



**Mount
Sinai**

Call #:	INT 0178
Title:	Interview with Virginia Kanick, MD
Date:	July 27, 2017
Copyright:	Icahn School of Medicine at Mount Sinai

The Arthur H. Aufses, Jr. MD Archives

This document is a transcript of an oral history interview from the collections of The Arthur H. Aufses, Jr. MD Archives. This material is provided to users in order to facilitate research and lessen wear on the original documents. It is made available solely for the personal use of individual researchers. Copies may not be transferred to another individual or organization, deposited at another institution, or reduplicated without prior written permission of the Aufses Archives. Provision of these archival materials in no way transfers either copyright or property right, nor does it constitute permission to publish in excess of "fair use" or to display materials.

For questions concerning this document, please contact the Aufses Archives:

The Arthur H. Aufses, Jr. MD Archives
Box 1102
One Gustave L. Levy Place
New York, NY 10029-6574
(212) 241-7239
msarchives@mssm.edu

INT 0178, Arthur A. Aufses, Jr., MD Archives

Interview with Virginia Kanick, MD, by Norma Braun, MD on July 27, 2017

Physician's Lounge, 2nd floor, Mount Sinai Morningside

NB: I'm Dr. Norma Braun, Chairman of the Archives Committee of Mount Sinai St. Luke's-Mount Sinai West Roosevelt, and we're here today to interview one of our illustrious physicians, Dr. Virginia Kanick, who is Clinical Professor of Radiology, now retired. We're going to talk with her about her career here, and maybe a little bit also about herself. So Virginia, we're going to start with where you were born, and how you grew up and how you choose medicine as a career.

VK: Okay. I actually was born in Pennsylvania, but my parents moved down to Richmond, Virginia because my brother, 20 years older than I was, was already practicing medicine in Richmond, Virginia. Sorry. Then I really grew up in Richmond, Virginia, I was in junior high school and high school in Richmond, Virginia. That was a time when there was still segregation in Virginia and in the south part of the United States. So this was an all-white high school, huge high school, and of course I was the valedictorian of the high school.

VK: Because of my personality, which was a little bit aggressive, certainly very-

NB: You mean you asserted yourself?

VK: Oh yes, very much so, yeah. And I was interested in learning. I wasn't going to be what young women were supposed to be in Richmond, Virginia in the 1930s, 40s - 30s really it was. So, it was about the 40s now, I wasn't going to be a southern belle, and my family very much agrees with me that that was so.

NB: Amen.

VK: So I applied to all of the women's colleges up north and I had a choice between Radcliffe at Harvard, and Barnard at Columbia, and I choose Barnard College, because it was in New York City.

VK: So at age 17 I was at Barnard College, and I had originally thought I was going to be an anthropologist, archaeologist, that sort of thing. The first year I was studying things in that area, but by the second year I decided, since we were at that time in World War II, and the Soviet Russia group was on our side, I thought maybe I should learn to speak German and study ... Or not German, to speak Russian, and I also studied Russian history. Because I thought, maybe I would sort of work with that kind of group in the modern times, rather than the old times.

VK: At the end of that year I said no, I didn't want to do that, and the next year I decided to do something that was not well done in the southern schools, and those were sciences. I went into that, and I still remember a course called English history as a background to English literature, it was a marvelous, marvelous thing. At the end of it I realized that I really liked

sciences, so in the senior year I really ... That was it. I didn't decide on going to medical school until just about the time that I graduated.

VK: Oh, I forgot to mention, I was also the valedictorian at-

NB: I think you graduated summa cum laude at Barnard.

VK: I did. Oh, you saw that probably somewhere ...

NB: Oh yeah, mm-hmm (affirmative).

VK: Yeah, summa cum laude, and I was the valedictorian of the class. Now I am at the College of Physicians and Surgeons of Columbia University.

NB: Still New York.

VK: Yeah. I can't say-

NB: How many women were in your class there?

VK: Huh?

NB: Do you remember how many women were in your class then?

VK: Interestingly, the College of Physicians and Surgeons was more elevated in its structure-

NB: Well they became elevated during the Second World War because of insufficient male physicians; they were drafted into the military. So they reduced their concerns and admitted more women for the first time.

VK: Mm-hmm (affirmative). We had in our class about, I think it was 10 or 11 women. Most medical schools in the United States had one or two at that time, so this was very different. As a matter of fact, I maintained a connection, a social connection, with three of our-

NB: Classmates, wonderful.

VK: And I still know them very ... They're still alive.

NB: Amen.

VK: Then I graduated out of the College of Physicians and Surgeons in 1951, and they'd never had such things as valedictorians, but they did announce what five people were at the top of the class, and I was one of the five. It was obvious that I was a learner, a pretty good learner.

NB: You were AOA as well, Alpha Omega Alpha.

VK: Oh, you know that.

NB: Yes, of course. It was a very exclusive club.

VK: Yeah, that was true. Now at this point I had trouble deciding what kind of medicine I would be interested in.

NB: Pursue, yeah.

VK: I had studied quite a bit of physics in college, and I thought, radiology might be a good bet. It was now maybe about three months before I was going to finish my college thing, my medical school, and I called the people I knew at Columbia Presbyterian, and I said, "Would you accept me this late to be a resident in radiology?" "We'd like to have you but we have our whole number."

NB: Roster, yeah.

VK: Yeah. "However we do admit some people in January." And I said, "That's all right, that would be fine." They said, "All right, you'll be admitted." And I said, "Well what am I going to do between June and January?" They said, "You should go down to St. Luke's Hospital, which is our major teaching hospital, and a good hospital. It has good radiologists and all that." I said, "Sure." I got down here to St. Luke's, and oh lord, I loved the place. I just knew that it was the right place for me. I had evaluated Columbia Presbyterian, it was a great hospital, but it wasn't the place that St. Luke's was. St. Luke's had an atmosphere that was joyous, happy, very, very-

NB: Friendly.

VK: Huh?

NB: Non-competitive.

VK: That's true. And yet it was the hospital that was the elite for the elite of New York City at that time. The people who lived on Park Avenue and 5th Avenue, and the doctors who took care of them. They were all great doctors, many of them from the College of Physicians and Surgeons. So it was a great place, and I got to have great relationships to doctors, even the administrators in those days, and people like the nurses, the technicians, the people who wash the floors, everybody. It was a marvelous place to be.

NB: It was family.

VK: Huh?

NB: It was family.

VK: It was a family organization, and I was very happy with it. I think that some of the happiest days of my life were at that time, the three years that I spent there at that time.

NB: Well you were a very important teacher here. You became a very vital part of our teaching staff.

VK: Well yeah, I finished my residency in '55 and was immediately now an attending radiologist, and this was a time that was very important in radiology, and I was just lucky that so many new things had been introduced in these days, for new things to be done in radiology. Particularly in the study of arteriography. And I don't know, by some miracle, we had one of the very first of these new things. Columbia Presbyterian didn't, and it was not delivered, and New York Hospital were having trouble with it, so we were really right in the beginning of it.

VK: In no time at all, really we did so much work that there were about four radiologists of us that were interested in publishing our work, and in no time at all, in a matter of a few years, we had about 16 articles in the most important radiological journals in the United States, and in the world at that time. My name was the first name of about eight or nine of them, and again in the next few years we continued, so that we ended up with maybe about 26 articles, and my name was on those 26 articles. It was marvelous, but I was very lucky really.

NB: It was incredible growth, but part of it was your skills at using the new equipment, and that ability to do diagnostic, accurate diagnoses of patients, drew a whole other set of physicians. They'd be neurologists, they'd be vascular surgeons, they'd be neurosurgeons, and really help to grow in other disciplines through radiology.

VK: That's quite true.

NB: But I remember you as one of the most fun people to go and talk with. If I had a question about an X-ray, I had ordered I would go and find a radiology attending, and you would be so patient, and sit down with us and tell us what we were looking at and how to think about it. That to me was just great fun.

VK: Well thank you.

NB: I learned so much from that, from looking at it from a different perspective.

VK: But you see that was very general at St. Luke's Hospital. I knew a great many-

NB: That was our modus operandi, huh?

VK: No, I knew most of the surgeons. What were you in then? You were in ...?

NB: Pulmonology.

VK: Pulmonology, mm-hmm (affirmative). But there were lots of people, and I remember we were also very, very friendly with the pathologists, because we wanted to find out, and every Friday we had a combined pathology-radiology conference.

NB: Yes we did.

VK: The hospital at that time was ideal. All of various parts of medicine were in connection with each other.

NB: They all collaborated.

VK: That's right. That was what made me think so highly of St. Luke's.

NB: And why they never pulled you away from here.

VK: I stayed-

NB: You started working with the FDA. What did you do there?

VK: No, that was much later.

NB: Okay.

VK: What happened there was that, getting to know all these people, in no time at all I was involved in many different committees of the Medical Board. Those were the first ones. Within about, by 1960 I was involved in a whole group of people who were in this, and I can tell you some of the ... I was a member of the Committee on Bylaws, Rules, and Regulations, the Committee on Medical Board Planning, the Commission on ... Oh God, I can't ... Problems here.

NB: But there's so many, that's part of the reason.

VK: There were so many of them. The end result of it was ... Oh, I had two very interesting committees that I was chairman of. One was, actually it was a few years later ... It was after we had merged with Roosevelt. No, it was just before we merged with Roosevelt. We were deciding should we keep on having a pediatric service. I was chairman of that committee. That was a very important committee. And I was also chairman of ... Can't remember now. I'm going to tell you now-

NB: That's all right.

VK: I'm going to tell you now what the problem is with my memory. And I don't mind saying this.

NB: That's all right.

VK: I have, at the present time, the diagnosis of Alzheimer's disease, and therefore I have problem in memories. One of the major problems, it is disturbing, is not being able to remember words. Therefore, you can see that I have to hesitate at times, and look at what the other very interesting committee was that I was the head of.

VK: What else? Well I knew so many people in all the various different parts of the medical staff, that in no time at all I was on the Medical Board-

NB: Executive committee.

VK: Executive committee, that's right.

NB: I remember that, yeah.

VK: I was a member of that before 1970, it was the 1960s, because on 1971 I was the secretary of the Medical Board.

NB: Right, and you became the first woman president of the Medical Board.

VK: That date was 1981 to 1982.

NB: The Medical Board is a group of physicians who took care of every aspect of the hospital's function. Infectious disease, pharmacy, et cetera.

VK: That's right. As a matter of fact we were, at that time, even in 1981, we were more of a power than-

NB: Later times.

VK: No, we were more of a power than the administration. During the time that I was president of the Medical Board, we were merging with Roosevelt Hospital. When we had to decide which hospital's chief of each service should be the combined hospital chief, most of them, almost all of them, were from St. Luke's Hospital, until we came to the surgical one, and there was much more discussion about the fact that Roosevelt Hospital had a very good surgical service. Very good, it was the best service.

NB: Very strong, right.

VK: Oh, you knew that, that they were.

NB: Mm-hmm (affirmative).

VK: The problem became very, very difficult. As president of the Medical Board, I was a member of the executive committee of the board of trustees. I was a member. You remember Gary Gambuti [Mr. Gambuti was Hospital President]

NB: Oh, absolutely, he was president.

VK: He was not a member, but he was allowed to come to the meeting. This thing was brought up, that the medical group was having trouble, in that St. Luke's wanted the chief of the combined hospital surgical department to be from St. Luke's, and the Roosevelt Hospital wanted theirs. So we were discussing that. While we were discussing it, the administrator got up and said, "Since the medical staff is having so much difficulty, why don't you, board of trustees, allow the administrators to make the decision?" Well there I was, the only medical person there, and I said I would object to this very, very strongly, and I said not only I, but I'm

sure the medical staff would be. At that point, the argument became very, very difficult, and at that point, I told the board of trustees that I was leaving the meeting, because this was-

NB: Unacceptable.

VK: Very unacceptable. What finally happened was that the St. Luke's surgical service admitted the fact that perhaps it was time for a service to be the Roosevelt chief, and we did that, so that settled that. It was a very interesting period there.

NB: Was that the time of John West?

VK: Hm?

NB: Was that the time of John West [John P. West, MD], or was it MacFee, [William F. MacFee, MD]?

VK: MacFee, yeah. So it worked out very well in the final analysis, but it was a very difficult thing for the president of the medical board.

NB: I'm sure it was, because a delicate task, if you will.

VK: Yeah. Well I should mention that I was not only the first woman to be the president of the Medical Board at St. Luke's Hospital, but I've tried afterwards to find out what other hospital in New York City, any hospital, had a woman who was a president, and I found out that, so far as I could find out, I was the first woman to be the president of the Medical Board in a major teaching hospital.

NB: In the country.

VK: Perhaps, but I never could prove that. I never could.

NB: You need a historian.

VK: Well I wasn't a historian.

NB: It's okay. But you were active in the county medical society as well, and the state medical society.

VK: Wait a minute, let me get to that. Can I get to that later?

NB: Yeah, absolutely.

VK: Because I have to mention another thing, which you may not be aware of.

NB: Oh, I'm sure.

- VK: That was that, prior to my being president of the Medical Board, each and every president of the Medical Board of St. Luke's had either been an internal medicine person or a surgeon. They had never had any of the "You're not so important" services.
- NB: Radiologists.
- VK: So I was the first one out of that group.
- NB: As well, yes. So you blazed a trail for the rest of us.
- VK: Yes, that's right.
- NB: Now we have a chief of rehab as our Medical Board president.
- VK: We do?
- NB: Mm-hmm (affirmative).
- VK: That's good!
- NB: We're expanding, thanks to you.
- VK: You're getting more democratic.
- NB: Uh-huh, absolutely. In this little D sense, yeah, absolutely.
- VK: Yes.
- NB: With all the activities you were following here, how did you find time to be so active in both the county, New York County, and New York State medical societies?
- VK: Very good question.
- NB: Obviously, you had a voice there too.
- VK: I was what they call the associate director of the radiology department. Nat Finby was the director, but he left me in charge of all the physicians, the radiologists and the technicians and all of that, so I was busy. I was very, very busy.
- NB: I bet, very busy.
- VK: And we did quite a bit of teaching of the radiology residents that we had, and we had quite a number of radiology residents all along. Yes, and I had all these various committees and whatnot. And somehow or another, the Medical Society of the State of New York, I have here that by 1977, I was on the advisory committee to ... Yeah, I was with the New York County Medical Society on the advisory committee of the health systems agency in New York City.

NB: That's a big part.

VK: Yeah. I was also on the board of directors of the Medical Society of the State of New York by 1978. I was the secretary and officer of the Medical Society of the State of New York. No, that was the county.

NB: Oh, sorry.

VK: That was the county medical society. I was the vice chairman of the New York County Medical Society in 1978. I was in the board of sensors, and I remember that I liked that particular field, in the New York County Medical Society, in '83 to the time that I retired.

NB: I'm very interested in the one you did on medical devices.

VK: Yes. Oh no, that was the important thing. The most important thing that I was involved in, and it was for seven years, the Radiological Society of North America, and I had been on some of their committees too, they had been asked to provide a radiologist to the advisory committee of the FDA on medical devices. There I was. It was a seven-year pattern, and I stayed even after I had finished at St. Luke's Hospital. I continued in that. It was a very important part, because it was just the time when so many changes were occurring because of the digital world. And not just in radiology, but in other things too.

NB: Yeah, right, more and more devices.

VK: But they needed the radiologists for things like the new MRIs, and there were the-

NB: CT scans.

VK: PET scans, and all kinds of things of that sort. When I was working at St. Luke's I had to take, at least once every two or three months, take a day off to take a plane down to Washington and back again. At the same time, with the Radiological Society of North America, whose center was Chicago, I was involved in a great many of their committees, and I had to go to theirs.

VK: There actually was one day when I was supposed to go both to Chicago, to the Radiological Society of North America, one of their committees, and to Washington.

NB: So how did you split yourself?

VK: I went down to Washington and I told the people in Chicago I couldn't make it.

NB: Well obviously, you have a long history of extensive travel, so travel is not a barrier to what you do.

VK: No.

NB: So how was your interest in travel engendered by your interest in anthropology?

- VK: What happened was that even during all the time that I was working at St. Luke's, I traveled, almost always, in the spring and in the fall. At least two weeks, and sometimes three weeks. And this was made possible because I was at St. Luke's Hospital, and we worked together as radiologists, and I managed to get that. I traveled then all over the world. I had gone in 1950, when I was still in medical school, I had gone for three months to Europe in 1950, which was the first year after the Second World War that tourists really were-
- NB: Allowed.
- VK: Allowed, yes. Now how did I manage? Well two months were vacation months at the medical school, and one month I played hooky. [Laughing]
- NB: When did you first develop an interest in skiing?
- VK: Oh my gosh. That was very peculiar. Did I tell you that?
- NB: Mm-hmm (affirmative). You didn't tell me it was peculiar, I know you loved it. Did it a lot.
- VK: Well with all this busy, busy stuff involving being a radiologist and all these things, I was so busy that, in my early 30s, I said to myself, "Virginia, it's time to find a husband." Well I wanted a husband, very much. I wasn't that anxious about children, but I wanted a husband. And I did get engaged to, he was a dermatologist, who actually came from Montreal. He was a Canadian. But he was in the United States for some study or whatnot. He was a very nice guy, but he wanted to live in Canada. That was fine so far as I was concerned. I went home, my father had died at this point, but my mother said, "Virginia, you can't marry him." I said, "Why?" She said, "He's not an American." I said, "Canada is American." "Oh, no. He's not a member of the United States." That bothered me a little bit, but marrying him was more important.
- VK: Very short thereafter, I had taken a trip to some place, I don't remember where, and I came back after two weeks, and he got in touch with me and told me that he had decided, he wasn't going to marry me.
- NB: That must have been heartbreaking.
- VK: Yeah. Well in the same year, I became engaged to another man, who fortunately at least was from North Carolina, and was a pediatrician who decided he didn't want to be pediatrics any more, and he came up to New York to become a radiologist. I liked him very much, and we were engaged, and guess what, I got jilted again! All these people at St. Luke's who know me and all that, I was heartbroken, and they said, "Virginia, why don't you go with us this coming weekend? We're going skiing." They dumped me off in the ski school. They were already skiers, there were about four or five of them. They dumped me off, and I loved the sport in no time at all, and it became a very important part of my life, and it cured me of this depression that I had about the two jiltings thing. I must say that skiing substituted.
- NB: It became another passion.

VK: That's right. You're right.

NB: That's great.

VK: And in the final analysis, they said to me, "Virginia, your problem is that, although those are very good physicians, you're going to go way ahead of them." And they were right.

NB: I think a lot of problems with the way men are raised, that they have to be the top dog, and if anybody supersedes them it reduces their sense of masculinity, and that becomes a threat.

VK: You're quite right.

NB: So unless men have enough self-confidence that is not threatened by a woman's achievement ... That's one of the reasons I like Bill Clinton, because he's able to marry Hillary, who is a very strong woman.

VK: At that time ahead of him.

NB: And very bright. Yeah, very much ahead of him. She in fact was much smarter. She was also valedictorian at, where did she go to school, Wellesley.

VK: Wellesley, yeah.

NB: She went to Wellesley, yeah. I think there are not that many men who have enough self-esteem and self-confidence to not be threatened by a strong woman. That's why we women have to raise our sons better.

VK: But we're progressing from that.

NB: Yes. It's a slow process, yes.

VK: It's growing.

NB: It's happening. More men are not afraid to be at-home fathers now either.

VK: That's happening in our family. I am closer in age to my nieces and nephews than I was to my siblings. My siblings died a long time ago, so my two nieces and two nephews are very close to me. Their mother had Alzheimer's disease too, and she was not able really. So by the time the kids came to their age 10 and the early teens and all that, I was sort of the substitute mother. I took them on, I had a three month job as being the one and only radiologist on the island of Barbados, and St. Luke's Hospital allowed me to go.

NB: That's grand.

VK: That was wonderful.

NB: It sounded like you're Auntie Mame!

- VK: That's right. What happened was, two nephews and two nieces came with me, because they gave me a huge house, and servants, which I didn't have in New York, but I did there, and fortunately one of them was 18 years old and could drive the car. So I could do the work, he could drive the car during the day, and I would join them later and over the weekend. It worked out very well. I also, quite a number of years later ... Maybe they were now 21, 23, something like that, I rented a villa about...
- NB: Ooh, in Italy?
- VK: In Italy.
- NB: Ooh yes, lovely.
- VK: Oh, it was wonderful. It was about an hour's drive from Venice, and it was part of a villa that was built originally in the 16th century, and redone multiple times, and the people who owned it were descendants of the ...
- NB: Family.
- VK: Yeah. Unfortunately, couldn't afford to stay there, so they rented it out. I had gone there, just in the lower part of the villa initially with two friends, and then the next year I invited some older members of the family. Then I invited these younger members of the family, and they came over for ... Well some of them couldn't come for the two weeks, because by this time they were going to college or something like that. But one stayed for I think two weeks, and most of them stayed for one week. I think one stayed for just a weekend, but he came.
- NB: Quite a stay for a weekend.
- VK: Oh, I paid for it of course. By this time I was having money.
- NB: Wonderful memories. Who were your role models? Because you were definitely our role model, so who were your role models? Who were the ones that had the biggest impact on your career?
- VK: I can't really figure that out.
- NB: That's all right. You were blazing your own trail.
- VK: That's right. I think so. I was the first woman to be all over St. Luke's Hospital as a physician. I do remember people like Ted VanItallie (Theodore B. VanItallie, MD).
- NB: Oh yes. Ted is still active.
- VK: Oh, that's right.
- NB: We've interviewed him.

VK: Yeah, you did.

NB: Yes, we did. It was wonderful.

VK: Did you know Sami Hashim? [Sami A. Hashim, MD]

NB: Absolutely, we're interviewing him too.

VK: You are?

NB: Yep, in fact we did him already.

VK: Yeah, I see.

NB: I'm trying to get all the people I can who were a [central?] part of us.

VK: I was interested in Sami because he was in what I call 'creative medicine.' He impressed me very much, Sami, because that was important to me. I felt that was important to everybody. Creative [unclear 00:37:13] medicine.

NB: Well he's very smart, he's still very active. They're [Dr. Hashim and Dr. VanItallie] working on a very promising supplement for Alzheimer's disease that has been working in the animal model.

VK: That's right.

NB: Now they've got FDA approval to start human clinical trials, which they'll be starting soon.

VK: That's right. I know all about that.

NB: So there's promise, there to come.

VK: Yeah. And Ted VanItallie is involved with that too.

NB: He and Sami are working together on it, exactly.

VK: Dick Pearson [Richard Pierson, MD] told me about them.

NB: Well Dick is using the supplement for his wife Kitty.

VK: For his wife. She's had a very good response.

NB: So we will see what happens. They're going to come down and be interviewed too.

VK: Oh, they are. Both of them.

NB: Right. Because when he travels, he takes her. Doesn't leave her alone.

- VK: Is it fair for us to say that she has Alzheimer's disease?
- NB: Yeah, she has Alzheimer's disease.
- VK: You know that? It's all right for us to say it here?
- NB: Yes, I know that. Then of course, Dr. VanItallie's, - both wives died of Alzheimer's.
- VK: I didn't know that!
- NB: Yeah, so you've got a lot of impetus and a lot of thinking involved in seeing the process first hand, and then understanding metabolism as well as he does, to actually come up with a creative solution that is relatively simple, instead of mega bucks and all these drugs.
- VK: Can I ask a question now?
- NB: Of course.
- VK: Has there been any study that the people who have Alzheimer's disease frequently seem to be well-educated?
- NB: There's equal numbers of people with Alzheimer's disease who are not well educated. It was shown by the study from the nuns in Chicago.
- VK: I see.
- NB: There they found that the correlation, the 4th grade English test scores were the best correlate with developing Alzheimer's in that group of nuns in Chicago. So maybe the process starts sooner than we know.
- VK: Because you see my two sisters also were very, very well educated and very intelligent.
- NB: I think for them they may be more aware of it sooner, because they're at a higher level of brain function.
- VK: Oh maybe so.
- NB: So you can see the loss at a greater contrast. If you're not functioning at a very great level, who sees it?
- VK: I see.
- NB: I think that it can be a misconception that it may be, but unfortunately, like so many things in life, disease has no respect. It hits anybody, and you don't know when. [inaudible 00:39:53] just genetic disorder.
- VK: Democracy enters into it.

NB: Absolutely. So would you like to add any other personal comments about anything? Did I forget to ask anything?

VK: Let me see, I may have ...

NB: Because you've such an incredible story of a lifetime. You're now 91, that's a lot of years to have done so much of what you did.

VK: I think maybe we've finished.

NB: And would you give any advice to new people, for, for example, a young doctor coming along? Or young person pursuing medicine?

VK: I have distributed to a great many of my relatives, and to many physicians that I know, a person who right now is the president of the New York State Medical Society, and I've forgotten his name, but in a-

NB: Is it Peter Lombardo?

VK: No.

NB: No, okay.

VK: It's his successor.

NB: Oh, I've got to think about who that is.

VK: He wrote, it's a very short thing that is only about one page, as the editor of the brochure or magazine that's put out by the Medical Society of the State of New York, a description of what is happening to medical people. And it is very well written. It is, I think, the best ... We are all aware that there are changes in the way medical people have to work nowadays.

NB: Are being trained.

VK: That's right.

NB: I'd love to see it. Do you have a copy you can share with me?

VK: I have a copy that I will send you.

NB: Okay.

VK: I just sent them out last week, and I'm getting, on mine, I'm getting reports about what they think of them. I'll send you one.

NB: I would appreciate getting it, because I'm still involved in teaching and I think it's a very important part of how we train the new physicians.

VK: I think so too, yes.

NB: Well thank you so much, it's been a great pleasure talking with you, and thank you for sharing the time.

VK: Oh I've loved this. I thank you for doing this. And you're doing this because you feel that this is valuable, and I agree with you on it.

NB: I think not only the legacy of St. Luke's-Roosevelt, our heritage is what we're going to pass on to future generations. I think so many times, when you see something with no dimension, that the audio-visual component gives it life, and I wanted to try to capture this part of our history and let it be available to anyone, and to future generations.

VK: I think future generations will thank you, and I thank you too.

NB: Well thank you, indeed.

VK: My name is Virginia Kanick, K-A-N-I-C-K, and my title is Full Professor of Clinical Radiology for the College of Physicians and Surgeons, Columbia University.

[END OF INTERVIEW]