs expanded and the nurses would see a bottle with blood in it. They were accustomed to urologic bottles with bloods which you emptied. We'd come back and find that the lung was collapsed because someone had emptied the bottle.

So there was a lot of teaching that had to go on and mostly you stayed there and tried to do it yourself and explain. Over the course of time, we went to other hospitals and we had a big circuit and I would go a day or two in advance with the instruments and do a real training exercise about what we were going to do and what the instruments were and how to work. But in the beginning, we didn't know that ourselves, so it was all hunt-and-see. People used to introduce me as a pioneer and stuff like that, which was true. So when I left Dwight...

Oh, other things I did with him, we were really the first to perform cardiac catheterization in Boston. I did set up a lab at the Chelsea Naval Hospital. I used to do cardiac catheterizations. Nobody was doing them in town. It was pretty primitive and we got away with it. We didn't kill anybody and I just don't know how. I just really, literally don't know how. We had every option for getting into terrible trouble, but it didn't happen. I tell you the story and I'm repeatedly amazed because I'd forgotten a lot of this. It was all pretty hairy and we were so casual about it. Expose the artery and stick a needle in it and the blood went shooting up into the system.

So I went over to Beth Israel where I had met the team there. Paul Zoll had worked with Dwight overseas when they were doing the surgery on the soldiers. He had been one of the medical people and he was delighted to have me because they had a big

medical research department at B.I. They had nobody who had any surgical training. So I was well-accepted over there and for a number of years actually. By this time, it was 1949. I got married in October of '49 and I went over there in January. Dwight tolerated me from October to January, but he couldn't stand it. So I went over there in January of '49 [sic]. I then had three children, 1952, '54, '55, and I worked half-time and I came and went. I had a premature child and I stayed home longer before I came back. But they were always receptive of anything that was suitable for my time, they really went along with. I trained everybody in various research teams there to do whatever surgery they needed for their particular research.

We developed a pacemaker there and we did a lot of work on coronary arteries. That's when I did the pigs. We worked on a variety of drugs for vasodilating cardiac vessels. One of the worst things about being a pregnant woman is working in a dog lab and mostly in a pig lab. I will tell you that sometimes when I have nightmares I can smell it. That was the only thing that bothered me when I was pregnant, is what things smelled like and that was not good. I did it until I delivered. I never left the job and people at the B.I. didn't know I was pregnant with Barbara (1952), my eldest, because every few weeks I wore a bigger white coat. At one point I felt that if I got into a wind I would just sail off because I was wearing size 50 or 48 or something and those stupid guys they didn't even know I was pregnant. They never said a word. A little old lady in the outpatient department, a patient of mine, came up to me and put her hand on my belly and nodded knowingly, but the guys I had lunch with, they never even looked. Ridiculous. I very carefully did not have my baby at B.I. because I wasn't about to be a spectacle where I worked. So I had my baby in the Malden Hospital where my father was the chief. That was fine.

Anyway, where was I? So we did a lot of good stuff over there. We wrote a lot of papers. Actually, Doctor Zoll has won many international awards for the pacemaker. We had a team of young electronic people who developed the instruments for us that went through seventeen models of a pacemaker. We got into intramural arguments with other people under the Harvard flag who were also doing similar work. There was very little, except hostile, at that time - now it's I think improved - relationship, even though you were both in the same university and that the kudos should have gone to the same place. Everybody wanted to be the name on the box. So there was a lot of that kind of stuff. It was fun. That was a fun time.

At the end of it, we started to do some humans and we started to put pacemakers into people. Then it sort of burst out of the laboratory and became a clinically accepted operation. Even now the whole business of the workings of the pacemaker is always being improved and the batteries and other things upgraded. That theoretically, theoretically, my MIT background was supposed to be a bonus, but since I never knew much about physics at MIT, it was illusory. I let people believe it, but I really had to turn to the people who were specialists because I didn't know that much physics to know about building the machines. So that was pretty much a whole life. That brings us up to some time in the sixties.

Hardtke: Did you have any trouble dealing with a family and your career? What was that like?

Zarsky: I was very fortunate in one respect and that is that I always had help. Very early on I had help that lived in, so that I a lot more freedom. I see my daughter-in-law having to piece together work. However, we were still in the old model which meant that my

husband who was a doctor, who works very hard and had a busy, heavy day and was very supportive with the children, but he never went into a market. That was not his role and he never went to the laundry and he never did a lot of things. I did a lot of ferrying back and forth. There was a time when I felt that I was always on the move and that whenever I was in one site, I should have been in the other. When I was working in the lab and the kid fell off the fence and broke her arm, I was guilt-ridden because maybe I should have been home. When I came home early, nothing happened at home, but the lab never finished up right and that whole thing sort of fell apart. So I was never in the right place and there was a lot of tension because of that, internal tension. I always had a project, I always had an internal list and I would always know that coming home from wherever it was, I would have to do X-number of stops to be sure that everything that was needed at home was available. So it was heavy. As I say overall I had it easy, but it was not easy.

It really was not easy and I gave up the idea of practicing clinical medicine myself, very early, when I saw the kind of time and effort that my husband was investing in it. I was doing some as part of the research and I must say that though I think I'm probably a reasonably good clinician, I am much too empathic. I found that I would permit patients to consume me. When we started to do the surgery, they had my home number because I wouldn't walk away. So I would start to get caught up at home with people who were calling and they were always in crisis. So something had to go. That was when I elected not to practice clinical medicine. My husband's a psychiatrist. He was plenty caught up with lots of serious issues. So, yes, it was not an easy time.

I often wonder whether I might have handled it differently. What eventually happened is that I stopped working - and I stopped working for several reasons. One is because I sort of petered out. Secondly, because the grant money began to run out.

Thirdly, because I was on the Harvard payroll, and I was working less and less and there came a critical moment when somebody added it up and discovered that I really wasn't working enough to support my having the health insurance which was really mostly what I was in need of. So when the health insurance stopped, it was obvious that we all had to take a serious look.

So that was when my daughter came downstairs one day and said to me, "You know, Mother, you're a liar." I said, "I am? I really try to be truthful. I'm not aware. How have I lied?" She says, "I hear you on the telephone. You tell people that you can work and take care of the house and that one doesn't interfere with the other. That's a lie." So I said, "Tell me." "Well," she says, "I would like to have breakfast with you." I said, "Barbara, I'm up in the morning. I get up at six-thirty." She says, "Yes, and you're dressing Mimi and Norman. I go to school first and I come down and I have breakfast with the maid. I don't like that." So I said, "Well, how can we change it?" So she says, "I don't want a maid. I want you." So I said, "Well, there's lots to do around here. If there's no maid, you're going to have to do some of those things." At which point, she promised me the world, which never happened, but we stopped having a maid and I stopped working.

Hardtke: How old was she?

Zarsky: About ten. See I had three kids in like three years, so they were very close together.

Then I discovered a lot of things. That's when I began to become active in the community, when I was more active in the schools, and where I really found out something about what makes this universe of ours tick, aside from the academics and the

medicine. There's a lot going on and it's all very fascinating. I had a brief interval of being very political and it was good times for all of that. The sixties was the time for it and we waved flags and marched and voted and screamed and yelled and did all the things that the Northeast liberals had to do during that period - which we should start doing again.

Time went by and the kids grew up. I ran out of organizations and chairmanships, and started to get bored. I explored around and wondered if that was the time for me to get back into clinical medicine. I did some exploring of that, but I really felt that I had never really been a clinician. I had never been actively in an office. I tried to go back to get some of those research jobs, but everybody was guarding their own, and there's a sequence. There's a hierarchy. Very hard to break back into it, especially since there was a hole in my vita. Whatever you do in your life, never let there be hole in your vita. Do something, at whatever minimal level, but have a line for every year, because you can be so crowded - if you look at mine, I had so much and so much and so much - and they honed in on it and what happened then in this blank time. It's very hard to explain it. Nobody buys it. They just want to know how come. That may be sexist, whatever it is, I'm sure. But I think a man would probably have the same experience.

Then what happened, and when did it happen?

BEGIN TAPE 2, SIDE 1

Zarsky: So when I got sufficiently bored, I decided maybe I'd develop a career in another direction and that was when it began to be obvious that there were managerial roles in the professions that had really never existed before. I toyed with the idea of

going to, finally, the School of Public Health, which was the old original thought. That would have been several years in school. I spoke to them at Harvard. Lots of things had changed.

Anyway, at the Heller School at Brandeis, they were developing the program in Management of Human Services. Though it wasn't medicine, I've always had a great feeling that there are many ancillary support systems that may be more important in the long run than the actual medical care, in making people comfortable and seeing that they function best and enjoy the best that they can with their lives.

So I applied there and they weren't very crazy about having me. I found myself again a deviant, surprisingly, because I was a doctor. I stepped forth into really a group that were very hostile to doctors and I heard all sorts of things that were very negative about doctors. The first hint I had was the very first day, when the class we sat around a table and duly introduced everybody, one another. The young man to my left who was in the doctoral program there said something like, sort of leaned over, and I thought he was being friendly, and he said, "My doctorate is as good as yours." I said, "I don't doubt that." He said, "So why when you get a M.D., you go out and make sixty thousand dollars a year, and when I get a doctorate in social psychology or whatever, they offer me eighteen, when our doctorates are just as good?" I don't know the answer to that. So into that mood.

Then I heard about how doctors put people in rocking chairs and they never treated chronic disease, all of which was true to a certain extent. We didn't deal with alcoholism. We didn't deal with retardation. All of that are areas that non-medical professionals initiated. Medicine came in late and now I think there is a pretty much a parallel track that medicine is doing a lot of things to remediate, but there was a long

interval. [interview interrupted]

Though I really had an interesting experience there, in a somewhat different setting. I think I learned to appreciate the other professions that supported the care of the human being. I did a paper on public health nursing and this is what I really respect enormously. I did a thing on geriatric nursing and then I found myself tending to go into some field that dealt with older people. It was a far cry from the pediatrics that I had been interested in the beginning.

When I finally got a job, which was not easy, and that is the saddest part of my story, is from 1972 to 1974, when I could not get a job, which I felt was mainly because of my age. My age and whatever history went before me. I heard more reasons why I was not acceptable. I wouldn't fit into the department. I looked at the department and the department was twenty-seven year old kids with Master's degrees and they couldn't tolerate me. I knew that it had nothing to do...and I knew too much. I knew much too much.

When I finally ended up with the public health service hospital in Brighton, the most hostile thing that they could tell me, which they did at the drop of a hat, was that I was too scientific. Being too scientific means that when you do a budget for example, you have some reason for picking that number. I mean a little reason, a miniscule reason. Something based on something that you added up or thought you added up or whatever. Instead of which I found that for the most part, within the bureaucracy, there was an awful lot of pure hot air. I mean things that went on that I really had never heard of and that's when I postulated the number one Leona Zarsky Rule and if I had more energy I would really set out on a one-woman mission. I don't think anybody should graduate from a high school that hasn't spent some time in some kind of a government setting,

city, state, national. Three months, six months. Just to see how the... We don't know. I was much too old to discover how government functions and it was not good. I think that a lot of people that if they saw it up close... I mean people sort of think they know, and they make sweeping remarks, and they're true, but the reality is worse than what you see.

The business of being too scientific that really irked me. I couldn't believe it. But somebody picks a number. Somebody says ten and somebody says that's really not very high and somebody says well, maybe twenty. Well, twenty, that's a little... Fifteen. Then fifteen becomes standard, model. It's printed. Once it's printed, it goes out and fifteen suddenly assumes the most extraordinary power. When you say, where did fifteen come from? How come fifteen? You're too scientific because you want to know about fifteen. Everybody knows about fifteen. It's there. So that sort of stuff was a tough thing.

Then I really was confronted with what bureaucracy was when President Reagan closed all the hospitals. He closed the whole system in 1982. I had had the illusion that I had a grant. Now, a grant as far as I was concerned, was a package somewhere that had my name on it, and it had money in it. It was in a bank or something, and that if for some reason I couldn't do my thing in this setting, that I could go and get that money and take it somewhere else. So I was negotiating with other hospitals. I was going to move.

I had a program of, really, a very comprehensive program that took care of elderly on every level. That was medical, economic, social, you name it. And we did it with nurse practitioners. I am convinced that nurse practitioners are the only people that should come near old people. We did a lot of prophylaxis. We made fat people thin, and people who never walked before walk, and people with hypertension learned to get low-pertension. We did a lot of things because we talked and we talked and we trained. We

did a lot of one-on-one stuff. Doctors don't do it. Listen, I'm a doctor, I know what they do. We tried to treat for the most part in holistic kinds of ways, but holistic not in the sense of this holistic medicine, I'm not sure I know what that is all about, but holistic in the sense of dealing with the whole person. We were very successful.

It was very expensive to begin with and the government didn't like that. The government never looks beyond the end of its nose. So I kept saying, "Yes, it is an expensive program to start, but once you find that you're not sending these people to the hospital, and they're not doing a lot of things that are costly, then it gets cheaper. In the beginning it's expensive. You have to set it up and you have to have baselines. You have to have heavy investment in assessment and testing, but once you know about your patient, then it really doesn't cost much money. You talk to them on the telephone. You don't admit them to the hospital."

Anyway, so they closed the hospital and I went for my money, whereby I learned a very interesting thing. I had no money. I had a grant. I had had a grant. No, I had not really had a grant. The hospital had had earmarked, in this big pool of money somewhere in Washington, money they could use to pay me, provided that everything else was as it was at the moment that it had been assigned. Namely, in that hospital, through the auspices of the United States Public Health Service. For Leona Zarsky, there was nothing, and sorry about that whole thing. So that was quite devastating.

That's it for now. I'll tell you the rest of the story.

Interview with Dr. Leona R. Norman Zarsky by Rellen R. Hardtke.

Brookline, Massachusetts

September 3, 1991

Session 1

Transcribed by Rellen R. Hardtke.

BEGIN TAPE 3, SIDE 1

Hardtke: Today is September 3, 1991, and we are at Dr. Zarsky's house in Brookline. Last time, I wasn't very careful about asking for dates. Would you mind if we just check a few.

Zarsky: Sure.

Hardtke: Could you tell me when you were born?

Zarsky: April 9th, 1922.

Hardtke: You entered MIT in 1937, right?

Zarsky: Right.

Hardtke: And you graduated in 1941?

Zarsky: Right.

Hardtke: How long were you in medical school.

Zarsky: Well, I was in medical school during the War, so we did four years in three. So I graduated with the class of '44.

Hardtke: When we ended last time, you were explaining the loss of your public health service grant in 1982. So we could pick up there if you like, or if there's anything you would like to go back to, we could do that too.

Zarsky: Let me see. That was not a very happy time. That was when I learned something about how grants or no grants were made. We had mentioned that - that I really didn't have money?

Hardtke: Right.

Zarsky: That I just had something on paper that was only valid if it was used and it could only be used in that setting. So therefore I had nothing to take with me. Though we had, I thought, a good program, I couldn't sell it because nobody wanted to support it. Several hospitals, particularly St. Elizabeth's, would have been very happy to have us come, but they had no money. So that sort of petered out. The program was absorbed really by them and by an organization which took over public health service hospital role as an out-patient clinic, which for a period of five years I think afterward was guaranteed that the federal government would pay for the same people that were public health service previously cared for by. They have a very big support system. They weren't veterans, but were merchant marine, etc. and considered themselves proper recipients. So they were not touched and they got their services, and St. Elizabeth's hospital took over the inpatient part.

So I was really stranded and very unhappy. I tried to reproduce the program and had talked to everybody in town about doing that. The answer was the same everywhere. "Come with your money," or "Raise your money," or what have you. I really was aware that that wasn't going to be so easy.

At that point, I did a little of this and a little of that. I taught at the Hellenic College, which was another kind of experience that was interesting. I taught a course in the management of human services. I taught biology and I taught geriatrics and I taught pretty much everything that I thought they could tolerate as undergraduates. That was a very interesting experience. The Hellenic College is a parochial school. It's run by the Greek Orthodox Archdiocese. The college was in fact a feeder school to the seminary. I came at a time which might have been interesting, but it didn't work, when the people of the college were trying to emancipate themselves some way and develop an endowment and become a college in its own right. In that interval, they hired a rather extensive ancillary staff and gave a lot of opportunities that were somewhat less inbred than the college had had before. I was one of those people. I learned a lot about private, religious schools which are everything we've heard about. They're very conservative. They're designed to keep people in. My design was to let people out. So I was not really too well accepted there.

I also had an interesting experience. This was like the other side of my MIT experience many years before. I found a student body that was, by my standards, almost not literate. They don't read and they can't write. They had a lot of problems with me as a teacher. I frequently had to explain myself because they told me they didn't understand me because they didn't understand polysyllables. So it was a lot of learning. Historically, I had found myself for a lifetime, in a very narrow, very select, academic, scientific,

intellectual sphere, and sort of confronted the real world. I don't know what you know about your peers who are not MIT people. They are much different. [interview interrupted]

So we were talking about Hellenic. So many of the young people who went there went to a college that had been selected by their parents, to keep them in a very rigid, religious setting. The school I felt would not always make the wisest choices because they were influenced by other things than scholastic issues. So it was a motley crew. I learned a lot. The ones that wanted to take advantage of me did. They really got a lot for their money as I did a lot of counseling on the side. That was interesting because I had a chance to be with young people and to be useful to them.

So several of those went on to careers that were inspired by the several courses they took with me. What I did, which had never been done in that school, was that - something like the research opportunities at MIT - nobody could pass my course unless they had a block of time spent outside the school in a setting where they did volunteer work, but actively. They had to do that for about sixteen weeks, eight weeks in each semester. Then they presented the material to the others in the class. They had really, for some of them, an eye-opening experience. They had really never been in the real world before. I had such experiences as introducing them to a human service program that took place in the Statehouse and people who had been in Brookline for three years in school, didn't know where the Statehouse was in Boston. I mean you have no idea about how locked in they were and it was pretty surprising to me.

Anyway, so it was not altogether satisfying, but it gave me an opportunity to keep in touch with my colleagues and my peers because these young people were across the community in agencies, all of whom I had a relationship with. We had people who were

in settings and agencies that worked with the blind. We had people at Mass. Mental who turned out to be terrific who have gone ahead to pursue careers in mental health counseling. I had people in nursing homes. I had people everywhere. It was really for them a remarkable experience. So that went on for a couple of years. I've really forgotten how long I was there. You would know because you have my C.V.

But that terminated when this wonderful attempt to humanize and get the college to grow as a separate entity failed. It failed because the Archdiocese put its foot down and stopped the fundraising and what have you, and they got rid of the president. The whole thing went backward to the extent that the only students that were accepted were those who were planning to go on to become part of the Archdiocese and to go onto the seminary. They had women in the seminary. They are teachers and they are lay leaders, and they learn a great deal about the rituals. So it is still co-ed, but it no longer has any of the ancillary faculty and everybody who teaches there wears his collar backwards. The enrollment was halved. So at that point I was obviously not for them.

What happened after that? It's hard to remember. I think about that time, I was really feeling very bereaved, and not the least bit sure that I wanted to roll my sleeves up and start either creating a job - it was obvious that funding was beginning to get... At which time my good husband came out and asked me if I would do his administrative stuff. Medicine was changing. There was an awful lot of exchange now with third parties which he had done all himself and was really unable to do by himself. So that's what I've been doing since. It keeps me in a medical milieu as it were. We do a great deal of talking things through. He has become part of the owners' group at the Bournbrook Psychiatric Hospital. So there's a whole world that's been opened for us in hospital administration in the state of Massachusetts in the nineties, which is really a world that

none of us explored because it's in the making even as we speak. Very complex and not easy, but it's exciting. It really is.

So that's pretty much where things have lead me. There was an interval when I was really very involved and invested in community affairs, political, the schools. I chaired a half-dozen kinds of organizations. I was chairman of the Women's Club of the medical fraternity that my husband belonged to, which was involved in supporting medical students with scholarships.

I was involved in the Brookline Chamber Music Society. I don't know if I've said all this in the...no? That was a very interesting community organization. We did not play instruments, but we were involved in enrichment programs for music in the schools and that was very satisfying. We really got a great kick out of bringing Class A musicians into the schools. That was disbanded. It only disbanded this year for reasons of the times. School systems are different. You no longer can walk into a school and have a class at 10 o'clock because at 10 o'clock four kids are going to remedial reading and three kids are going elsewhere and there is no class. They're all so diverse. So the logistics of getting together people to hear a program in the school system in Brookline is virtually impossible. For a year or two, we bussed them to places like the Museum of Fine Arts and various centers in the town. We didn't have the money for that. The school system didn't have the money for transportation. So with great sadness a year ago, we had a substantial amount of money which we gave to the town with lots of stipulations about how it should be spent for enrichment and so I hope now that it will be so. It was no longer possible or feasible.

As you may know, as you will find out, that women are now not so available for community endeavors because they're working. It was very hard to get young people who would continue. Every organization, no matter how small or how limited its goals, requires a lot of work. Most young women who have children and families and are working really don't have that time, which is a pity. It is interesting that even so, lots of young people continue to do volunteer work and organize a community in different ways. But the kind of woman's world that existed before women were such an important part of the labor force has changed. We don't go out for lunch and tea and incidentally do good. If you do good you really have to have it blocked off in such a way that you can fit it in your schedule. So that's that whole segment.

Now I really do primarily the work for my husband and I have the wonderful addition of having my grandson one day a week which is the light of our lives. That's very consuming. We still go to the Cape every weekend which means that my time in Brookline is really short and condensed. It makes me feel very, what shall I say, schizophrenic in a way. I'm here half the time. I'm there half the time. I'm very likely to have four ketchups in one house and none in the other, but I know I bought it.

So I have really enjoyed the MIT relationships over the long-term and have known a variety of committees over the years. I've even forgotten exactly what I did. But the last few years I have been involved primarily in the reunion which has been pleasant because we've developed a local group that is very close and pleasant. We managed to get things done that way. That's I think pretty much up to date. The 50th reunion was sort of a dramatic conclusion to all of this. I never expected to be so moved by it. I never expected the mood to be so unbelievably warm and loving. I still remember the hierarchical kind of school I went to which may not exist anymore. We had really very

specific kinds of status levels. Is it still?

Hardtke: A little, but I think it's more cooperative now.

Zarsky: Well we had the private school people and the military academy people and the people who came and sort of floated to the top and became big people on campus. I was 'A' a woman and 'B' a member of the Five-fifteen Club, which really put me pretty far out. So I was really thrilled that the competitiveness was gone. Everybody's so glad to be alive fifty years later, and loving and warm. We really had a wonderful time. It was really quite an experience.

When we came around the corner of Mass. Ave. and people were applauding, I looked to see who they were applauding and it came as a surprise that we were it - it was us. So I wore my red jacket with the insignia. I had laughed fifty years before at the little old men who were running around in them, but we were not little and we were not old. Did I show you any of the reunion pictures?

Hardtke: No.

Zarsky: I'd be happy to. Quite a pageant.

Hardtke: I was at graduation.

Zarsky: It was good. It's so different. So I think you have...

Hardtke: You tried to get some information together on women's history at MIT for the reunion?

Zarsky: I did and I wrote - did you see whatever it was that I wrote. I really didn't spend enough time and I really think there's a lot more out there that could be put together and there's already a lot that's been put together, but I really didn't find it all. It's not well-organized and I think somebody could do a very good job just getting it under one roof or into one room. I don't know who's going to do it. But lots of pieces that may be...

I know in mine I left out that whole Wellesley connection. Well even in my day MIT and Wellesley had some exchange and I had forgotten it. I think most of it must have been very psychological because I always felt it was terrible that we were importing women because we had all these nice women that nobody was looking at.

Actually that was one of the things that happened at the reunion that was interesting. People came up to me who I scarcely remember and said something about how they remembered me at school and that I was a paragon of many virtues and beautiful and lovely and what have you. I said, "You never told me. Why didn't you ever say anything?" Then they would get red and sort of stammer and some said, "Well, you know, we were very shy." They were too short or whatever.

With little apology, at this reunion I quite deliberately set out to be noticed. I really was smashing. Every entrance I made, people would come up and say, "Wow, you're really even more gorgeous than you were when..." I didn't tell them how long it took me to get ready, but it was my final rebuttal because when I was at school, I would have liked to have a little more recognition as a woman, which wasn't forthcoming at all. So I hope that's changed. I know that's changed. But we were really not part of the social scene. That's how all these women's organizations evolved because people banded together.

I always belonged to AMITA, but I never worked for it. Part of it was because I felt I went to MIT not to be isolated as a woman, and that damn it, I was going to be part of the general group. For right or for wrong, I've always supported it. I've always had my name on the roster, but I've always enjoyed it this way. I don't know if that's right or wrong. I don't know that it makes me any less a feminist, or feminine, or whatever.

So that really brings you right up to the hurricane of 1991. Anything more?

Hardtke: Is there anything you want to add?

Zarsky: I really will have to look it over. It's been sort of free-flowing and I can't really say that I remember much else --

Hardtke: It's been great. Well, thank you.

Zarsky: -- of what I've said in the past now.

[End of Interview]