

# LOUISE CAVAGNARO

July 19, 1999

—  
Mame Warren,  
interviewer

**Warren:** This is Mame Warren. Today is the nineteenth of July 19, 1999. I'm in Baltimore, Maryland, and I'm with Louise Cavagnaro.

I'm just so pleased to be here, because we met several months ago and everybody down at the Chesney Archives says that you know everything about everybody and everything.

**Cavagnaro:** I don't really, but—

**Warren:** Well, let's start by having you give me a brief background about yourself before you came to Hopkins, because I know you had an interesting life there, but keep it succinct. But tell me about who you were before you came to Hopkins.

**Cavagnaro:** Well, I guess the thing is, I went to college first and majored in science and then in my last year I was going to have to take five years to do my college work because I was working part time. So I quit in the middle of my fifth year and went into nursing. While I was in nursing, the war started. As soon as I finished nursing, I went in the Army Nurse Corps, and within five months I was in Europe, where I stayed until the end of the war and, in fact, came back to the United States in October, and went to the University of Washington to graduate school in nursing. Well, actually in education with a minor in nursing.

But while I was there, the Army was pressuring to ask me to come back on active duty for eighteen months, so I decided to do that, because my brother was still in college. My father was

dead, of course. So anyway, I went back in the Army and volunteered for Japan. I was sent to Japan, and while I was there I did a favor for somebody and met the people with the Atomic Bomb Casualty Commission. So then they talked me into, when I got out of the Army, going to work with them, and they were looking for a director of nursing.

So they waited for about eight months for me to get out of the Army, and then I came back to the United States, got out of the military, and flew back to Japan and was Hiroshima and Nagasaki then until 1951, when I left to come back to the States. While I was Hiroshima, while I was director of nursing, things were quite different, and so I did everything. I did everything from finding a laundry in town to wash the uniforms, to going to the military and buying sheets to have uniforms made for the nurses. I worked with the architects to design the new facility. And just kept doing all sorts of things, so that the doctors said, “When you go back to the States, why don’t you change and major in hospital administration.” One of the doctors was from New York, and he thought that would be the ideal.

So I applied for New York, for Columbia University, in hospital administration, and they kept sending me back letters suggesting that I apply at the University of California at Berkeley, not rejecting me, but not accepting me. So when one of the doctors was there from the National Academy—Dr. Davidson, in fact, who was the president of Duke University at that time—and he said, “Cavi, I understand that you want to go into hospital administration.” And he said, “We’ll take you at Duke.”

I said, “Well, I thought it would be better if I went to Columbia, being a female.” And the program at Duke was fairly new and getting started.

And he said, “That’s right.” And when he heard the kind of response I was getting, when

he got back to the States he called Washington. And Dr. Owen then called Columbia University and they said they only took one woman a year and they'd already accepted that one woman. But after the Academy talked to them, they decided to accept another one that year, so I was accepted. Thank goodness I worked for the National Academy of Science and the people really were supportive.

So then when I was at Columbia, the head of the program became quite ill early on. He had a hot gall bladder. And so I specialed him for about four or five nights, because he was really sick, and I wouldn't take any money for that, but I couldn't do it any longer than that. Anyway, he did very well.

We had to do a residency, a one-year residency, and every place I went to interview, they said, well, the job was filled, but they would call him back and say, "We're not going to take a woman. Don't send a woman." So having been so nice to him when he was ill, he called me into the office one day and he said, "I feel you ought to know this," and he told me. Of course, he told me what the Academy had done to help me. And he said, "I have a letter here from the doctor at University of Virginia, who said he will take a resident. He was in the program here when he came back in World War II." So he said, "I'm not going to tell anybody else about it until you have a chance to apply."

So I wrote to him, Dr. Ackart, and I said, "There's no point in my bothering you further if you aren't interested in having a woman on the staff." And he wrote back and told me he thought they were here to stay.

So I went down for an interview. I was going to Washington to visit friends, and I went on to Charlottesville. I was with him about an hour when he offered me the job. He said, "I'm not

going to make you take it right now. I want you to have a fair chance to look at us.” It was a lot different. At that time, all the black patients were in the basement. So he wanted to know if I’d be able to handle the situation, and I said, yes, I thought I could.

So I went to UVA, and while I was at UVA, of course, Dr. Ackart, being from Hopkins, wrote to Dr. [Russell] Nelson at Hopkins about me. I had been offered a job at the new clinical center at NIH [National Institutes of Health], which was thanks again to the Academy, but it hadn’t opened yet. It was in the process of going to be opened. I didn’t really think I wanted to work for the government at that time. I thought that going to a hospital like Hopkins would benefit me, and if I had a couple of years there, then I could go back to the West Coast, you know, and with that background I wouldn’t get that problem of being faced being a female all the time.

But anyway, they told me they didn’t have a job, but they’d be glad to talk to me. So I came up to Washington to visit friends, and then I came over for the day to Hopkins. Dr. Nelson hired me the day I came just to talk to him. I kidded him at my retirement, saying I was the only administrator that paid her own way for a job interview. [Laughter] He’s still alive, Dr. Nelson is. He’s down in Florida. Russell Nelson.

So I thought I would be here a couple of years and go back to the West Coast, and I never went back. I didn’t stay in the same job, obviously, but I went to work actually for Dr. Harry Chant, who’s dead now. He was the associate director at the hospital. Of course, you realize how large the place is, but it was amazing. I guess it took me about two years to really find my way into all the places—and it wasn’t as large as it is now—and to meet enough people that made the job really interesting.



So then I was offered—three different times I was offered good jobs other places, but decided to stay at Hopkins. See, I worked—I was nineteen years with the Department of Surgery. Actually, the day I arrived, Dr. Nelson just asked me—I was going to be an administrative assistant on professional services, and that's the way it was organized in those days. There were the administrative services, the professional services. We had radiology and laboratories and social work and all that sort of thing. But he asked me if I would be the administrator in the operating room, that the nurse in charge up there was an old-timer, and she and Dr. [Albert] Blalock were having a little difference of opinion on some things, and he thought maybe I could get them together.

So from the day I arrived, I was the administrator in the operating rooms, and worked with Dr. Blalock. Then later on, of course, I went part time with the university. In 1964, I went part time with the university as the administrator in surgery, the Department of Surgery, and then part time with the hospital as the administrator in surgery. So they split my salary at that time. And I stayed with that split position from 1964 till 1972, when I went back full time with the hospital as the vice president for administrative services.

I used to tell people I was the G-man. Whenever Dr. [Robert M.] Heyssel would call the office—by this time Nelson had retired—my secretary would say, “Guess who's on the phone?” And she said, “Who are we going to get next?” He would call me and say, “Cavi,” he'd say, “who's in charge of—” whatever it was, the problem that had come up. And I said, “Well, I guess there really is nobody.” He'd say, “Would you see that something gets done about it?” And that's why I used to tell everybody I was the G-man. But it made life more interesting, the garbage man to pick up. And during one of the strikes, of course, I really was a garbage man.

But I think that I got to know so many people in the hospital that made my job interesting, and when I say “the hospital,” not just in the hospital itself, but the university, the medical school and the hospital, because I don’t know as many people like in hygiene as I knew in the medical school.

**Warren:** You’ve touched on so many different things already. Let’s talk about the distinction you’re making now between the hospital and the university. Talk to me about that.

**Cavagnaro:** Well, of course, from the beginning, if you look into the old records, the committee has changed its name several times, and there’s always been this “joint” business, whether it was the joint administrative committee or whatever you wanted to call it. I can’t remember the name, what it’s called today. But while there are two separate corporations and have been from the beginning, they’ve always worked very closely together. I think it’s essential that the two do that, because they complement each other so.

I’m sure that at times—I know that at times there has been friction between individuals, but I would say that the two institutions have gone along remarkably well, when you think of the kind of people who are a head of things are people with some pride and ego, and you don’t get peons into those positions. So I’m sure that there have been differences of opinion among them as to sometimes what’s best for both institutions. But I think they get along remarkably well for their size, but one can’t get along without the other, as far as I see it. And I feel that way today, too.

Of course, now we have the new organization that Miller is now head of, Dr. Miller. Again, someone was telling me yesterday, well, Dr. Miller’s head of the hospital. I said, “No, he isn’t. Dr. [Ronald] Peterson is the president of the hospital.” Dr. Miller is the head of the—what’s it called? The Johns Hopkins Medical—I’ll have to think about that one. I can’t remember what it’s

called today. But it's the two organizations. They're not incorporated into one organization, but closely working together.

See, medicine is changing. If you realize what's happened in the last fifty years, well, I came in '53, remember, and so it's almost fifty years. When people tell me, "Oh, everything changes," I say, "Well, it has to change." Look what's happened. When I came, there was no such thing as bypassing the heart. There was no such thing as transplanting organs. We didn't have dialysis, even, when we started. So all these changes are going to bring changes. And we're living longer because all the new medicines that are out, all the new procedures that are out, people are living longer, so there's a whole new thing for the hospital to do and the university.

I was very interested in reading the article in the Johns Hopkins Medical News magazine about the gerontology approach that they're doing in gerontology, because whether anybody likes it or not, people are living longer. All the inventions, all the different medicines, everything else, it's changing the practice of medicine. And so people are just going to have to accept the fact. I think it's hard for people to make major changes, and I think that HMOs, you know—and, of course, Hopkins is into that now—the HMOs are things that sort of turn people off.

I know a lot of people like me, I feel like I want to pick my doctor. I don't want an HMO to tell me who I'm going to see. [Clears throat.] My throat today has really been giving me trouble.

I don't know, since I've been at Hopkins—did you look at the list of buildings that I put together, how many buildings have been there?

**Warren:** Not yet. But let me finish with one thing first. When you talk about the university in East Baltimore, the present, tell me what you mean by that. I understand "the hospital." Tell me

what “the university” is, when you’re talking about the university.

**Cavagnaro:** Well, as I said, I’ve known some people in the School of Hygiene and have worked with some of them, particularly in the past on committees, but my closest relationships have been with the medical school and now with the School of Nursing. The new School of Nursing, when they decided to look into having a university School of Nursing, Dr. Heyssel asked me if I would work with Dr. [Carol] Gray, who was brought up from Texas to do a survey and an evaluation as to the practicality of establishing a School of Nursing.

So I worked with Carol before the decision was made to really have one, and I saw that—he said, “Will you see that she meets the important people on the medical staff?” which I did. I saw that she met those people, some of whom are now dead, because it was important that she get a full view. After all, the medical staff was very much a part of the care of patients and in the education of nurses.

**Warren:** Who’s Carol?

**Cavagnaro:** Carol Gray was the first—she became the first dean of the School of Nursing. She was before Sue Donaldson. But she originally came here to do a review. She was brought up by the university and the hospital to evaluate the situation as to whether or not it was practical and possible to set up a university School of Nursing. See, the old Hopkins School of Nursing was a hospital unit, and that had closed in, I think it was 1972, that they decided to close the school. I forget when the last class graduated.

Then they set up another nursing program, but they set it up in the School of Allied Health Sciences, which didn’t last very long. I was disenchanted with that approach. I didn’t think that—if they wanted to do a university nursing school, I felt it should be a separate school just as the

medical school was. The School of Allied Health Sciences—gosh, I don't know how many years it survived. Five, six, seven, not too many.

**Warren:** I've never even heard of it.

**Cavagnaro:** You've never heard of it? Oh, well, it's very much a part of the history in there, yes. And there is information in the archives on it. I was trying to think who's around that would have been associated with that. There are still a few people around that could give assistance to you. It never did go over well. I don't know whether it was because of individuals—they didn't help the matter, probably. However, the School of Nursing was never going to be a success under that organization. There are too many separate university schools of nursing, and we're competing with them for the kind of people we want. If Hopkins is going to have a school, it had to be the best, you know. It's now ranked number six in the United States, in the schools, along with my old school in nursing, Oregon Health Science University. So I think that now the way it's set up I think is important. Yes.

I was very pleased when they decided to establish a university school of nursing. I've always said anything I could do to help them, I'd be glad to do. And I have helped them with a lot of things, recovering some of the things that were put into storage and around from the old School of Nursing.

Then the Nurses Alumni Association, their records were in bad shape. They were just a mishmash, really, that would not be useful. So I did a preliminary—I worked with them and we brought them over to the archives, and I did a preliminary sort to get out the garbage so that you could find something in there. And recently when somebody was doing a historical project, it made it a lot easier for them because I had separated out certain things to make it easier, not just

open a box. At least you can open a box now and everything is in the folders or labeled, and there's a list of what's in there. It needs to be done in a more finite way, but I don't have—two days a week in the archives, I don't have enough time to do that. But I'm hoping that they're now going to employ someone to do it.

I've been working with them and pointing out the necessity of having an archivist come in and really bring up to date, because there's some wonderful history stuff in there if you want to go into the history of nursing education in the United States. Remember it was one of the early schools.

**Warren:** At Hopkins.

**Cavagnaro:** Well, not just at Hopkins; one of the early schools in the United States. When the Hopkins School opened in 1889, when the hospital opened—well, that fall after the hospital opened, the School of Medicine didn't open until 1893.

**Warren:** That's pretty impressive, isn't it?

**Cavagnaro:** Yes. And when you realize—and, of course, Columbia took one of their good graduates and had her start the first university school of nursing at Columbia. So there's really quite an interesting group of people.

I think the people who have been at Hopkins, I think when they came, and the first people that came, whether it was Osler or Halsted or Welch, it was always, "We're going to be the best," and that's what Johns Hopkins wanted, was to be a great place. So it has attracted that kind of people, I think.

**Warren:** You've mentioned a couple of people who fall into that category. Tell me about Dr. Blalock.

**Cavagnaro:** Dr. Blalock. I guess I was in charge of the operating room administratively for almost two years before I even met him. Yes.

**Warren:** How could that be?

**Cavagnaro:** I don't know. You can say it was partly my fault that I didn't pressure somebody to introduce me, but I figured the time would come. I don't really remember the first time that I met with him and what the problem was, but after I did get to know him, he was very nice to me.

When there was a problem, I could call and get an appointment, and then sometimes his secretary would call me. He was so polite. She'd say, "Miss Cavagnaro," she said, "Dr. Blalock would like to meet with you. Do you think you could arrange to meet with him today, by any chance, about twelve o'clock or eleven o'clock or something like that?" And I'd say, "Oh, sure," because I could always manage to do it, unless I wasn't there.

Then when I'd come down to his office, he always stood. He would be working at his desk. The minute I walked in the room, he would stand and he would remain standing until I was seated. And when he was finished with me or I was finished with him, depending on the purpose of the meeting, he always walked to the door for my exit. He was a real gentleman, you know.

The nurse with whom he was having—there was some friction. When I took over administratively, things got settled, and, in fact, when she retired—I think she retired in '59, so it would have been about six years later—he asked me to arrange for a farewell party, and he asked me to—he said that the department wanted to do something for her, wanted to give her something. I suggested that they buy her a desk, that I had been in her apartment and I knew what she really needed. So he told me to pick it out, which I did. We still had a wonderful furniture store here in town. I went down to Gomprecht & Benesch, and they gave me a discount since the department

was buying it. They spent about seven hundred dollars for that desk, though. It was a beautiful highboy-type desk.

And I arranged the reception. Dr. Halsted's secretary was still alive. She was living over at Church Home, and I saw that she was brought up. Mrs. Sherwood had been with her, of course. So it was an interesting experience.

**Warren:** I'm trying to remember. The blue baby, it all happened before you got here.

**Cavagnaro:** Blue baby. Yes, the blue baby was done in the '40s, before I came, but I did get to know Vivien Thomas very well.

**Warren:** Tell me—

**Cavagnaro:** Vivien Thomas was the black man who was given the honorary doctorate by the university. He only had a year of college. He came up from Vanderbilt with Dr. Blalock. He'd been his technician down there. And he's the one that did a lot of the work in the laboratory, developing the procedures and some of the instruments and things that were used in the blue baby. There's a book. Did you see his book that was written?

**Warren:** I haven't looked—I've been concentrating on Homewood since I got here, and I'm headed down to East Baltimore soon. So you're my intro. Assume I know nothing. Tell me everything.

**Cavagnaro:** Well, Vivien, his portrait, the oil portrait of him hangs in the lobby, the Blalock lobby. In fact, I arranged where it would be hung, because I was still with the department when that was done. I arranged it be hung in that lobby. I thought it should be in a place where it related, because of his relationship with Dr. Blalock, that it should be in the Blalock lobby, where Dr. Blalock's portrait was, too. So it is there.



His wife is still alive, and I keep in contact with her, because there are a number of groups that want to do stories on Vivien. You'll have to take a look at his book. What he says about me I won't quote; you can read it out of the book.

**Warren:** Vivien Thomas has written a book?

**Cavagnaro:** Yes. Well, Dr. Ravitch helped edit it. Ravitch is, of course, dead now. But Vivien wrote a book. Oh, yes.

**Warren:** Are there pictures in it?

**Cavagnaro:** Oh, yes.

**Warren:** I'll have to take a look at that.

**Cavagnaro:** Can I just—

**Warren:** Let's look at it later.

**Cavagnaro:** Okay. Fine.

**Warren:** So will you explain for me what the blue baby operation was all about?

**Cavagnaro:** Actually, the blue baby operation didn't entirely correct the situation in the heart.

What it did was it helped to get more blood to the—and I'm not a physiologist, so you can read this in the book. And then later on—but it got people to survive. You see, the blue babies would be dead sometimes within days of delivery and sometime within a very short time or a year. I don't know the longest period that any of them lived before the blue baby operation, but not a long time.

Of course, Helen Taussig had some of the ideas that Blalock and the surgeons who developed the procedure to do the correction. Actually, it wasn't a complete correction, as I said. It was a—I'm trying to get my memory to go back. I used to know a lot of this stuff a lot better,

but trying to recall some of this stuff. I can't think right now what the defect is called. "Blue baby," of course, was not the defect, the heart defect. And as I said, the operation did not completely correct everything, but it permitted them to live. And many of them have gone on. I saw in the paper one of them died in his fifties the other day. He was a musician. It was in one of the papers, *New York Times*, I think.

**Warren:** It identified him as having been—

**Cavagnaro:** One of the blue babies, yes. Oh, yes.

**Warren:** Isn't that interesting.

**Cavagnaro:** There were a lot of them. Dr. Catherine Neil, she's in England right now because I think one of her sisters is ill, but she was an assistant to Dr.—she came here as a cardiology fellow and then stayed on the faculty. She's a retired professor of pediatrics. She works in the archives a couple of days a week, too, Catherine does, and she worked with, of course, Dr. Taussig all along. So she can tell you more about the blue baby.

As far as Vivien's concerned, I remember—you know, segregation was still very much in place when I came here. See, *Brown versus the Board of Education* decision didn't come until 1954, and that's when integration of schools started, which made some changes. Of course, a lot of changes then occurred, I think, after Martin Luther King's death. But the hospital had already started desegregation before *Brown versus the Board of Education*. Both Dr. Nelson and his predecessor, Dr. Cosby, what they did was a lot of painting in the hospital, and when they would paint bathrooms, they would take the signs "colored" and "white" off and the signs never went back.

When I took over the Marburg building, which was then what we called the Gold Coast,

was where most of the private patients were, in Marburg, and the famous patients were all there—right now Marburg 3 is one floor that's very selective. But actually the whole building was at that time.

When I took over in 1955, I talked to Dr. Nelson about desegregating so that when we had respectable black people that wanted a private room, that they have an opportunity to have one. And he agreed with me, and the only way to do it was we didn't put out a memo. I used to go to the admitting office and check every day to see what they had in the way of private patients wanting private rooms, and that's when we started desegregating that way. If anybody complained—I had a few patients complain that they didn't want black patients where they were. I always volunteered to make arrangements at the hospital of their choice and arranged for the ambulance transfer. Nobody ever took me up on it.

A couple of times we had patients complained about black people taking care of them, and as one of my Southern patients told me, said, "Well, they must be *nouveau riche*, because if they ever had anything and they're from the South, they would have had black people taking care of them all their life, practically." But it went very smoothly.

Then desegregation went that way in the hospital. There was never any big proclamation and any change one day. We were already well—the units were almost all integrated by the time of Martin Luther King's death. Of course, the School of Medicine did not integrate, as far as admitting blacks, until the '60s. I think it was around 1967. They took women from day one. Of course, women raised the money, and men had been unable to do it, to start the medical school.

But I think that as far as the care of patients were concerned, the doctors, I don't really feel discriminated against a patient by their color. A lot of our black patients, of course, couldn't

afford private facilities, but the care that was given to them, I always felt, was as good—there was no difference in the way it was done.

**Warren:** So if you weren't in a private room, you were in a ward?

**Cavagnaro:** Not necessarily. All the wards—Osler and Halsted had all the wards. The wards weren't just a big ward. Every one of those units had two single rooms and at least one four-bedroom. There were slight variations between them. Then the ward itself was divided up into—it was sixteen beds in the ward, and there were four, four, then partitions, four, four. So they were not wards in the huge thing like this. In the old days, if you go back to the old pictures in 1889, that's the way the wards were; they were wide open. And that's the way they were in Europe, too, in the old hospitals in Europe.

I think that, in fact, it was Halsted 3 that in 19—we took it and made it into an orthopedic unit, and then we eliminated all trace of the ward. That largest spaces were two-bed units. Of course, now if you look at the floors, there are a lot of two-bedrooms that's semi-private.

**Warren:** That was a question I wanted to ask you, is how that evolution happened and why it happened, of wards going away.

**Cavagnaro:** Well, I think wards went away—first off, it's very difficult if you have—you can't mix men and women in those areas if the patients are up and around the way they are today, so they're not practical anymore. And not only that, but with insurance as it came into being, more people had insurance to help pay their stay, which would pay for semi-private accommodations. I think it was a series of things that was—do you think that noise back there bothered—

**Warren:** No, it's all right.

**Cavagnaro:** I think that insurance and flexibility. The wards were not flexible. And if you wanted

to have patients, you'd better provide the type of facilities they wanted. A patient with insurance was not going to go into a ward bed. So, they went.

Of course, the old Halsted buildings had to be—I redid Halsted 3, that was in the '60s that we redid that. It was before I went up in '72. It was just to be for orthopedics. So it had some single rooms for sicker patients and then mostly two-bed rooms. As I said, as these things got renovated, the wards went. But when we desegregated, for example, Marburg—at least I started first in there—the desegregation gave private rooms for black patients, but in the Thayer building, the old Thayer building, which has been torn, it was the octagon building, there were two rooms up there with two beds in each of them. So one of them, I said keep it for blacks and one of them you can keep for whites. So that there were some semi-private beds then for blacks.

Now, remember, in those days and, of course, even today, we have the Women's Clinic, which has—well, we don't have the Women's Clinic anymore per se. See, they're in the Nelson building. But the Women's Clinic had all OB/GYN, which was different.

**Warren:** Tell me what you mean.

**Cavagnaro:** Well, now what they did when they built the Nelson building, they thought in terms of making it possible to move laterally so you didn't have to use the elevators to move patients from a unit to a unit. So if you go into the first floor of Halsted, the first floor of Osler, or the second floor, because on the first floor, no—the first floor has other things, but the second floor of Halsted and the second floor of Osler, one used to be medicine, one used to be surgery. Now that's all OB, and the delivery rooms are on the second floor of the Nelson building, and they all connect through the Harvey Tower so that you can move from labor into the rooms without having to go up and down elevators.

Then I'm not sure now which floors are GYN, but GYN is over there, too. The old Women's Clinic, as we knew it, was torn down and was replaced by the Meyer building. The Meyer building was originally for the neurosciences—neurology, neurosurgery. If you go over there now, I understand that they not only have neurology and neurosurgery, but some otolaryngology is over there, too. So I don't try to keep up with all that's there, but as you look at the list of buildings and see what's come and gone, there's five pages on the computer.

**Warren:** Let's talk about that. You've been throwing out lots of names of lots of buildings, and, of course, what jumps out at me is I recognize so many of these names as being famous doctors.

**Cavagnaro:** Yes.

**Warren:** Are all the buildings named for doctors of Hopkins?

**Cavagnaro:** No. No, the Carnegie—what the old-timers call the dispensary building, the old Carnegie dispensary building, which is on Monument Street, is named for the Carnegie Foundation, which gave the money to build it, really.

The Marburg building is named for the Marburg family, some of whom were trustees, and the family gave money toward building the wing onto the original—the buildings were called—they didn't have names when they were built, the three buildings on Broadway. And what became the Marburg building was the C building. When they built a wing onto it to add more beds, then they renamed it the Marburg building, and actually that was for a family.

The Halsted and Osler buildings, it's obvious for whom they're named. The Nelson Tower is named for Russ Nelson, the man who hired me. The Harvey Tower is named for Mac Harvey. The Heyssel JHOC, Johns Hopkins Outpatient Center, is the Heyssel building. He took Dr. Nelson's place as head of the hospital. What other buildings?

**Warren:** You mentioned Thayer.

**Cavagnaro:** Meyer building is named for the first professor of psychiatry, and Thayer was named for a doctor, and that's, of course, gone. Then across the street in the medical school you see the Ross building, named for one of the former deans of the medical school. You have the Turner building, one of the former deans of the medical school. You have the—let's see. What else is over there? The AV24 building, but there are several buildings without names on them. But if you look at the list, you can see.

The list of buildings is all the campus, the medical campus, not just the hospital, not just the medical school, not just the School of Hygiene, because there are three distinct schools there. Well, actually, there's a fourth one, which is not a school, but the Welch—the history of medicine is a separate—the Welch—Wilmer, by the way, was named for a doctor, too. The medical library and the history of medicine, that is a separate entity in a way.

**Warren:** All right. I'm from another planet. Tell me about what is down there in East Baltimore. Describe this complex that's down there and how you've seen it change through the years.

**Cavagnaro:** Well, I think I've seen it—it was originally a fourteen-acre campus, was what it was supposed to start out to be, the hospital, and then the medical school had a few lots across the street. What has happened since I arrived is that buildings have been torn down and replaced by new buildings in existing space, but additional space has been acquired.

The neighborhood was quite concerned at one time that Hopkins was pushing them out. You can find that. There was some bitterness on the part of the neighborhood. On the other hand, the neighborhood was a white neighborhood around the hospital when I came, and that changed, so that it's hard to tell, you know, who did what. But if you go Broadway was the boundary on

the—Monument Street is on the north side. Broadway is on the east side. That was the east boundary as far as the buildings that Hopkins had.

But buildings came up on that side. The first one, I guess, that really belonged to the hospital was Hampton House, was a nursing home, a nurses' home, and that was built in 1932, the first part of it, and then it got expanded. But then on that side of Broadway came where a church had been. The church is gone, and the big outpatient center is over there.

Also over there on that side of Broadway is the big new oncology research center, which is not finished yet. And beyond that, behind those, some time ago back in the '60s they built a center of shops. There was a grocery store. Acme had a big market there. And there were different shops there and some parking facility. Well, what's happened to all that is it's no longer shops, no longer grocery stores, and it has become everything from—different components of the Johns Hopkins institutions, some space being used by the university, some being used by the hospital.

Then at the same time that they built that, they built housing for house staff, and now all the house staff housing is gone. That was all torn down, and there's a parking lot to the outpatient center back there, where that used to be, and there's going to be a parking lot where another part of it used to be, which will be under construction. Then there's a big—the Cooley Center is over there, which is a big recreation center, gymnasium and everything that was built, and a swimming pool, named for Denton Cooley, the heart surgeon in Texas, who trained under Al Blalock, of course, at Hopkins.

**Warren:** Hold on. We need to turn the tape over.

[Begin Tape 1, Side 2]



**Warren:** You know, it's kind of dizzying to think—I remember the first time I ever came to visit somebody, and I was dumbfounded.

**Cavagnaro:** Yes.

**Warren:** There's just so much there.

**Cavagnaro:** That's right.

**Warren:** How do people keep it all straight?

**Cavagnaro:** Well, it's amazing, you know. Of course, as I said, I was there two years before I pretty—and before all this expansion, remember, the Blalock building had been built when I arrived, and several buildings were torn down in order to build the Blalock building. But the old buildings were still there, like the Thayer building and the old Women's Clinic and so on. They were all still there.

**Warren:** When you say the old buildings, how old were the buildings?

**Cavagnaro:** The Thayer building was original.

**Warren:** You remember the original buildings?

**Cavagnaro:** Oh, yes.

**Warren:** Describe them for me.

**Cavagnaro:** Oh, yes. Well, the original buildings, the three on Broadway, the administration building, the dome building, that's the original building. Those three buildings form what's known as the national historic site, and you cannot change the exterior of those buildings. On the other hand, they've had to replace windows. My office was on the second floor of the administration building when I retired. That's where my office was. And when the helicopters used to land on the Children's Center, on the roof of the Children's Center, it would shake the windows. Sometimes I

thought, “I wonder if one of them is going to fall out.” They’ve had to replace the windows, even though it’s a historic site. But there was nothing else you could do, wooden frames and everything, you know. Those are going to deteriorate over a period, a hundred years. I mean, you can only expect so much out of them. Remember that place was under construction for about ten years, too.

Anyway, then on the side which is now Wilmer, that was the female wards, the female pay ward, it was called. Female pay. It became the Wilmer building and then they added on to it. Then they added the Woods building onto it, and they added the other building that’s been added onto it. Then on the other side, the male pay wards is now the Marburg building, but they added a wing onto that, and they added a third floor onto that.

If you look at the pictures, you can see the changes. You might want to—in the archives I put together a book where we’ve shown pictures of the buildings. You go by year. When I say “pictures,” they’re graphs and whatnot, and you can see the changes that occurred. If we’re trying to date a picture, my building list is very helpful, because in the building list I tell you when they added the third floor onto the Marburg building. So if you look at a picture and there’s no third floor and the old shutters are on the second floor what whatnot, you know then it’s before this got done.

I started that list when Dr. Harvey was doing the history for the centennial, and he and Dr. [Victor] McKusick would call me and say, “Cavi, when did such and such happen?” And I’d have to check. So I thought the smart thing to do is, as I look up these things, make a list of them, you know, which is what I did. And now we keep it up to date and it’s on the computer.

**Warren:** Bless your heart.

**Cavagnaro:** I mean, you know.

**Warren:** That's so valuable.

**Cavagnaro:** Yes. Well, it's impossible. You had to dig—I would dig through some of the stuff that was in Dr. Chesney's history, the first three volumes that he wrote. He's one of the former deans, you know. Or I would go into the trustee minutes when things were approved. So it was a lot of work. And to just not preserve that, you know, which I did, and so we have a building list.

**Warren:** That's so valuable.

**Cavagnaro:** And then I did the paper. At the same time I was doing that, I realized that people were asking questions about desegregation and when things occurred, so I did a paper on desegregation. Yes. You can have one of those. I'll give you one at work.

**Warren:** Great. Great.

**Cavagnaro:** Because I wanted to talk to people and put into their—Dick Ross and Russ Nelson and them, you know, because some of this stuff is not written, and you have to talk to people who were there and who participated in the decisions. Some things, of course, are in writing, you know.

What's happened is, if you go on the back side of the hospital, the Wolfe Street side, of course, the School of Public Health, you see, that didn't open until the '20s, and that was one building in the middle. Since then, they've added one, two, three wings onto it, and a fourth wing is going to be under construction real soon. There were a lot of houses back there. My boss lived back there. The president—well, when he was the director of the hospital, for example, he lived back there.

**Warren:** What was the reaction when houses started being torn down?

**Cavagnaro:** Well, these were all houses that white people lived in.

**Warren:** So? Still, what was the reaction?

**Cavagnaro:** They had already moved out. Oh, yes. In fact, Nelson moved about the time I came. He moved out to Towson and actually lived down at 100 West University Parkway by the time he—when he retired.

**Warren:** Were the houses empty?

**Cavagnaro:** No. On Wolfe Street, people lived in them until they got torn down, and back there they built two houses for cancer patients' families that contributed in different ways to the institution. Then the hospital for families of children who were in the hospital, and they paid for their "hotel" accommodation based upon their ability to pay. If they can't pay and they're from out of state, they're taken care of back there.

Then back on Washington Street, one over, there were a lot of black people that lived back there, and a lot of them—but most of them didn't own the places. Again, there were absentee landlords and the houses were not well kept. There were some houses that belonged to white employees of the hospital, and some of those places, I think, still—well, I know one of them still belongs, because she's still—she doesn't work at the hospital anymore, but she's one of the nurses. I'm not sure where Allie's [phonetic] working now, but her house, I know, she still owns. One of the nurses died recently and left the house to the School of Nursing, so what's going to happen—some of those places will probably eventually go

**Warren:** So was there a lot of resistance, though?

**Cavagnaro:** Well, there have been a lot of ill feelings in the neighborhood about the expansion of the institution, you know. As Lottie Cole, who's a black woman, who's a personal friend, as

Lottie said to me, "You know, Cav," she said, "my dad used to tell me that he couldn't enter the front door of the hospital." And she said, "I told him that was not true, but what people perceive and what's true can be quite different."

**Warren:** Tell me what you mean by that.

**Cavagnaro:** I mean, if somebody thinks they can't enter the front door—now, remember, in the old days most of the black patients were poor. They paid practically nothing, if anything at all, for their care. The free care was all provided in the dispensary building, the Carnegie building, on the Monument Street side. So if they came in there because they weren't feeling well, and seen by a doctor, then the doctor decided they had to be admitted, then they were admitted from there. They didn't come in the front entrance of the hospital because you didn't come in that way unless you had a private doctor. Didn't have anything to do with color.

Of course, in the old days, the administration building, a lot of the doctors lived on the second and third floors.

**Warren:** Really?

**Cavagnaro:** Oh, yes. When I came, there were still doctors living on the third and fourth floors, yes.

**Warren:** Living full time?

**Cavagnaro:** Yes.

**Warren:** There were apartments there?

**Cavagnaro:** Well, not apartments, but there were rooms. You know, fellows and residents lived up there. But in the beginning, Dr. Osler and them lived in that building on the second floor.

**Warren:** I didn't know that.

**Cavagnaro:** Yes.

**Warren:** You're a wealth of information.

**Cavagnaro:** And so much of the change, the tremendous growth of research. Remember what happened after World War II—and this is important—World War II resulted in the expansion of the specialties, really. In World War II, a lot of good was accomplished with plastic surgery, for example. There weren't many plastic surgeons in the United States before World War II, I can tell you, and some of the best ones were in the Army during the war. In fact, I was a scrub nurse for one when I first went in the Army, and didn't realize at that time, you know, the way things were.

But anyway, after the war, these doctors came back and they had to get back in a different world, and so they took specialty training. If you look at the growth of specialties in the United States, or just at Hopkins, I did some statistics for this recently for Dr. Hellerman, the chief of rheumatology. He had to present a paper on the changes that have occurred in house staff training in the last fifty years. I pulled some statistics together for him, which he put together in a paper that apparently went over very well. I got a nice thank-you note from him saying—and I saved what I sent over to him, but I don't have it in the fancy format that he used in presenting it.

But it's interesting, the increase. The number of women, one of the fellows told me the other day, said you could count the women in medicine when I came, one or two at a time, maybe, you know. Now, he told me—I think he told me that about half of the new house officers, the new interns, are females in medicine, which is unusual. In the old days, most of the women who went into medicine went into pediatrics, OB/GYN, and then some of them, dermatology, some of the specialties where they could have a family life and not were in medicine and surgery, well, surgery particularly, it's more difficult.

The first woman house officer in surgery occurred while I was with the Department of Surgery. That was in the 1960s.

**Warren:** Who was she?

**Cavagnaro:** I can't think of her name right now. She only stayed a year. It was really sad, because she was a terrific gal. Dr. Zuidema was very disappointed that she didn't want to stay. Her husband got into drugs up in New York, and she felt obligated to go up and return to New York and see what she could do to help him. I just lost track of her, you know. Since then there have been a number of women.

The growth of the specialties has resulted in the growth also of research. The amount of money—do you realize that the Hopkins medical school, I think, is number one in the country on the number of NIH grants received? So the amount of research over there, research base, when you think about the amount of space that was there when I came and what's there now, it's unreal.

**Warren:** And you've watched all of it.

**Cavagnaro:** Yes.

**Warren:** As an administrator, how involved were you in planning the buildings and deciding how space was going to be used?

**Cavagnaro:** Okay. On the patient facilities, when I was still working, I was actively involved. In fact, when we built the first intensive care units on the eighth floors, on the seventh floors of the Halsted and Osler buildings—and they're still up there, by the way—when we built those, we went up to New York and looked at different things. We went to Boston and looked at different things that had been done, some of the doctors and I, the doctors that were involved. In fact, Dr.

Freisinger, who's at Vanderbilt, he is a trustee, too, of the university, Dr. Freisinger—he'd be a good one to talk to.

**Warren:** What's his name?

**Cavagnaro:** Freisinger. F-R-E-I-S-I-N-G-E-R. I can't think of his first name. Bud. We all called him Bud Freisinger. He is a trustee of the university, too, and he trained at Hopkins in medicine and in cardiology. He knows the institutions very well. I worked with him, and I have a great deal of respect for him.

In the operating rooms, Dr. Blalock, I was used all the time. I worked right with the contractors. See, when I came, they were still the—when I say the old operating rooms, they weren't the original operating rooms. Those had been torn down to build the Blalock building. But the operating rooms that were in use were built in 1926 when the Carnegie building opened, and they weren't even air-conditioned.

**Warren:** You're kidding.

**Cavagnaro:** Well, there was no air-conditioning then.

**Warren:** Oh, my gosh.

**Cavagnaro:** Yes. And Dr. Blalock did some fundraising. In fact, a lot of the money came from city service oil tycoon. I guess he's really from—where are they from? From Texas? Anyway, Dr. Blalock got a few million together for us to renovate the operating rooms, and we did it space by space. When I arrived, they had redone two rooms where Dr. Blalock operated and did the blue babies. They were air-conditioned. And they were just finishing what became rooms number one and two. Three and four had already been finished.

From there on down, all through into the Blalock building, I worked with the contractors



to renovate or to complete that space. The space in the Blalock building was just a big open space. I mean, the Blalock building was built, but they didn't complete the seventh floor. They waited until they were coming through, renovating the Carnegie space and then going on in and building the Blalock building. I was involved in all the planning and then did studies and everything.

Dr. Blalock, I will never forget, he would tell me, "Dr. so and so thinks he needs so much space," and I said, "Dr. Blalock, can I make a suggestion?" I said, "Why don't we ask each chief—chief of plastics, oto, orthopedics, neuro, and so on—what he thinks he needs in the way of space. Then if you add it together, I think you'll find out that we'll have to build two more buildings." [Laughter] And I said, "There's no way." But they all have these big ideas. Then if you make them turn it in, then you see what you've got. Then it's easy to cut back, to take it. But if you just say no without any evidence to support what you're saying, then you have a problem. And it worked very well.

Since I left surgery, they have added—well, when they built the Meyer building, they built more operating rooms. They built operating rooms on the second floor of the Nelson building. They're building operating rooms in the new oncology center that's going to open. See, there are surgical procedures.

The other thing, of course, that's happened is that a lot of surgical procedures are done on an outpatient basis. When I was a student nurse, a patient that had their cataracts done, we immobilized their head with sandbags for ten days. Yes. Now, when I had my cataracts done, I went in in the morning, I had the cataract surgery, they patched my eye, I went home that afternoon. And then the next morning I went in, they took the patch off, and I was off.

**Warren:** What a transformation.

**Cavagnaro:** All these changes have changed medicine, and so when people say, “Oh, the old days,” I don’t ever want anybody to talk to me about the old days, you know. That’s all right. We did the best we could with what we had in the way of knowledge, in the way of money. Remember, there wasn’t all the money available.

When I took over the Marburg building, what we were charging for a private room, twenty-six dollars a day was the most expensive room I had, and it wasn’t paying our cost. And they had increased them from, I don’t know, like ten dollars a day not too long before I came.

**Warren:** Gosh.

**Cavagnaro:** And we had a lot of patients that paid nothing. Dr. Nelson got with the state of Maryland to get them to support—this is before medical assistance, before that—to get them to pay some money to Hopkins hospital. We were taking care of more indigent patients than the University of Maryland, which was state-supported, than the Baltimore City Hospital, which was city-supported.

**Warren:** How did he do that? How did he convince them?

**Cavagnaro:** Well, he convinced them. He must have done a good job.

**Warren:** [unclear]?

**Cavagnaro:** Well, I mean, the facts were there, you know, and it was difficult—if we had pulled out, they’d have been—you know. Because the endowment funds didn’t begin to support all the free care that we were giving.

**Warren:** I’ve got to get back on the air-conditioned operating rooms.

**Cavagnaro:** Oh, yes. The patient rooms weren’t air-conditioned when I came.

**Warren:** On a day like today, it's 100 degrees outside. Could they perform surgery?

**Cavagnaro:** Yes.

**Warren:** How did they do it?

**Cavagnaro:** They managed. They managed. Fans, you know, and everything.

**Warren:** How did they keep it sanitary, blowing the air around like that? It boggles my mind to think about it.

**Cavagnaro:** But they did it. And the patient rooms—and when I came, the hospital was on direct current, not AC current; DC current. Okay? And when we converted from DC to AC, what a tremendous job that was. We worked seven straight days without doing—just with the conversion, because motors had to be changed and everything else. But in those days, we didn't have air-conditioned patient rooms. We had window air-conditioners in some rooms where there was some power to run them.

After we got AC brought up into all the panels, when we had sick patients, I'd call the engineers and I'd say, "We need a window air-conditioner in room so and so." Those guys would run cables down the corridor from the big panels where the power came in, and put in a window air-conditioner when you had a patient whose life was really at stake because of the heat.

**Warren:** There must be a lot of people walking around who have you to thank.

**Cavagnaro:** Well, not just me. Everybody else that did it, you know. But the guys at Hopkins, I'll tell you, to this day, I had a problem recently and I asked one of the engineers, I said, "We can't get anybody to help us get this stuff from the hospital back to the archives."

"Oh, Miss Cav," and he told me what to do, and they took it. They had one of the engineering cars pick us up and take us back to the archives. That's why the archives—if you're

nice to people, they never forget, you know. One thing I always pointed out to administrators, and I feel very strongly about it, you've got to know not just the brass that are probably going to be telling you what to do or what they want; you've got to know the people who get it done. That's terribly important.

**Warren:** Tell me more what you mean by that.

**Cavagnaro:** I mean that if you really want something to be done right, you have to relate to the people to get the work done, and they have to understand and feel part of what's going to happen. When you tell the engineers, for example, that here we've got this patient and this what's wrong, I always explain to them, without cooling, his life is really at stake. You make them feel part of everything, why they're there. Everybody contributes to the success of that institution, not just the M.D.s.

**Warren:** What kind of people? Tell me others. Everybody thinks of the big Hopkins doctors. Who else?

**Cavagnaro:** You can go right down the line, the people who have done things here, whether it's the electrician downstairs or whether it's one of the nurses. There's some outstanding nurses, of course. And I'm sure if you ask the doctors, they've got their favorites, you know, that do things.

The cardiac unit, when I had my coronary artery reamed out, I was very pleased to know that the young nurse was watching the scope as to what was happening to my blood pressure and everything else, that she knew what she was doing and could adjust things and take care of me. And I can tell you that Bill Baumgartner, head of cardiac surgery, is very pleased with the staff that he has in the operating rooms and in the cardiac unit. Of course, now, you see, cardiology and cardiac surgery, this is one of the things I think is great, is they're working closely together

and share certain facilities, because they are a team, you know. One can't do without the other. Very important parts of that team are the nurses that are in it.

For example, John Cameron, the chief of surgery, has the best record in the United States, probably the world, on pancreatic cancer and the corrective procedures that he's done. His success rate far exceeds anybody else's. One of the key people on his staff is a nurse, and he'd be the first one to tell you that, what she can do in the follow-up and the care of those patients. She doesn't work on a unit; she's assigned to him full time.

**Warren:** What's her name?

**Cavagnaro:** I can't think of it right now.

**Warren:** I can find it.

**Cavagnaro:** Yes. But you're going to want to talk to John, anyway. John—I think he had his sixtieth birthday. He was here at medical school and then trained here, so he's been around. John must have finished medical school—let's see. Around 1960, I think. He's been around for a while. Have you decided what people to whom you're going to speak?

**Warren:** No.

**Cavagnaro:** Okay.

**Warren:** You've mentioned—and you were way at the top of a lot of lists I got—you mentioned Cameron being the top in his field. That's one thing that Hopkins has a worldwide reputation for. How does that kind of excellence evolve? Tell me what you've observed through the years.

**Cavagnaro:** I think that kind of excellence depends on a couple of things. One, you can't be outstanding unless you have a darn good staff to support you. I don't care who you are. Maybe if you're an Einstein and you're just doing thinking, that's one thing. But if you're a surgeon and

you've got an idea that this might work, you need in that research lab quality people who are going to try to do things the way it should be done, and that you can depend upon them to being exacting. And when you go in that operating room, you're dependent upon the people that know what they're doing and, if something's wrong, can bring it to your attention. In other words, the quality of the supporting staff is absolutely essential to becoming the best. Without that, there's no way.

And I think that Hopkins has exceeded—that's one of the things that's made it great. Not that they haven't had terribly bright people come. I mean, I think, fortunately, the first people that came—Welch, Osler, Halsted, Kelly—these were people who came to Hopkins for one reason. It was an opportunity to do something different, to bring into being a lot of different things. A lot of time was spent looking around the world, looking at Europe, basically, in those days, as to what kind of a hospital they wanted, design, and everything like that. Like Billings, of course, he designed the New York Public Library, you know. The administration building is named for him. He was the Civil War doctor who participated in that.

Of course, the trustees, too, were exacting, the original trustees. It took a long time to build a hospital, because they never touched the endowment. They could only expend the income on the endowment, so instead of building it in a few years, it took about ten years to build it, which is interesting, you know.

Of course, then they did things like when they built the Phipps building for psychiatry, that was the first in-patient unit for psychiatric patients associated with a general hospital.

**Warren:** When was that, about?

**Cavagnaro:** That opened in 1913, I think it was. I think the first patient was 1913.

**Warren:** That was very forward-thinking, wasn't it.

**Cavagnaro:** Yes. There were some important people that had become psychiatric patients.

Meyer came down. He was from New York. He was head of the New York State Lunacy Commission. That's what it was called.

The first director of the American Mental Hygiene Society—one of the problems with age—I'm going to be eighty in January, you know—is recalling names. I'll think of it after you leave or something. But anyway, he himself was a manic depressive. He was a Yale student. He was in and out of—there's a book called *The Mind That Found Itself*, and it's worth reading sometime. It has nothing to do with Hopkins, but it's a very interesting book. Right now I just can't think of his name, but he became the first head of the American Mental Hygiene Society, and he himself had been a manic depressive in and out of “insane asylums,” as they were called.

Still the argument goes on as to how many psychiatric hospitals we need and whether patients should be in hospitals or whether they should be in—the idea was to have them in little cottages, you know, with group living and so on. It doesn't work unless you can get the people to staff them, and that's been the problem. It's one thing to work eight hours a day with the psychiatric patients, five days a week or six days a week, but it's another thing to live with them around the clock, too. I think it's hard to get people to accept those positions—good people, the kind of people you want. A lot of these people on the street, I'm sure, need psychiatric care.

**Warren:** Looks that way.

**Cavagnaro:** Yes. But I think, again, you just look at psychiatry and the changes that have occurred in the care of mental patients, mental illness. A lot of it stems from the drugs that are available. The care, on the other hand, some procedures, for example, shock therapy, in certain

instances it's still used. However, they have perfected the technique of giving shock so that you don't have the damage that used to occur in the old days. Paul McHugh is an interesting person to talk to, too. He's a professor of psychiatry.

**Warren:** Tell me about him.

**Cavagnaro:** He came here from Oregon Health Science University, but he's originally from Boston. He's a very interesting individual. He's trained in the old school, a follower of the old school of the biological basis of mental illness. He doesn't believe in the—oh, the group that call themselves—my friend is one. I have a friend here. She's from the University of Virginia, too. The Freudian concept, you know, the Freud approach to psychiatry. He's not a Freudian follower.

Meyer, by the way, they believe in neurology being very important with psychiatry, and the neurological basis for certain illnesses, of course, rather than the Freudian approach to treatment of psychiatric patients. He's an interesting individual. He's very frank and will tell you what he thinks about some things.

I think that they have brought in some chiefs of service that were not very popular and didn't survive. In other words, they've not been without mistakes in selection. The buildings—certain chiefs could come in and probably get—well, I'll tell you, the guys that were smart, before they would accept a job, would say, "I want this, this, and this." I'm sure a lot of that went on. That was one way to—you know, if somebody retired, although getting to be the chief of surgery or the chief of medicine at Hopkins is certainly one of the top—those are top positions in the medical schools in the United States.

What kind of a person should be the dean of the medical school, I don't know. Interesting. If you look at the deans of the medical school, Chesney had stepped down when I came. Bard was



the dean, and he was just taking over as the dean. He was a wonderful person. Then since Bard stepped down, Turner, I guess, took over after Bard, and he's now, what, ninety-five or ninety-six.

**Warren:** Ninety-seven.

**Cavagnaro:** Ninety-seven. And really pretty sharp. He has the same problem I do. I'll turn around to somebody and say to somebody, "I can't remember the name. What was the name?"

Guy McKhann says, "It's not that you can't remember, Cavi. It just takes longer to recall." Brain overload.

And then there was a dean in there that did not survive. Isn't that terrible, I can't think of his name. Dr. Morgan took over after a short while after that.

**Warren:** When you say someone didn't survive, what do you mean?

**Cavagnaro:** They sort of eased him out. There's a way of doing that.

**Warren:** Is it top secret?

**Cavagnaro:** Well, you know, I mean, they see that some other position becomes available, and I'm sure that he knows what's an unwritten—but that one dean in between, how I could forget his name, that's terrible. I should have brought a book along with me so I could remember easier. He is dead now. But I think that there was one president of the university that didn't last very long. Did you pick that up when you were there?

**Warren:** You're talking about Lincoln Gordon?

**Cavagnaro:** Yes. And, of course, Milton Eisenhower came back and things snapped out then. He came from Vanderbilt to us, and why I can't think of his name right now, I don't know. But there was one dean at the medical school that—

**Warren:** What's your sense of that relationship to Homewood, between Homewood and East Baltimore?

**Cavagnaro:** I know that a few years back there was a little animosity on the part of the medical people when they were asked to literally bail out the university with some financial problems. Because the university professors, the Homewood people don't put in the hours that the men do on the medical campus, and so they bring in a lot more income on the medical campus, that's true, you know. But a few years back, I don't remember what year it was, actually, but a few years back, there was a special—the medical school had to pay extra into the university. They were having financial problems, and there was animosity. "Animosity" is not the right word. A lot of them were mad about it, you know.

When you work the hours that those people do on the medical campus, they're not in a forty-hour week, and particularly the people that are bringing in the money. Then you go over on the Homewood campus and you try to get somebody on the phone. "Well, he isn't in the office today. He's at home doing something," or working on his book or doing something. They don't teach that many hours over there. On the medical campus, you realize they have to give a certain number of hours to teaching. In fact, right now some of the part-timers, they all want to say they're on the staff of the Johns Hopkins hospital, but they're not contributing much.

So I saw recently where there's some discussion going on about if somebody wants to keep their Hopkins appointment, you know, what they have to contribute in the way toward teaching. That's been written up recently. But a lot of care—there are committees that select new chairmen of departments, and I think a great deal of thought goes into what to do.

I think that the members of the committees to select a department chairman really give

very serious thought to how the department fits into the school and where things are going and what kind of a person do they really want, because you have to be more than a good surgeon to run surgery. You have to be a good administrator. You've got a big department. Departments of Medicine and Surgery are the two huge departments. Of course, surgery now is called a section of surgical sciences, and then under it are the Departments of Neurosurgery or Orthopedic Surgery, a number of—they have orthopedics, neuro, otolaryngology, general surgery. There's another one. Plastic surgery. Pediatric surgery.

**Warren:** I'm going to have to switch tapes, but before we do, you just said a word I haven't the faintest idea how to spell. Otolaryngology.

**Cavagnaro:** Otolaryngology. O-T-O-L-A-R-Y-N-G-O-L-O-G-Y. Only it's now called otorhinolaryngology.

**Warren:** Go for it. Spell it for me.

**Cavagnaro:** O-T-O-L-A-R-Y-N-G-O-L-O-G-Y. The department, I think, is called—it was just otolaryngology in the old days. Now it's otolaryngology and head and neck surgery. Head and neck surgery is part of that title now.

**Warren:** Thank you. My transcriber will be very pleased to have that spelled out. May I switch tapes and pop in another one?

**Cavagnaro:** Yes.

[Begin Tape 2, Side 1]

**Warren:** This is Mame Warren. Today is the nineteenth of July 1999. I'm in Baltimore and I'm still with Louise Cavagnaro.

Let's talk about what you were just saying.

**Cavagnaro:** If you're going to do a history, a 125-year history, to me—and I'm only speaking for the medical institutions—what you're going to have to do is look at the major changes that have occurred in the delivery of health care, what has happened in research that affects health care, and what are some of the major contributions made by the medical institutions to that whole scope? And then you're going to have to look at the major changes in providing education to the people who are delivering health care, the changes that have occurred in medical education and are still occurring right now. Changes are being made. The changes in nursing education, the changes—nursing education not just at Hopkins, but throughout the country is different from what it was. And the changes in the School of Public Health.

The different specialties that people never heard of years ago and they're all brought about by the changes in not just the delivery of health care, but in what's happened to life itself, that people are living longer, that we have automobiles and airplanes and things that are causing all kinds of accidents and problems in health care. These things, to me, unless you look at all these changes that have occurred, then you're kind of lost in what's going on in health care.

In just my lifetime—I think—I've been having some arthritis, and I think of my dad and my mother putting a mustard plaster on his back when he used to have back pain. Now, whether he had arthritis or whether he had a slipped disk—when I went in the military, I remember when we had soldiers come in and were complaining of these backaches and everything, first everybody thought they were goof-offs, that they were trying to get out of doing military. That wasn't true. What they had were slipped disks. And back when the war started, we didn't know that much about it. In fact, Dr. Dandy at Hopkins had a lot to do with the—Dr. Dandy, by the way, is dead. His son's still alive. But Dr. Dandy and some of the things that he developed when he was at

Hopkins made it possible to diagnose some of these back problems, which we know today are true back problems. In fact, we were finding out some of it during the war years. But I remember how often it was easy to just say, oh, they're just trying to get out of doing something.

So that all these changes have occurred. When I came to Hopkins, Dr. Morgan had arrived in radiology, and there was X-ray equipment scattered all around the hospital, and one thing he did was he pointed out the dangers from scatter radiation. In fact, he was a big consultant to the federal government. And there were a number of radiologists who suffered as a result of exposure to radiation. Now you go to the dentist and they put a lead apron on you just to X-ray your teeth, which is what's right. But people weren't that careful back then. So there were a lot of injuries that we saw that were due to misuse of different things. There weren't that many medicines to take.

When I think of my dad, again, with his cardiac condition, I'm sure his life would have been a lot more pleasant if he had had his problem today than having it in the 1930s. So when you're looking at the 125-year history of Hopkins, you've got to think of those things. And there were people that came up with things back then that were really basic foundation to some of the things that we're still doing today.

**Warren:** Who were those people? Who were the top people who come to your mind?

**Cavagnaro:** That come to my mind. Well, some of the newer ones, for example, I think of like Perrin Long and some of these people that work with sulfa drugs. Well, the original doctors at Hopkins that worked with malaria. And how you go through and pick out to do a 125-year history, you know, the really key people that changed things, I think it's very difficult. I think the only way I would do it is probably sit down and using different reference books and things,

picking out names, looking at some things in the archives that might show you what different people contributed, and when you're making a list of all these and then seeing which ones had the biggest influence on the way care was delivered. And sometimes you may come up with people whose names aren't as big as Dr. Blalock's, but some of their work certainly influenced the delivery of health care.

I've never thought about it until we're just talking about it now, but there are those people, and they were there. As I've said, a person doesn't become great or have a big discovery unless he has good support, whether it's fellows that are working in the lab, the technicians that work for them, whether it's nurses, whoever it is, people who have a great accomplishment had good support from the people that worked with them. And I think that's one thing that Hopkins has done extremely well.

When I think back of two—well, two of the young women residents, one of my last jobs, the house staff came under me administratively for the hospital, and I was the secretary of the House Staff Policy Committee, it was called in those days. There were two women residents that I got to know quite well. Both of them have done extremely well. Susan McDonnell is over at the Bayview campus. She's at the Allergy and Immunology Institute. And I know that Dr. Benz has given her some committee responsibility, I think, as far as ways that women can achieve more in medicine.

The other one—right now again I've got a lapse of her name, and it's terrible that I can't think of it right this minute—but she was in genetics. These were really unusual women. And there have been a number of those women at Hopkins, and it would be very important in the history to point out those women, going back to [Florence] Sabin, who was the first one to become famous,

but there have been a number since. And I think Hopkins should be proud of the fact that some women did come to Hopkins and contributed a great deal.

You know, that's just a tremendous task to think about. When I came, in the School of Public Health we still were raising sheep on the Monument Street side of the building, because we had to get sheep cells in order to do the serology tests for syphilis. Now, the sheep were bled, and that was 1953. There are pictures showing the old—the first building for the School of Public Health didn't go all the way to Monument Street, and there was some grass and everything there, and the sheep grazed. People would go over and draw fresh sheep cells in order to provide the material necessary to do serological tests for syphilis. Now they have completely different procedures for doing those studies and you don't have to have sheep cells anymore. But you can see the changes that have occurred, you know.

**Warren:** What secrets like that do you know that I don't know?

**Cavagnaro:** About the sheep? [Laughter] I know. I know. You think back. The old doctors' dining room, for example, which got torn down when they built the—let's see. The doctors' dining room would have been gone when they built the children's center, because that area all got pulled in there. I'll tell you, you never saw a doctor come in there that was not—if he came down, he would have a white coat on or in his clothes. The doctors, the chiefs of service, everybody was very properly dressed.

The administrative staff ate in the old doctors' dining room, and when they built the new dining room, the new cafeteria, originally they had thought not to have a doctors' dining room, that that—well, it set up a different class of people, you know, that it would be better not to have one. Well, it ended up there is a doctors' dining room, and different people eat in different places.

When the new cafeteria opened, there were some of us that felt that it was important to eat with the employees, and I did until the day I retired, unless I was at a special luncheon sometime that you had to go to.

I think that the old doctors' dining room had some sort of character to it that it's kind of hard to signify. I'll never forget sitting in there one day, and I felt a hand on my shoulder and looked up, and it was one of the doctors with whom I had worked in Japan, a geneticist, and he was at Hopkins to see Dr. McKusick and somebody else, I forget. Anyway, he said, "I asked them if by any chance, I had a friend here and I was wondering how I could locate her." They said, "What's her name?" He said, "Louise Cavagnaro." They said, "Cavi's sitting right over there."

Hopkins becomes a small world. Through the years I have had friends coming to Hopkins, people I knew before, and come to Hopkins, and some of them knew I was there, so that was one thing. Others didn't, but, you know, found out I was there. So it's a place where you meet all kinds of people.

When I took over the Marburg building, we were short on funds in those days to make improvements, and nothing had been done during the war years because there just wasn't anything available, not just the money, but the people to do the work either, you know. In fact, there were still wooden floors in patient rooms on the first floor of Marburg. Wooden floors, which is unusual, you know. And there were some wooden benches in the corridors, and they were miserable to sit on. No padding, no nothing, and the seat was not comfortable even to sit on. I'll never forget a patient that we had, the Hitts, Mr. Hitt was our patient, and his wife would sit outside the door of his room while he was asleep or when the doctor was with him, and she was talking to me one day about the miserable—and I said, "Oh, Mrs. Hitt, I agree with you



wholeheartedly, and if I had the money, believe me, I would replace them.”

“Well, now, how much do you need?” And I looked at her and she said, “Well, you find out how much do you need to do not just this floor, but the whole building, replace all these benches.” So I got the money and she gave it to me, and that’s how I got the first couches.

That’s how I got the money to buy an EKG machine. Now, of course, everything is done electrically in a central place. But the doctors wanted an EKG machine in case of an emergency. One of the patients gave me the money for that. Another patient fixed up two porches where patients’ families could sit and wait. They would come to me crying about something, and I’d tell them. I’d say, “I agree with you, but I just don’t have the money to do it,” and they would give me the money to do it. [Laughter] We don’t operate that way anymore.

**Warren:** What do you mean? Why not? What’s changed?

**Cavagnaro:** Well, now there’s such a large staff, development staff, you know, doing it.

Although the way you treat people—Clyde Bear, for example, I got to know them through his father, and the help I gave that family resulted in not just 50,000 to the Cavagnaro Scholarship Fund, but I know he gave a quarter of a million to the T\_\_\_\_\_ Fund, to support the T\_\_\_\_\_ professorship. They didn’t even know about him, and I suggested that they contact him because he was very grateful for the care that Dr. T\_\_\_\_\_ had given to his father and to his wife. I think you have contacts. People like me, in working, would have contacts that certainly you could recommend to development officers to follow up on, things like that.

The way people are treated is important, and patients are very much aware, you know, of whether or not people are interested in them or not as a person. And that’s the one thing that I started, what we call the patient representatives program, where we had assigned personnel to

each of the services, and they would work with patients on complaints, so that the patients didn't feel like they had to complain to the nurse or the doctor, and then it would get taken out on him afterward, you know. You know, we make mistakes. I point out to patients that there are thousands of people working here, and I haven't noticed any wings and halos on anybody, which is true.

The one thing Dr. Nelson told me a long time ago, he said, "You know, when somebody starts complaining, listen. Listen and don't necessarily respond." So often the complaint is really, what it is, is they're concerned.

I'll never forget, I went to—one patient on Marburg that was complaining bitterly, and I went over to talk to her. Her husband was there, so I let her go on and expound about everything that was wrong and so on. Then I pointed out a few things after she was all finished. I said, "I'm so glad that she wanted to bring these things to our attention." Then I pointed out a couple of things to her, and then she looked at me and she said, "You know, you've been listening to me for thirty minutes. You know what you made me realize? We're trying to blame my illness on somebody else," which was what it was.

She had wanted them to do some things that were not good medically, and the Hopkins doctors had refused to do that. They didn't do the best job of explaining to her, probably, why they would not recommend what she wanted. She had been to some other hospitals where some things had been done that should not have been done. But you have to be careful when you say that to somebody, too. I think that listening to people's complaints is an important part of any administrator's job.

**Warren:** A while ago you were talking about how certain doctors rise within the administration.

How does a doctor who spends all these years getting all this medical training, how do they know how to be an administrator? Are they trained for that, too?

**Cavagnaro:** Well, nowadays they're training them now. In recent years, they now have a program over there. They bring people in to give special classes in different things.

Well, I'll tell you what I did a long time ago. Dr. Nelson assigned—we had patient committees, care committees. The Osler Patient Care Committee was medicine, Department of Medicine, and the administrator at that time was I. I'll never forget the first meeting, the first two meetings I went to, and, boy, they were complaining about this, complaining about that, and I really felt beaten down like mad, you know. And part of it stemmed from the fact that they didn't understand how health care was financed. They had no understanding of it at all.

So I suggested—Dr. Ross was then chairman of the committee. He later became dean. And I said, “Dr. Ross, why don't I arrange to bring the treasurer of the hospital to the next meeting and let him review with all of you what payments we're getting for what care and so on,” which we did. And that was the beginning of a number of educational opportunities.

I think the more, as administrators, as we were assigned to departments, Dr. Nelson desegregated the administrative staff, instead of having them all centrally, like for a while, for example, I was mainly surgical. I had the psychiatric unit for five years on a temporary basis—“temporary” for five years. Then for a while I had both Halsted and Osler. I had both medicine and surgery. That just became too much for me, so what they did was appoint somebody to take medicine. Then I went fifty percent with the university and fifty percent with the hospital. I took everything administrative for the university in the Department of Surgery and everything administrative for the hospital in the department. And I did that from '64 to '72, when I went

back just full time with the hospital.

But I think that there are some people that have good skills, administrative skills, and some people don't. And no matter how much you send them to school, you aren't going to make them good administrators. On the other hand, for one thing, they don't always delegate well. Learning to delegate, you know, is an important thing. If nobody can make a decision but you in a big department, you've got problems. And how do you delegate and what do you delegate and how do you bring people together? The Department of Surgery, we met every Saturday morning. We had a Department of Surgery staff meeting, which was the heads of all the departments in surgery—otolaryngology, neurosurgery, orthopedic surgery, plastic surgery, pediatric surgery, all this—along with the chairman of the department, and I was the secretary of that.

That gave me the opportunity, when I'd see that something was lacking in the way of information that they needed to get that out or to bring somebody in and discuss it, that would be a better person than I, and I think that's what you do. I think that there are good administrators and there are some that are not good, but being able to delegate is one of the big, important—to me, one of the most important things.

**Warren:** Yes. Teach me how to do that. That's always been one of my hard parts.

A long time ago, back at the beginning, you made mention of strikes.

**Cavagnaro:** Yes, we had several. There have been several strikes. The first one was in the '60s and it came after the Martin Luther King death thing, and the employees were out quite a while. Those are all recorded in the archives.

**Warren:** But tell me what it was like to be an administrator during that time.

**Cavagnaro:** Well, we had volunteers who came in to help. We had doctors serving food up in

the cafeteria and volunteered to come in and do things like that. We had a lot of volunteers. What the hospital did was, everybody who had a job in the hospital that could stop for the time being, you know, went to work doing other things in the hospital, like some of them served as ward clerks. I have pictures of me picking up garbage. I stayed on to do certain—I was an administrator doing certain things, but we all did other things to help, to pitch in. We managed. The first strike was a long one.

**Warren:** That must have been quite a time.

**Cavagnaro:** Oh, yes.

**Warren:** Baltimore had riots, too.

**Cavagnaro:** Oh, yes, but not as bad as Washington.

**Warren:** Speaking of difficult times, going back to integration, was there any resistance within the administration to integrating the hospital?

**Cavagnaro:** Not within the administration. I think there were some members of the medical staff that probably weren't too keen about it, some of the old-timers. I read something in the archives where a patient had been referred in to the Department of Medicine, and Dr. Harvey was the new chairman of the department at that time. It was back in the '40s. And the doctor—I can't remember the doctor that was to treat the patient. I think I may have noted it in my paper on desegregation, that when the patient arrived and was black, it was unknown that he was going to have a black patient, this doctor, and he didn't know whether he could admit him or not. Anyway, he contacted Dr. Harvey, and Dr. Harvey said to treat him like any other patient.

We had some patients who resented having black patients near them. We had a few doctors that I know were against integration. Basically it went very smoothly. But one thing we

didn't do was to send out memos about integrating. We just did it. If you don't put it in writing, how can anybody gripe or complain?

**Warren:** How about medical staff? When did black nurses come in? When did black doctors come in?

**Cavagnaro:** We had black nurses. Black doctors—the Mac Harvey gave the first appointment to a black doctor, Ralph Young. See, the Department of Surgery had its first black intern back in the '60s. See, with the schools not being desegregated, it made it very difficult with the medical school. Now, of course, the medical school, they're running around ten percent, plus or minus, eleven percent black medical students. Then Levi Watkins, he's black, he is one of the associate deans, and he did a lot of recruiting to get good blacks into the medical school.

**Warren:** Tell me about him.

**Cavagnaro:** Well, he's from Montgomery, Alabama. They were great friends. His father was the president of Alabama State University, which is a black school in Montgomery, and they were friends of Martin Luther King. Levi's very light. His mother and father were both very light. I've met both of them. I think they're both dead now. I know his father died, and I think his mother died, too, since. I'm not sure. As far as I know, Levi hasn't married. He's very light-skinned. He was the first black medical student at Vanderbilt. He was not the first black intern in surgery at Hopkins, but he was the first black to go through the entire surgical training program. I was still with surgery when he came up to be interviewed, so I've known him actually since then. He brought his father up as our patient, and I met his parents at that time. He's interesting, you know. Remember, he's had a different education than the average black has, that we see here in Baltimore, you know.

Now, here's Ben Carson, an outstanding neurosurgeon, world famous, from the inner city of Detroit, soft spoken, very well spoken. His mother did a good job on him, I'll tell you. So, you know, just because you lived in the inner city in a ghetto doesn't mean you can't become something, because Ben sure did.

In talking, you're certainly going to have to cover the relationship of blacks within the institution in any history, so, I mean, I think it would be worthwhile talking to both Levi and Ben Carson.

**Warren:** They're both on my list.

**Cavagnaro:** Of course, there's some excellent blacks in the School of Nursing, by the way, on the faculty now, and one of the professors in the School of Nursing is the first black female to get a professorship in the university.

**Warren:** Who is she?

**Cavagnaro:** Now that you—

**Warren:** I'm sorry.

**Cavagnaro:** I can give you these names at work, though.

**Warren:** Okay.

**Cavagnaro:** And she has a son who's—I think he's a medical student at Maryland. I'm not sure. She's an interesting gal. She went to school—she did some of her graduate work in Sweden. She's the one that's in charge of the international programs we have in nursing, in exchange of nurses and whatnot. She's interesting.

**Warren:** When you look back on your career, are there any missed opportunities, things that you look back and say, "Oh, I wish I'd gotten to do that," or, "I wish Hopkins had done that"?

**Cavagnaro:** When I look back on my life, I can see some things that maybe I should have done differently. On the other hand, if I'd done them differently, I wouldn't be here today. You know, basically I made the most of my life, I feel, in many ways. When I left Japan, you know, I told the National Academy, "Give me six hundred bucks and I'll pay my own way home, instead of you sending me home on the *President Cleveland* first class," you know.

So I went around the world. And I spent seven weeks on a Swedish freighter and then took the train from Basrah to Baghdad, and the desert bus from Baghdad to Damascus, and rented a car to Lebanon, and flew over to Egypt, took the train down the Nile, you know, spent—it was a great trip.

It was an enriching experience to see—I read the book, *The Age of Faith*, where he reviews the world's great religions, you know, and I think before you go to some of these countries, like you should know about Buddhism before you go to India and Sri Lanka now—it was Ceylon when I went—in the Hindu religion, and the Muslim religion, and all those were in the book, *The Age of Faith*.

I'm glad I did it. In fact, some of the experience—my experiences in World War II really changed my life. I saw so many young people. I'll never forget one who lost his arm saying to me, "I'm never going to get to play tennis the way I wanted to play tennis," and he said, "I kept putting off doing this and putting off doing that. Now what am I going to do?" And I decided that, you know, never, never live—and he said, "Why didn't I do that?"

You have to make decisions, whether they're right or wrong, but at least you make them. And I made a decision not to stay in the regular Army. I was offered a commission in the regular Army and I went with the Atomic Bomb Casualty Commission. I elected to go into hospital



administration and I elected to do it at Columbia, and that's how I came to Hopkins, basically.

I had wonderful jobs at Hopkins. I worked with really great people and I learned a lot from them. I've had a very rewarding life, I think. I feel very fortunate.

**Warren:** I think Hopkins is fortunate.

**Cavagnaro:** No, but, you know, as I said at my retirement when they gave me the award for the—the Cavagnaro Scholarship Fund, I said, “Not everybody gets to read their own epitaph, you know.” [Laughter] And the fund is over \$160,000 now. Isn't that great?

**Warren:** Oh, what an honor.

**Cavagnaro:** Yes. And they've made me an honorary member of the Hopkins Nurses Alumni Association. This year they did. So, you know. I don't know how you decide whether you would do something different. I really don't.

**Warren:** When you think of Johns Hopkins, do you think you can say it has a personality that can be described?

**Cavagnaro:** Oh, yes. I'd have to think about how to describe that. It has a personality, yes. How best to describe it, as I pointed out to you, it's great not just because there's some real brilliant people at the top, but what supported them. At the centennial, when they made me the chairman of the employee committee, although I was retired, when I talked to Dr. Heyssel about my budget for the hospital employees, I said, “You know, the employees always feel that these functions are for the brass, you know. I think it's important for the hundredth that we do something so that they know that they've made a contribution and are very much a part of this hundred-year celebration.” And so he got me what I asked for. He got me the money.

**Warren:** How much was that?

**Cavagnaro:** I had to find out who I could bring in as a top entertainer. I brought in Gladys Knight.

**Warren:** Ah!

**Cavagnaro:** Yes. Downtown where they used to play the basketball games. I forget what they call it now. They change the name of that place all the time. Anyway, I arranged it so that all the shifts could make it. I had it earlier in the evening so the people who had worked days could come, and the people who were going on nights could come. Then I had one at 11:30 so that the people who were working the evening shift could come to that one.

Then one night we had a baseball game and they had to buy their tickets, but they gave them their tickets for the special cost that we got, which was less, several dollars less, than if you'd bought your own ticket to the ball game. Then if they wanted to come and have a feed in the outfield with the team, I got a special price for the food that I'd have out there served for them. They had to pay for that, but it was a lot less.

As it turned out, there was a terrible storm the night of the ball game, so that we had to cancel the cookout, but the ball game went on, so that was great. So the next day I got word out to everybody that contributed, there was about \$6,000 that had come in, that they could get their refunds and where to go to get them because of the missed dinner, but any money that was left we were going to give to the high school right near us, right near Hopkins, Dunbar High School, and to be used for scholarship money for students for college. And do you know, not one person came and asked for their money back. I thought that was great. That shows you something about the spirit of the people. They really are.

I think that there are people like—Dr. Heyssel had a couple of fairs. We had them on the

parking lot. One of the doctors, Dr. Charache, Sam Charache, who's done a lot of work with sickle cell anemia, Sam came out and worked that first day Heyssel put me in charge of the fair, and he came out and manned a booth for me, and we had "sickle cell anemia" on the balloons. Then he'd asked me to get from NIH their brochure. Well, it wasn't as good, so he redid the brochure so that the people could really understand about sickle cell anemia. You know, that's a disease of black people. I don't know if you know about it or not.

**Warren:** Tell me.

**Cavagnaro:** Well, I can't tell you a lot about it except it's a hemolytic disease that's inherited. The gene apparently gets inherited.

**Warren:** So this was a fair for the local people?

**Cavagnaro:** The neighborhood. Everybody to come. We had food and we had all sorts of things going, and different booths. One Sam did for me on sickle cell anemia, and we had these handouts to give to the people that came, to learn about it. It was right out on the grounds there. It was really very interesting, very successful. And Dr. Charache out there filling those balloons, I'm telling you. [Laughter]

**Warren:** We've talked about a lot of things. Is there anything we haven't talked about that you'd like to include?

**Cavagnaro:** I was just looking over at something that some of my friends gave me when I retired.

**Warren:** Read this to me.

**Cavagnaro:** The "lunch bunch" was a group that used to eat in the dining room, and there were ten of us to start with. Two of them have passed away and two of them have moved away. So

we're down to six, actually, right now, but we still get together to celebrate each other's birthdays. Two people are still working at the hospital. So when I retired, one of the men, who's dead now, did a lot of work with wood, and this piece of wood he got out, and they decided to give me this, that tact—"To Cavi, from the lunch bunch. Tact, the art of telling someone to go to hell in such a manner that he anticipates the trip," and they said that personified me. [Laughter]

I don't know. I guess I tried to be—one of the things that I tried to be was honest, and I think honesty is the most important thing. You can't always tell people that they can have what they want, but when you tell them why something can't be done, you ought to tell them why it can't be done, and not just say no. The word "no" is a bad word alone, but I found that the physicians understood, when they used to be on my back in the Phipps building for air-conditioning, we didn't even have enough power in the building to practically turn the lights on, let alone bring in air-conditioning, and until we got a new substation over there, we were unable to bring air-conditioning into the building. But if people understand, it's easier to accept. Not always happy about it, but at least—you know, once people think you're dishonest and that you lie about something, why, you have—I don't know, to me. So that's what they told me, that I can tell them to go to hell and anticipate—

But I think the "lunch bunch," I think shows you something about Hopkins. Lottie Cole, who is one of the members of that group, was a black gal who came to Hopkins as a clerk in the medical records department and went on to finish college and everything and became the director of medical records at one time. Lotti's part of this "lunch bunch."

I think that a number of people back in the old—after World War II, a couple of men came that were members of this "lunch bunch," one of them was the administrator in the emergency

department eventually, but they came in from the war and went into jobs and worked themselves up. The other was an assistant administrator in laboratory medicine. He's still alive. But the one that was in the emergency department had a great sense of humor. Well, I think you have to have a sense of humor in order to survive some things in life, anyway.

**Warren:** I have to turn the tape over, because I just realized an amazing thing I haven't asked you.

[Begin Tape 2, Side 2]

**Warren:** You know, you're describing your "lunch bunch" to me, and clearly this was a mixed group, male and female, an integrated group, racially integrated. I'm ignoring the elephant, you know, the element in the room and you just don't talk about it. I've ignored this elephant in this room. You're a woman. In 1953—

**Cavagnaro:** Oh, yes.

**Warren:** —becoming an administrator at Johns Hopkins.

**Cavagnaro:** Oh, yes.

**Warren:** My god. We haven't talked about that.

**Cavagnaro:** The third one. The third woman on the administrative staff. There was the fourth woman. I could be called the fourth or the third, depending upon which you call the one, but she was an administrative assistant when she was doing her residency in hospital administration. She had gone to school in the School of Public Health and she became the director of medical records. So basically I was the third woman to have a responsible administrative position at the hospital.

The first one was during World War I when some of the men were called off to war, and the next one was a gal named Eileen Foley, who came after the war. She'd been in the WAVES

during the war. Eileen is, of course, retired. She is still alive and up in Pennsylvania. We get together every once in a while.

**Warren:** But tell me, was there ever a sense—you were a pioneer.

**Cavagnaro:** I know.

**Warren:** You weren't the first, but you were a pioneer.

**Cavagnaro:** One thing I can say to this, when I hear women going on about all this business, somebody pinching them and all that sort of stuff, I was never bothered at Hopkins by anybody. Of course, this crowd will tell you nobody would dare. [Laughter] But I think the way you're treated depends upon the way you act, and I think it's as true today as it was when I came. I think that I never felt—and you can ask the John Camerons and the Dick Ross and people like that—I never felt that because I was a female, that there was a lack of cooperation administratively. I never felt there. You'll get the best response from them on that.

I was fortunate that, for example, I was the administrator when we first started dialysis in order to do transplantation. I have been involved in transplantation since 1967, when that all started, until November of 1998, when I went off the board of the Transplant Resource Center of Maryland. I have been involved in transplantation all those years, even after I retired. I was on the Governor's Commission on Kidney Disease for two terms. I served eight years on that. That's all you can do on any governor's commission.

I was with the original Southeastern Organ Procurement Foundation that established sharing of kidneys before UNOS you read about in the papers today came into being. In fact, UNOS took over our computer program on the sharing. And I worked with the schools that were involved, were the University of Maryland, Hopkins, Medical College of Virginia, University of

Virginia, Vanderbilt, Emory, Duke, University of North Carolina. I guess that was it. There were eight of us, and we shared kidneys back and forth between each other.

The first time we had to ship one out, nobody had money. How were we going to get a ticket? I used my credit card to get the airplane ticket to get the kidney to where it was going. And the nurse—well, she's a nurse, but she wasn't acting as a nurse in this regard. And Cathy Hopkins will tell you, "Well, you know, Cavi gave us her credit card and that's how we got the kidney." So these are wonderful experiences that not everybody has the chance to do. You know, to be the administrator when new things were starting and not to say, "Well, we don't have that," but, "All right, what do we do?" You just did it, you know. That was it.

The first time we ran a patient on dialysis, the nurses didn't have anything to do with it. The then-director of nursing said, "That isn't a nursing—" So I stayed with the—after all, I was a nurse, so I stayed with the doctors, we dialyzed the patient, and when we were finished, we saved her. She had overdosed on something. The young doctors all started to leave, and Dr. Walker—I'll never forget him—said, "Nobody's leaving. You're all staying to help Cavi clean up." And that was it. They all stayed and helped me clean up the mess.

But, you know, these are opportunities that don't come to everybody, so I think that I owe a lot of the happiness of my life, I'm sure, to the people with whom I worked at Hopkins, whether it's Mel Williams, when he started doing the transplants, and he's still there and Gordon Walker's still around.

Then when we organized locally, when there was a national program. See, in the beginning, Medicare didn't pay for any of that. Now Medicare has taken over. So after I retired, I was recommended for the Transplant Resource Center Board by Dr. McLaughlin at the

University of Maryland. I had worked with him. He said I could be brought on, not representing Hopkins, because I was not at Hopkins anymore, but representing the public. And I was on, representing the public all that period of time. And what did they give me when I retired in November? They gave me a Big Bertha golf club, but they said, "Now, if you don't want it, you can turn it back in. Jay Perkins will let you have credit toward what you want." So I did. I took it back. I didn't want the Big Bertha, but I added a few hundred dollars. A Big Bertha's \$210. I added some money to it and got new irons which I wanted. So that was all right.

But, you know, these are things that occur in your life that I feel very fortunate, you know. And on the board of SEOPF all the years I was on, my next to the last year, at a meeting at the Kennedy Center in Washington, they gave me the Upjohn Award for my contribution to the organization. I'll show it to you. Things like that, that make your life pleasant, you know.

And as you can see, I've been a collector. I'm very interested in art that I like. It's not whether it's valuable or not; it's what it means to me. I did give a wall hanging I used to have over there, I gave to the Walters Art Gallery two years ago. They wanted it if I ever didn't want it. And it means more to them, because it's Buddha on a lotus leaf that was done in 1787, a very nice piece.

**Warren:** Oh, my gosh.

**Cavagnaro:** Yes.

**Warren:** I feel like we could go on forever, but I also feel like you need to have your life back, so I'm going to unhook you now.

**Cavagnaro:** Okay.

**Warren:** Thank you so much. [End of interview]