

**ELISABETH BERRY**

July 17, 1996

**Dr. Fitzhugh Mullan,  
Interviewer****Mullan:** What is your date of birth?**Berry:** April 29, 1911.**Mullan:** We are sitting in the living room of Dr. Berry's residence at Hanover, on a sunny July morning. It's the 17th of July, 1996, and Dr. Berry has been good enough to let me stop by and interview her. I really did want to start about where you were born and brought up, and you were telling me about your name. So why don't we start with that.**Berry:** My father was a Methodist minister, and this was his first parish.**Mullan:** Where was this?**Berry:** In Cambridge, Vermont. A week before I was born, my mother sat down to watch my father put the finishing touches on his sermon for the next day, and she asked him what his text was going to be. He said, "For unto us a son is born, unto us a child is given, and his name shall be wonderful." It was a week before her due date, and she said, "Arthur, you can't say that. We might have a son by next week." Well, I was born Saturday morning. The following day, the text for his sermon was "She Has Done What She Could."**Mullan:** How was the name Elisabeth picked?**Berry:** The physician who had been chosen--no prenatal care in those days--the physician who was chosen was called on an emergency and took a patient on the train to Burlington for a surgical emergency, so another physician was attending my birth. When he was filling out the certificate, they responded to the name problem by saying, "Oh, we think we will name her Mary Elisabeth."

The doctor said, "Elisabeth with an S or a Z?"  
My father said, "Oh, I never saw it with an S."  
And the physician said, "Look in your St. James version of the Bible. In Luke, Elisabeth is spelled with an S."

**Mullan:** So you got the S.

**Berry:** And the physician corrected my father, who was a minister and a graduate of the theological seminary, but he never noticed the spelling, so I've been conscious of name-spelling every since.

**Mullan:** So you grew up in Vermont?

**Berry:** Grew up in Vermont.

**Mullan:** Where is Cambridge, Vermont?

**Berry:** It's in the shadow of Mount Mansfield, the highest mountain in Vermont.

**Mullan:** That puts it in southern Vermont, central Vermont?

**Berry:** No, it's northern, I'd say, north central.

**Mullan:** What sort of youth was it?

**Berry:** Before I finished school, we had lived in ten different towns. Methodists move fairly frequently.

**Mullan:** This was all in Vermont?

**Berry:** Yes.

**Mullan:** In different towns in Vermont.

**Berry:** The only time I spent outside of Vermont in my life was three years for an internship and a two-year residency in Madison and Schenectady, which isn't far outside of Vermont. [Laughter]

**Mullan:** What kind of bringing up was it, and how did you get interested in medicine?

**Berry:** I never knew when I didn't want to be a doctor, and I didn't know that doctors were always men. Nobody ever told me that at the home. Playing with dolls, we had a big board that was a leaf in the dining room table, and my dolls went on that, carried them around on a stretcher.

**Mullan:** You always wanted to be a physician?

**Berry:** I always wanted it.

**Mullan:** Did you have brothers and sisters?

**Berry:** I have a brother who was three years younger than I.

**Mullan:** What did he become?

**Berry:** Well, they say that from shirt sleeves to shirt sleeves is two generations. Our grandfathers had farms, and he went a couple of years to Dartmouth and decided it was a school for rich men's sons, and he was going to be in terrible debt and not have a profession when he got out of school, so he quit school. He met a gal, got married, and went back to the University of Vermont, graduated from the agricultural course. After the war, he taught agriculture to young farmers who were starting out through one of the government educational programs and taught agriculture in high school.

**Mullan:** Were your parents supportive of the idea of your going onto university and to medical school?

**Berry:** Yes. My father wanted me to also train to be a teacher, because he was afraid that something would happen and I would change my mind. I don't think he worried so much about my flunking out, but he thought something might happen that I couldn't get through. I took one education course. The professor was an uncle of one of my first cousins. He was a lovely man, terrible bore. The course was awful.

**Mullan:** Did you know any women doctors at all? There weren't any particular role models or people? How about male doctors? Were there role models or people that stimulated or encouraged you before going into medical school?

**Berry:** Well, our family physician in Randolph told me I should learn to keep secrets, and that I should start now not gossiping.

**Mullan:** This was good preparation for being a physician.

**Berry:** This was an important preparation for being a physician. Just don't ever talk about anybody, because you never know. Somebody might think that you got it from that person.

**Mullan:** Where then did you go to college?

**Berry:** University of Vermont.

**Mullan:** How was that?

**Berry:** Fine. I majored in Latin, took a couple of years of Greek, the most useful pre-med courses I had. The boys who had never learned a foreign language had a terrible time memorizing.

**Mullan:** Good preparation for memory.

**Berry:** Names of all kinds of things that were derived from Latin and Greek.

**Mullan:** Was there a pre-medical group at the University of Vermont, and what was pre-medical preparation like?

**Berry:** I took organic chemistry in the summertime because I thought I couldn't pass it. Chemistry was a difficult subject for me. I had not taken it in high school. It came on the same day as my Greek, and our exams were always the same day. I had a real struggle with chemistry, and I took it in summer school.

**Mullan:** At the undergraduate level, were there many women in college at all? What was the percent of men and women at the undergraduate level?

**Berry:** I have no idea.

**Mullan:** Women were in the minority, I would presume.

**Berry:** I was the only woman in my class.

**Mullan:** This was in medical school?

**Berry:** In medical school.

**Mullan:** How about in college?

**Berry:** I don't think there were many females. There weren't any that I was friendly with.

**Mullan:** So when you chose a medical school, you went to University of Vermont as well?

**Berry:** I went to the University of Vermont.

**Mullan:** Was it difficult to get in? Did they question you on your application?

**Berry:** It was so easy that I took chemistry in summer school. I had been admitted with the reservation that I had to pass the pre-med chemistry. I took it and passed it. When I went to

register, there was nothing [unclear]. I passed the course. I fulfilled my pre-medical obligations. I think the boys thought they weren't going to have any girls in that class. Well, I was kind of panicky, but I went to the registrar's office and found that I had not been in and transferred my credit from incomplete to complete. That's all it took was just a visit from one office to another.

**Mullan:** It was a technicality.

**Berry:** A technicality, but, you know, nowadays I would never have gotten in without having it. The University of Vermont had something--it's a tremendous number--I think it was over 7,000 applications this last year, and their percentage of women was about 50.

**Mullan:** You started a trend. You were the only woman in your class. How about in the school? In any of the other classes were there women?

**Berry:** Yes. There were three in the class behind me, and one dropped out to get married. If you got married, you didn't finish medical school. At one point, I think one woman was dropped because she got married. Her father was a physician [unclear], and she went to Pennsylvania to live and eventually finished. I think she was dropped in her third year.

**Mullan:** What was it like? What was medical school like?

**Berry:** Well, it was very interesting and it was hard work.

**Mullan:** How large a class?

**Berry:** Forty-one.

**Mullan:** And mostly kids from Vermont?

**Berry:** There were a lot of outside Vermonters, probably. Almost half, I would guess.

**Mullan:** As you look back on it, what do you recollect about it? Tell me a little bit about life as a medical student. What was good? What was bad?

**Berry:** Well, I was lonesome the first six months the first year, but most of my friends that remained close lived in town.

**Mullan:** This was in Burlington?

**Berry:** In Burlington. I maintained my membership in the University Choir, which was about my only formal extracurricular activity.

**Mullan:** Was it hard work?

**Berry:** Yes, but I was used to studying, doing my studying every, every night.

**Mullan:** What were the clinical years like when you got into the clinics? How did you feel about that?

**Berry:** Well, actually, we didn't have much contact with patients. We had some in our second year. We saw our first patients the second year. Then when we were seniors, we did City Serve, what was called city service, and that was scary because the clinical instructor sent us off on our own. We'd never done or observed a home delivery, and they sent us out to do a home delivery. The woman wouldn't do anything. She wouldn't do anything. We did a rectal examination. [unclear] So we decided to go home for supper, and while we were gone home for supper, she delivered. [Laughter] We didn't learn much that time.

**Mullan:** Did you do other home deliveries as a student?

**Berry:** That was the only home delivery, and we didn't have even an intern with us. This was before the days of antibiotics. We had in our [unclear] City Service an old lady, probably seventyish-year-old--I'm older than she was--who was sick with pneumonia. The fever would be high for seven to ten days, and then a crisis. The temperature would come down. Often they died about that time. There were some epidemics of pneumonia, some years when pneumonia would be 50 percent fatal. I don't know whether you've ever heard about those days. The only treatment we had for pneumonia was specific [unclear], and we didn't have that for home. We were trying to take care of this woman at home.

Our clinical instructor had a busy practice of his own. He didn't come but once or twice [unclear]. Over a weekend, we were off. They took us off, and she died [unclear]. That was very distressing that we hadn't been able to do anything. She'd been sick all those days at home.

**Mullan:** On finishing your medical educations, what were thinking, what kind of practice did you have mind?

**Berry:** Oh, I wanted to go to a small town. Internships were hard to come by for females.

**Mullan:** At that time, everybody was doing an internship?

**Berry:** It was required by the state of Vermont.

**Mullan:** From the point of view of being the only woman in the class, were there any problems or issues or prejudices or prohibitions that came up in medical school?

**Berry:** They were gentlemen. When it came to our senior year when they sent us out two by two, we went to Brandon, which was the state school for the retarded. We went to a tuberculosis [unclear], we went to a doctor's office. They sent me with the nicest boys, the most gentlemanly boys in my class. I got propositioned once or twice, but it was early on.

**Mullan:** So as you approached internship, though, there definitely were internships that were closed to women?

**Berry:** Well, it seemed that way. I wasn't very aggressive at that age. A woman in the class behind me, who was older than I, took me in hand and said, "You've got to go after [unclear]."

My father was sick that year. I had his car. Schenectady had a reputation of accepting women. We went down one weekend and interviewed a half-dozen members of the Intern Selection Committee, and the pediatrician said, "I'll vote for you."  
[Laughter]

**Mullan:** You were accepted?

**Berry:** I got into--

**Mullan:** And how was that? How was Schenectady?

**Berry:** It was a nice town to live in. It was like a small town growing up big. I hadn't been there a month before when I went down the street, I'd meet somebody that I knew.

**Mullan:** What kind of an internship was it? Was it rotating?

**Berry:** It was a rotating internship. Then I stayed on for two years as an assistant resident, but it wasn't a teaching internship. I attended all the OB/GYN clinics, but it wasn't required. It was rotating. I attended clinics.

**Mullan:** So you could make your own rotations, your own experience.

**Berry:** You had some control over it.

**Mullan:** Was there teaching at all? Were there CPCs or grand rounds?

**Berry:** Nothing like it is now.

**Mullan:** So it was pretty much apprenticeship? Did you learn by doing?

**Berry:** Well, in the clinics, we were taught at the hospital. In the emergency room, we were more or less under a full-time resident who was in charge of the internship and residencies.

**Mullan:** Your interest was in general medicine, or you tended towards medicine?

**Berry:** Yeah, I intended to be a general practitioner and started in [unclear] Vermont. I tried to go back to the town where I graduated from high school.

**Mullan:** Which was?

**Berry:** Randolph. There, if I had been as smart as I am now, I wouldn't have listened to the doctors. They said, "We have plenty of doctors in Randolph, and being a woman, you'd probably have a hard time making a living." If I had been as smart as I am now, I don't know, being the only doctor that was female in the area, I would have gotten along fine. [Laughter]

**Mullan:** Most people, I think, in those days took just the one year of internship, yet you went on for two more. What motivated you?

**Berry:** I knew that some of the patients were going to my friends, and I was scared.

**Mullan:** So you chose the town again of--

**Berry:** So fifteen miles from Randolph is South Royalton. The doctor who had tried to break in there had started his family. The competition was very tough. There was one other doctor in town who charged a dollar for office visits and gave medicine in addition to the dollar. The first year that I was in practice there, I reported to the IRS \$1,200. [Laughter]



But I was there a couple of years. The war came along, and a couple of the doctors from Randolph went to war, and they needed another doctor there in Randolph, and they asked me to come, so I went.

**Mullan:** Tell me a few things about those early years in South Royalton. As you went into practice, how were you accepted? Did people choose you as a woman, or did they stay away from you as a woman, or did it not make any difference?

**Berry:** Both. I remember answering the doorbell at ten o'clock one night, and there was a big burly man. He put his hand on his hip. "I made a lot of fun of you." The other doctor who was in town was out of town. I've forgotten what he had, what his problem was, but anyway, it was simple.

**Mullan:** He was coming for help?

**Berry:** He was coming for help, yes.

**Mullan:** But he started by acknowledging that he had been making fun of you, but now he wanted help. [Laughter]

**Berry:** [Laughter] Yes. One woman who was dominate in her family, she even said, "There are people who are made to be directors and bosses, and there are people who are made to be bossed around." She let you know which one she was. She fell and broke her hip, and the other doctor was away. I went up there. It was a nice day like yesterday. The Fourth of July, I think it was. I told her she had a fractured hip. They used to tell us that one foot points towards heaven and the other foot points towards Winooski.

**Mullan:** That's how you tell it's fractured?

**Berry:** This is how you'd tell a fracture, plus she was tender.

**Mullan:** That's how you told it was fractured.

**Berry:** Yeah, but with one glance you could tell if it was a fracture.

**Mullan:** Winooski is--

**Berry:** Winooski is a town near Burlington where all the railroads come in that students take. Burlington didn't have--

**Mullan:** A depot.

**Berry:** It had a depot, but it was the [unclear] railroad, and it didn't have many. Winooski is the name of a valley. It's an Indian name, and it means "the onion."

**Mullan:** One foot pointed towards heaven and one foot towards Winooski, you have a hip fracture.

**Berry:** Anyway, it was obvious she had the hip fracture, and I told her she'd have to go to the hospital. She looked me in the eye and said, "Young lady, when Dr. M\_\_\_\_\_ comes back and he tells me I have to go to the hospital, I will go to the hospital, but not until then."

**Mullan:** And what happened? She didn't go?

**Berry:** She didn't go 'till it began to hurt three hours later. Then her daughter-in-law persuaded her to go to the hospital. She came down to Hanover.

**Mullan:** Did you do a full range? Did you do obstetrics?

**Berry:** I did home obstetrics. That was long towards [unclear]. I invented mouth-to-mouth respiration. Never heard of it.

**Mullan:** Resuscitating the baby?

**Berry:** [unclear].

**Mullan:** So you were doing home obstetrics.

**Berry:** I had one woman who developed an acute dementia. I [unclear].

**Mullan:** Following delivery or during delivery?

**Berry:** Three days after.

**Mullan:** It looks like you didn't enjoy obstetrics all that much. Am I interpreting right?

**Berry:** It scared me, and I didn't do any more home deliveries after that time.

**Mullan:** So it was first at South Royalton, you did that.

**Berry:** I did both home and the hospital was fifteen miles away. Fifteen miles was quite a long distance in those days.

**Mullan:** And how about surgery? Did you do any surgery?

**Berry:** No.

**Mullan:** One other thing, the period of your medical school and your early training was the Depression, I believe. You graduated from medical school in what year?

**Berry:** '36. Sixty years this spring. I went back to the reunion, and I was the only member of my class. The only member.

**Mullan:** Good for you. The only member to come.

**Berry:** There are about eight or nine of them. One of them I couldn't find. I called the others, talked to all but one of them a couple of weeks before. And the two of them in Burlington didn't come. I stayed twenty-four hours [unclear]. Most of the people that I knew, that I saw, were people I'd practiced with or the neighborhood state of Vermont people.

**Mullan:** What effect did the Depression have on your medical education and on your early practice?

**Berry:** Remember there was a bank holiday. All the money that was in the bank. You asked me if my parents supported me. They sent me \$5 a week. That saved me.

**Mullan:** And how did you pay for medical school?

**Berry:** I got some money from the [unclear] Curtis Fund, that was primarily for medical students, but they did some undergraduates. I didn't get any of it until I was in medical school, and I finished paying it. No interest, no interest at all. I finished paying that off after I was [unclear].

**Mullan:** That's terrific. So you paid it off after all those years.

**Berry:** And then I kept on paying because I had no interest to pay.

**Mullan:** Good for you. So in the late thirties, there was a bank--

**Berry:** There was a bank holiday and the college lent us money. The college had money, apparently.

**Mullan:** This was for medical school or for practice?

**Berry:** In medical school. In practice, I was camp physician at a girls' camp on Lake [unclear], and the money that I earned that summer was what I had to put down on second-hand office equipment. One morning at seven o'clock at my folks', who had decided where I was going, to South Royalton, this man came to the door at seven in the morning from the George [unclear] Company in Portland, Maine, and they sold me second-hand equipment mostly.

**Mullan:** To get started.

**Berry:** And I got started, and I paid them off bit by bit. I had bought a car [unclear], how naive I was. It had been the car of a rural route mail carrier. [Laughter] It was good for a year, then I went to the bank in [unclear] and wanted to borrow money to buy a new car. They wouldn't lend it to me. I had usually about \$35 to \$50 in my checking account. [Laughter]

**Mullan:** It was tight times.

**Berry:** Yes.

**Mullan:** What year was it then that you moved back to Randolph?

**Berry:** I started practice in '39, and I was there two years. So it was '41.

**Mullan:** So in about '41 or '42, you started in Randolph. And how long were you in Randolph? How many years?

**Berry:** Well, I was married, and after the war, I thought I'd try Burlington. My husband was a U.C.C. minister.

**Mullan:** U.C.C. is?

**Berry:** United Church of Christ, Congregational, it used to be.

**Mullan:** You met him in?

**Berry:** He lived in Sharon. He was a graduate of Andover Seminary where he specialized in personal problem counseling. We finally decided that probably we'd have more money if I practiced medicine in [unclear].

**Mullan:** What year was it that you got married?

**Berry:** [Laughter] I always have to go and look up my--

**Mullan:** Was it during the war? It's when you were in Randolph?

**Berry:** Yes, when I was in Randolph.

**Mullan:** Then you moved to Burlington in 1946.

**Berry:** Yes, I couldn't break in there. I could have done office and house-call practice, but I couldn't get on to the staff hospital there. So we tried Morrisville for a year and didn't like that, and went back to Randolph. So the second time in Randolph, we stayed eighteen years. All the doctors there established a group practice based on the Hitchcock role model except we didn't make as much money as Hitchcock.

**Mullan:** Was there a hospital in Randolph?

**Berry:** Oh, yes. And it's a good little hospital. [unclear]. When the staff no longer was united and working together, we split up. Lack of money, and some of the younger people left.

**Mullan:** What years? What year was this?

**Berry:** This is in '62 that I left Randolph.

**Mullan:** You go in there in 1948 or--you went to Randolph for the second time--

**Berry:** Yeah, probably '48.

**Mullan:** So it was '48 to '62?

**Berry:** In '52, we formed formally as the White River Valley Clinic. It was eight years when the pediatrician, who has just died, left. I left in '62 when Dr. Harry Rowe from Wells River, Vermont, was looking for a physician there. I practiced the last twenty-six years of my life with him. On the Fifth of July, his family and the Wells River community celebrated his fifty years of practice in the same location.

**Mullan:** Is he still in practice?

**Berry:** Yes. He's two years younger than I am. I'm eighty-five this spring.

**Mullan:** So it was just the two of you?

**Berry:** Until his--he has six children, and the oldest and the fourth one down became physicians. One of them married a physician. So he had quite a celebration.

**Mullan:** Did one or another of them join you in practice?

**Berry:** One of them did. One of them is a pediatrician, a specialist in pediatric diabetes, and he teaches at the medical school, I think at the University.

**Mullan:** I do want to focus on the Wells River years, but before we leave the White River Valley Clinics years, you said it was a group practice. What role did you play? Were you doing general medicine or general practice?

**Berry:** Oh, at the beginning general practice but then the national A.A.G.P., American Association of General Practice. Eventually the other specialties recognized this as a genuine specialty. We had requirements for membership that included 150 hours of approved CME for every three years. We were the first specialty, actually, to do that. After I was sixty, I took the specialty examinations.

**Mullan:** In family practice. Good for you. So you were certified in family practice?

**Berry:** I was certified and then re-certified at the end of six years. Then my husband was sick when my next certification came due, and I couldn't go down and do that. Although I did the courses and maintained--

[Begin Tape 1, Side 2]

**Mullan:** This is Dr. Berry, side two of tape one, continued.  
You were saying you had maintained your--

**Berry:** I maintained my license until two years ago.

**Mullan:** Tell me about your practice.

**Berry:** This was a very satisfactory practice, not perfect, you know.

**Mullan:** This was the Wells River?

**Berry:** The Wells River Clinic. I was there. They came to see me and asked me to come. I had known them both in college and medical school.

**Mullan:** Who are you talking about now?

**Berry:** The Rowes. Dr. Harry Rowe.

**Mullan:** And his son or his wife?

**Berry:** His son came in. He was there about twelve years. He was in high school when I went there.

**Mullan:** Dr. Rowe, Sr., solicited your participation.

**Berry:** Yes.

**Mullan:** You joined him. He was a family physician, too?

**Berry:** He's a family physician. Passed the examination. We took our first ones together in Boston. We went to New York City for our second ones.

**Mullan:** So you shared call, you shared responsibility.

**Berry:** We shared call.

**Mullan:** Was there a hospital in Wells River? What sort of town is Wells River?

**Berry:** Wells River is a small town. It is really the same village as Woodsville, New Hampshire. There's a hospital there. We lived through two buildings.

**Mullan:** Two office sites?

**Berry:** We had a fire in the office site, so he built a new building when I came, and then it burned. We built another one. At the hospital, we had two episodes of additions and went from a hospital with no accreditation, pulled it through to accreditation with the J.C.A.H. Three years the last time.

**Mullan:** What scope of practice were you doing? You were not doing obstetrics?

**Berry:** Yes, I did obstetrics until we got an obstetrician. I'd been thinking before that--

**Mullan:** What year might have that been? This was sixties, seventies?

**Berry:** Probably the seventies.

**Mullan:** How about surgery? Did you do any surgery at all?

**Berry:** I did obstetrics and assisted at surgery until the malpractice insurance. There was a differential of \$1,500 to serve each year, \$400. I couldn't possibly collect from the people.

**Mullan:** To make up the difference.

**Berry:** To make up for that.

**Mullan:** What sort of patient population was it? Who did you see over the years in Wells River? Rich, poor? What was it like?

**Berry:** Both. Country people, village people. Did you ever live in a small town?

**Mullan:** Not that small.

**Berry:** I had my 85th birthday this year. Those are the cards that I got. Some of my former patients put in the paper that I was going to celebrate my 85th birthday and asked them to send cards. I quit counting. I got real curious, wondered why I was getting all these cards. Then I found out. I quit counting at 100. I don't know. And letters from people. You know, you really are appreciated in a different way. It was quite an emotional experience.

**Mullan:** I'm sure. Did people have insurance, and did that change over time? How did people pay you?

**Berry:** When I started practice, I sent my own bills, and if in two or three, three or four months they didn't respond or pay their bills, I didn't send them anymore. It wasn't worth your time and postage. Well, along comes Blue Cross and Blue Shield. I couldn't do all those forms. I had to hire somebody. That sent the cost of the practice of medicine--that was the beginning of the rise in cost of medicine, because doctors' wives used to send a lot of the bills from small towns. Not every doctor had somebody working in their office.

**Mullan:** How about Medicare and Medicaid as they came along? Did they change the practice? How did they affect it?



**Berry:** Not very much. We didn't categorize people as to whether they had Medicare or Medicaid. We sent the forms, we filled out the forms. Mrs. Rowe ran the office, and we had long-term employees. For me it, didn't change my practice. Harry and Mary--I wrote some limericks at the time of their big party for Harry, saying Harry, Mary, and Berry. That now reminded me of the limericks. [Laughter]

But for me, the practice was excellent, even though at times I'd get annoyed with them because they would wait until almost the day that they were going to be gone or that Harry wanted to be away on what was normally my time off. They would say, "Well, I have to have Harry." Mary was the director of the [unclear], a beautiful [unclear]. They would never tell me ahead of time. It's a small thing to swap where they're doing all the office work. I didn't have to do it. But it was an inconvenience when we had planned to do something and didn't find out they planned, on our regular time off. A small inconvenience.

**Mullan:** As a woman physician in a regular practice in a town, did that make a difference or did people come to you?

**Berry:** Oh, I presume so. I didn't answer the telephone. Harry did about 60 percent of the practice, and I did 40. Universally, year after year, it seemed to wind up like that.

**Mullan:** And why was that? Was that because he spent longer hours?

**Berry:** I think he was better at figuring out the value of his services.

**Mullan:** This was 60/40 in terms of income, or 60/40 in terms of volume?

**Berry:** I don't know.

**Mullan:** It was income?

**Berry:** It was income.

**Mullan:** But tell me again, did women seek you out as a woman physician?

**Berry:** Oh, sure. Oh, yes.

**Mullan:** Did you do more of the OB and the GYN than he did?

**Berry:** No. I was quite insistent about getting regular time off. When I was there, he had Saturday and Monday office hours, and I didn't like that very well.

**Mullan:** Forgive me for pursuing the point, but it's an interesting one since there's so few women of your generation who were physicians and went into practice at this time. Today I sense many women prefer a woman provider. There's much more gender-consciousness. Was that different? Did that not seem to matter so much twenty, thirty years ago, or was that there?

**Berry:** Oh, I think it's been there, but there wasn't as much talk about it.

**Mullan:** In the sense that women didn't make a big deal about going to a woman?

**Berry:** When I stopped doing obstetrics, I lost quite a lot of my fans. Some of them went to men doctors, and some of them hunted a while. Dr. Rowe has a woman in his office. He had my name on his sign outside until a year ago when he got another woman. I said, "When are you going to take that off?"

"When we get another woman."

They have another woman now, a beautiful young girl with two kids. She works three days a week. She wants to spend some time with her kids.

**Mullan:** Tell me about your husband and your family life. How did that integrate with your medical practice?

**Berry:** Well, I guess it integrated pretty well. It was wonderful to have somebody that I could send people with marriage problems and personal problems, growing-up problems, because he was good, exceptionally good with adolescents. I sent a lot of people to him. Other doctors did some, but doctors, at the beginning, thought that doctors should do all the counseling, psychiatrists should do it. They thought ministers were all right to do if they had a church, for their parishioners, but to do if freestanding--

**Mullan:** Did he have a parish?

**Berry:** He did at the beginning, but it got to be too much to work in the office during the week and give a seminar every Sunday and do parish minister. It was too much.

**Mullan:** So he became a counselor essentially?

**Berry:** He became a counselor.

**Mullan:** Both for your patients and for others?

**Berry:** And for others.

**Mullan:** And he worked in Wells River or nearby?

**Berry:** He worked in Randolph.

**Mullan:** Did you have any children?

**Berry:** No.

**Mullan:** Is that something that the practice made more difficult, or is that a decision you made?

**Berry:** Yes, and he was ten years older than I. It's good for the kids I didn't have them. [Laughter]

**Mullan:** Well put. I'm sure you would have been terrific, though.

**Berry:** He had kids tagging around after him in his shop. He had a little workman's shop. He had kids all the time. I almost felt sorry that I didn't have some of his children.

**Mullan:** As times changed, there were more specialists in practice, I presume, around in general and perhaps even in the Wells River area.

**Berry:** More specialists in the hospital. You should see what's happened since I retired. I retired ten years ago this fall. I was 76. They have a tremendous number of them. They have an orthopedic, a dermatologist, a neurologist.

**Mullan:** How do you feel about that? Is that pushing the family practitioner out, or is that good for medicine? What's been your view about the development of specialties?

**Berry:** Well, I think that for practice in a small town with transportation as easy as it is now, that family practice can do 85 percent of what needs to be done, and it's not necessary to have immediate access to all these specialties for which we have access, and that's nice. We have always, since the war, had radiologists a couple of days a week and on emergency calls. We've had neurologists maybe one day a week or two days a week,

but on-site we haven't had orthopedics until just the last three years.

**Mullan:** Is that good or not? Many people, as you're probably aware, are arguing that we have too many specialists today and that the general physician is not doing or being allowed to do as much as he or she can because there are specialists hungry for the business. Do you think that's true or is that an overstatement?

**Berry:** Well, I think I really don't know. Obstetricians we need, and we need fairly close. We did obstetrics and didn't have obstetricians. We had surgeons who did C-sections, who had done obstetrics for a long time. In Woodsville, we had access to obstetricians from St. John's. They prided themselves on being down there. We didn't have to go [unclear]. We had a staff that was very hip about foreseeing complications. I thought obstetrics was safe [unclear].

**Mullan:** You're proud of being a family physicians, though, I gather.

**Berry:** I'm proud that the family physicians insisted on continuing medical education. I discovered at the end of the war, I had been in practice ten years, and I was getting behind on keeping up what was going on. Ten years. And when I went to medical school, I thought I was going to get an education that would last me. I'd get more scared, and I started taking courses.

**Mullan:** So that as the family practice movement came about, you thought that what they were doing was good in terms of the demands they were putting on the general practice community?

**Berry:** Oh, yeah. I thought it was good.

**Mullan:** Were you worried that the general practitioner would die out altogether, and that there wouldn't be any more?

**Berry:** Well, I know some that should have been replaced. [Laughter] And GP got to be kind of a derogatory way of expressing it.

**Mullan:** Why?

**Berry:** Well, it became replaced because the organization insisted on the word "family," I think. That included Grandma. I worked in the nursing home, Grafton County Nursing Home, nine

years before I retired. In that time, I shifted from family medicine to largely geriatric. I lost my obstetrical patients, and I lost my families. I attended a lot more conferences that were related to geriatrics.

**Mullan:** Did you enjoy that?

**Berry:** Yes, I did. Old folks are interesting. They are quite interesting. And if you let them talk, you learn a lot of things.

**Mullan:** At some point, did you switch from calling yourself a general practitioner to calling yourself a family practitioner?

**Berry:** Yeah, when the organization shifted.

**Mullan:** Did you do that with reluctance or with pride, or are those not the right words?

**Berry:** I wasn't particular welcomed. I was proud that the organization had gone far enough in their requirements for study, and that they were willing to take examinations and stood up to be counted.

**Mullan:** Did you work with, or observe any of the new generation of family physicians that were trained after 1970 with residency training?

**Berry:** I did not ever work any of them [unclear].

**Mullan:** They're your offspring, I think.

**Berry:** Sort of. [Laughter]

**Mullan:** I mean at least from an analytic point of view, they are you two generations later. They're carrying on the tradition.

Let me ask you one last question. Tell me what it is that you feel about your career and progress. What meant the most to you?

**Berry:** Well, I think the friendship and sometimes the respect of the people that I worked with.

**Mullan:** The patients, you mean?

**Berry:** The patients.

**Mullan:** Let me give you some things that people do say. Medicine is rewarding because financially gives you security. Medicine's rewarding because it's scientifically satisfying. You're doing something that's technologically appropriate. Medicine is satisfying because it gets you close to people. Among those, what are the things that--

**Berry:** I think the one that have to do with people. We had a lot of young physician come in eventually after having--I remember one period when Harry was an officer of a number of things, and he was away for a committee meeting for a national [unclear]. The other doctor in town had [unclear]. I was alone for about three or four days in the hospital, and it was hard work. Then after that, soon after that, they began to come in. Young doctors found that country living might be satisfying, but they wouldn't let anybody die out on my account.

**Mullan:** They wouldn't let anybody die?

**Berry:** No. Not on my time, they didn't die. You know, that sort of attitude. They would keep somebody alive, keep puncturing them and drawing blood. That I couldn't stand. They had one or two meetings with them with the nurses. They didn't like it.

**Mullan:** The nurses didn't like it.

**Berry:** Didn't like to necessarily be aggressive, do CPR. Several patients who I recall, one particularly man had a stroke, and he had an IV. This patient pulled it out two or three times, and we berated them as letting them do it or even have a special or [unclear]. He wanted to die. He was [unclear]. He was completely paralyzed. He couldn't talk.

I belong to the Vermont Ethics [unclear]. I have very strong feelings--

**Mullan:** The right to die.

**Berry:** People being able to die and wanting to die and needing to die. When my husband [unclear], the nurses wanted me to send him to Hanover for dialysis. He had had two strokes. I couldn't see it.

**Mullan:** I'm sorry. When did he die? About the time you got out of practice?

**Berry:** No. I didn't retire until the year after he died.

**Mullan:** About 1985 or--

**Berry:** He was 70 at the time.

**Mullan:** In the local hospital in Woodsville, how many beds did that hospital have?

**Berry:** Well, they've changed it.

**Mullan:** How many did it have, roughly?

**Berry:** It had about 40, 45, 50.

**Mullan:** And at one time, there were just three doctors, you and Dr. Rowe and the one who had the [unclear]. So three doctors were managing the whole hospital.

**Berry:** There were other people, but they lived in outside towns.

**Mullan:** Were part-time. If you were to think back on a patient or two that stands out in your mind after all these years, are there certain patients that come to mind easily or that you cared for over time or had particular circumstances that are memorable?

**Berry:** She was a nurse. She was in her eighties. She had congestive failure. She wrote me a letter every single office visit she ever made, thanking me for seeing her and taking care of her. She was just a lovely person. Her husband had died. She'd had several tragedies in the family, including a death of her sister, and her husband died, somebody drowned in the family. She had worked all her life as a nurse. Then her daughter, her only daughter, developed cancer of the breast and she died of metastatic disease. Then she reached the point where she couldn't come to the office anymore. I used to go up and see her. She was just a lovely woman. After I retired, she went into a nursing home. I went up to see her once. I recall her with real affection, because I didn't do anything except to make a house call or two, which people around here think is, "You made house calls?"

**Mullan:** Did you make many house calls over the years?

**Berry:** Oh, yes. I didn't make house calls on babies after the war began, but I made house calls on old folks when it was appropriate. I made house calls. I grunted and groaned about it, but it was really nice getting out, having a ride in the country.

**Mullan:** Do you have any final thoughts about your career or about medicine, where it's headed, you'd like to share with me?

**Berry:** Sometimes I think that my life wasn't especially useful. This pumps my ego a bit.

**Mullan:** "This" being the cards.

**Berry:** Yeah. But actually, most of what I did a nurse practitioner was good [unclear]. And that's great. People enjoy that attention and some of them are really perceptive. I've seen some in action. We have two here. One of them is highly trained and a lot of work at the V.A.

**Mullan:** This is here at Kendal?

**Berry:** Yeah. Another one had some training in groups that made a lot of house calls. She's perceptive in a different way. Both of whom are well liked by people who have seen them. Some of the people who've seen them don't want to see them. They want to see a doctor, a real doctor. But some of them [unclear].

**Mullan:** Any reflections on the direction of medicine that you'd like to share?

**Berry:** You just don't know what's going to happen. All the things they talk about and promise to do, the politicians don't do. You can't believe any of them.

**Mullan:** I've noticed. You're frustrated with it a little bit.

**Berry:** I certainly am.

**Mullan:** Would you do it over again?

**Berry:** I don't know.

**Mullan:** You're not sure you'd do it over again?

**Berry:** I don't know whether I would. I wouldn't want to do medicine as it's practiced [unclear] today. Maybe I don't know what they're doing today. Maybe I'm just a [unclear] to these people that were trained in the Boston City Hospital. They won the gratitude. One of the female physicians that I have known the best, who was the brightest and smartest, committed suicide. She won everlasting gratitude for being all out there to save everybody, to keep them from dying. I don't think she ever



realized that everybody has to die. She committed suicide. She took pills. I don't know what she took.

**Mullan:** She was in practice in this area?

**Berry:** She was an internist. She practiced in [unclear]. She was only there about ten years. I can't understand it. She had two children, and the eldest was a real bright boy, but a problem to them.

**Mullan:** Would you advise a young person to go into medicine today?

**Berry:** Yes, they'll be used to it from the beginning. They won't be fighting the changes. They'll be expecting changes if they listen to old folks. Just think about all the things in the world that have changed that I can remember. I can remember when there were no radios. I can remember the first airplane, automobile ride. I can remember when we had a telephone nobody used, and if it rang, it meant trouble. Kids never talked on the phone. The beginning of transportation, communication.

**Mullan:** You've see a lot, and you've been very generous to share it with me. I thank you.

**Berry:** If it's useful to somebody, that's good.

**Mullan:** This has been very useful.

[End of Interview]

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