

Interviewee: Dr. Ellen S. More  
Interviewers: Nicholina Allain and Bridget Lynch  
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Overseen by: Dr. Carl Robert Keyes and Dr. Lucia Knoles, Assumption College

**Abstract:** Dr. Ellen Singer More was born in Manhattan, New York, in 1946 and earned her advanced and medical degrees from University of Rochester, NY. She is Professor Emeritus and Founder and Head of the Office of Medical History and Archives of the University of Massachusetts Medical School. In 2003 she received the Margaret W. Rossiter History of Women in Science Prize from the History of Science Society for *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*. She also co-edited *Women Physicians and the Culture of Medicine*. In this interview, Ellen discusses her major research and teaching interests that include the history of American medicine and health care with an emphasis on the history of women in medicine as well as the balancing required to be involved in family, work, and community simultaneously. She also described the solutions she has used to navigate life. She believes there is no one formula to solving problems, but encourages seeking unique solutions. In her concluding remarks, Ellen addresses the importance of diversity in education and the importance of acknowledging sexual assault and harassment as factors that keep women from moving forward in their aspirations in life.

**NA:** First question we have is what is your full name including both maiden and married, so I know you mentioned just earlier about your last name right now, so if there's anything else you'd like to add

**EM:** Yes, both are pretty important and my name is Ellen S—which stands for Singer—More with one O, M O R E. More is my professional name. It was the name of my first husband and since I was just starting out my career and all my publications began under the name Ellen S. More. After I married my second husband, my dear current husband, I have kept that name and that's the name on my passports and that's the name on my driver's license. So, my name is Ellen Singer More.

**NA:** The next one will be were you born in the Worcester area?

**EM:** No, by Worcester standards I'm a late-comer to Worcester. I was born—and because I'm an academic, I've moved around a bit which is what professors tend to do, and so I was born in New York City—in Manhattan in other words. And when I was about six my parents and I moved to Southern Westchester County to the city of Mount Vernon and Mount Vernon is a lot like Worcester. In fact, it's got neighborhoods that are very densely populated, it has parts that are very elegant and prosperous, it has the full spectrum of socioeconomic classes, it has ethnic diversity. And in that regard it's very much like Worcester. When we moved to Worcester, I felt like I knew what a city like this is like. It's rich, and has variance, and people have lots of opportunities of all kinds as far for me to enrich the community, for the community to enrich me. And that's, so that's where I grew up after New York. I went to college at the State University of New York at New Paltz and then I went to graduate school to get a PhD in history at the University of Rochester in upstate New York. And Rochester is where I feel as if my life really started. I arrived there thinking I was going to become a historian of Tudor Stuart English history which is the sixteenth and seventeenth century. And that is what I got my degree in, but when I—so let me back up and say it's also the place where I met my first husband and it's a place where, because of that I stayed much longer than I normally would as far as somebody getting a PhD. Normally, if you were fortunate you might get a job and you're in a really horrible job market in the humanities which was true in the 1970's and 80's and it's true now. You normally wouldn't stay, but you would move on to wherever you were going to go, but because I was married, I stayed in Rochester for a long time. I had my daughter while I was in Rochester. There are several points I would like to emphasize with respect to becoming a woman historian and a professor, an academic, particularly starting in the late 60's, early 1970's. The first is that there weren't that many women professors at that time. It was—and history in particular is viewed as a field which had been very dominated by male historians. There weren't very many in the older generation of women historians. And so, there weren't that many role models and so this has a bearing on the early part of my career because my advisor was a very, let's say gender traditional male. And he's a very good historian, he was a very good teacher, and I know he thought highly of me and he thought highly of my dissertation and I was thought of as a good, promising student. But, in the last stages of writing my dissertation when I went to him as graduate students always do to their advisors—part of an advisor's responsibility to help you get a job in a PhD program. And I asked, "Well what shall we do about this? I would like your advice and your help." I don't know what words I actually used but that's the standard process for someone who is going to try and go out in the job market in academia. And he said to me, "Oh, Ellen, your husband works for the Eastman Kodak company, stay home. Write books!" And that was the end of it. And so, there was absolutely no help or encouragement of a kind that would be useful in actually becoming a professor. And, it's really not feasible for someone to stay home and write books as someone who is just out of graduate school. It's really very unlikely that you'll make a career for yourself if you do that. So, at that point I began to realize I was going to have to come

up with a plan B. On the other hand, ever since college I wanted to be a historian, so plan B did not include changing my profession, but what was I going to do? And at about that time the University of Rochester was awarded a multi-million dollar grant for the commonwealth fund to develop a curriculum for undergraduate students who were intending or were hoping to go to medical school, but who wanted to have a more varied undergraduate course of study and what was typical for them was to, the ultimate idea was to get more people into medicine who would have a more humanistic orientation and who would be less narrowly focused on organic chemistry and so every department in the humanities was encouraged to come up with new courses that might be of interest to such students. And my department, the history department, asked me if I would try to develop a course to be submitted to the internal grants committee and possibly get money from the committee for the department, and for me to teach this course to undergraduates and because I was studying seventeenth century English history I came up with a course on the English, on the scientific revolution of the seventeenth century, which I thought would be interesting for these students who were very science-oriented. And, the message came down, “We would like you to teach a course for us we would just like you to make it a little bit different. We would like you to come up with a course on history of the American Medical Profession,” which had no bearing whatever on anything I had ever done, anything I had ever written, read, or taught. But, of course, I was already in too deep and besides which I felt I needed to broaden my horizons because I didn’t know what I was going to end up doing and so I said sure and quickly did what most faculty members do when they have to teach a course they don’t know anything about which happens all the time, if your professor didn’t tell you that. I read everything that I could in a relatively short period of time on the history of the American Medical Profession and put together a course. And I taught it for the next two years while I was finishing my dissertation on seventeenth century English history and the course was a big success, the students just loved it. And I was fascinated and hooked and really began to think that history of the American medical profession was where I wanted to put my energies for my career. And it was especially cemented when, in the second year, a couple of the women students asked me, “But where are the women?” And I had no answer to that question. I did not know. This was 1979 and I know now partly from my own book that the 1970s was a decade when women physicians or women medical students were suddenly increasing in numbers and were becoming a presence in American medical schools where they never had before. And so, it was a really great question to ask, and since she was hoping to go to medical school it made perfect sense that she would ask it. And at that point I realized that I wanted to research on women in American medicine. And it was also at that point that I finished my dissertation. We had our daughter, Betsy, and I became a teaching fellow in the history department that I said earlier that I was looking to figure out a way to stay in Rochester because I was married and I didn’t feel that I could care for a young child and go and take a job any place that was distant. So, I became a teaching fellow and I also was converted to the fact that the medical library at the

University of Rochester had fabulous archive materials on early women doctors in the United States. And this was so exciting because it included the records of one the very earliest women's medical societies in the United States, and it included forty years of correspondence between the third woman physician in the United States and her son from the 1870s to the early 1900s written, obviously written in her own hand and writing about what it was like since she was widowed at the time she started this correspondence, what it was like for a woman in Rochester, New York, to try and establish herself as a physician not in partnership with her husband, but entirely on her own. And to raise her son, and to deal with male physicians, really the vast majority as they say, she got an early medical degree in the 1850s and at the time she was only 31, ever to get a medical degree in the United States. And so here was this trove of documents which I knew would occupy me for years and would really feed my need to write about women in the United States, women accomplishing something meaningful and important. Women up against enormous obstacles. There were incidental, in her letters, fairly common references to having to go collect bills from her patients who didn't want to pay her or her fears that she wouldn't be able to keep up with her insurance payments and her fears of what people would think of her for sending her son off to boarding school. It was really remarkable how closely these documents spoke to me as a young professional at a time where women were just beginning to enter the profession and I was married, I had a job, I could really think about what this woman and others I read about in these same collections were going through. So, although I did publish articles from my dissertation in English history and started to establish myself from that, I at the same time, started working to develop a field on the history of the American Medical Profession. And I was lucky enough that Rochester put together a post-doc for me, and I taught at the medical school there and then we had this program that I taught in the history department the course, Women and American Medicine, either the first or one of the first courses like that ever taught in the United States. And I also taught a women's studies program the course was called, of course, Women's Studies, and I taught a comparative history of women and the professions so women in medicine and nursing, teaching, and social work, how do these professions differ and is there any way in which they could be compared to professions like engineering or law. And so, I developed a teaching profile, started working on articles in the history of medicine, not just seventeenth century history. And so, when unfortunately my husband and I decided to divorce in 1987, I was able to credibly go on in the job market. And within three months I had a really wonderful job and at the time it felt absolutely miraculous but there was only two jobs in the United States that year that were really appropriate for someone with the kinds of credentials that I had. To get one of them was really enormously rewarding and I was not the sole financial supporter for my daughter of course, but I was the full-time caregiver for her. She and I moved from Rochester, New York, to Galveston, TX, and I became a member and faculty at the Institute for Medical Humanities which is at the University of Texas Medical Branch, and was at the time then leading the Medical Humanities Institutes in the country and I

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started as a visiting assistant professor. By the time I left seventeen years later, I was a tenured full professor and I wrote most of the articles that I have published. Both history of medicine and medical humanities, and by the time I left I had published two books. One was the direct result of these documents I started working on while I was at Rochester. It's called *Restoring the Balance: Women Physician's and Professional Medicine*, and it's about how women from 1850 to 1995 have confronted and dealt with the problem of how to be a woman physician. How to not only be a physician, but to be a woman and married or single, gay or straight, have children, not have children, become a clinician, become a researcher, all of the possibilities that are open to women in the profession. How has this happened? How did it evolve over time? And by that time, I had met my second husband, and we were married in 1997 and he is a professor of computer science and was just then beginning to look for a job of more responsibilities and he was hired at WPI [Worcester Polytechnic Institute] in 1998 as the chair of computer science. So, that's how I got to Worcester. [laughs] It's not quite as easy as it sounds, you can't just sign that you're going to be a full professor in a particular place. There has to be jobs open. And so, in 1998 he moved to Worcester, but Betsy was a senior in high school so I certainly wasn't going to relocate that year and besides which I still had to become a full professor, I was coming up for full professor in the very near future and it was much better all around for me to actually do that. So for a few years we commuted. Every weekend we would alternate. I would fly to Massachusetts or he would fly to Texas. When Betsy graduated she went to Brown [University], and so she was very close by so I could fly in and could spend the weekend with him and see her for lunch taking me back to TF Green, to the airport, to fly back to Texas. So, so that worked out O.K. but of course you don't want to be separated from your relatively new, dear husband for years on end so I began looking for opportunities. And I had a sabbatical for six months at Northeastern [University] and I was a fellow at the Radcliffe Institute for Advanced Study in 2000, 2001. And then I was fortunate enough to get the equivalent of a year and a half of consecutive funding so I could actually move to Worcester and at that point we built a house which is just across the street from this campus. And in 2004 I became a visiting professor at UMass Medical School in the psychiatry department. And that was because they had at the time, I'm not sure if they still do, a division which was extremely interested in medical ethics and one of the things I had done at the Institute for Medical Humanities was to teach medical humanities and medical ethics as well as history of medicine so it was a very good fit. And I was there as a visiting professor for a year and a half entering that time. I learned although they didn't have the medical history or medical humanities department, they had an expressed need to do two things. To create an archives; they didn't have one. And this medical school started, well they opened in 1970. This was 2006, and they did not have an archive. And one reason they became aware of the need for an archives was that the first generation of founders were all retired, some had died. People were leaving, taking their papers with them, and the chancellor at that time Aaron Lazar, spelled L A Z A R, he wanted a history of the school. So, they wanted someone to start to build an archives. They also

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wanted someone to write a history of the school. You can't really do that without having an archives because what records will you use? I negotiated with the head of the library and of the school and they created a position as head of the office of medical history and archives, and in 2006 I started officially, and my faculty appointment simultaneously was professor in the department of psychiatry and I spent the next ten years launching an archives and writing a history of the medical school which was published in 2000—let's see, it was published in 2016 I think. And, well maybe it was published in 2017. I don't remember the exact publication date because a beta version went online in 2014 and that was when we had a publisher for the book, that it was revised and published. I think 2016 is probably the correct date. So that book was published and that's the year that I retired from UMASS Medical School. So, for me, Worcester has been a place where I've been able to continue to live a full life and to teach history of medicine and write and publish. I published another book, a co-edited volume just a few years after I got here which was a collection called *Women Physicians and the Culture of Medicine* because many of us felt that there wasn't enough on women and medicine and it took into account that different, the diversity of the field that had developed since books like mine had initially been written. The National Library of Medicine posted a major exhibition called Changing the Face of Medicine, which is online. You can Google it and find it. And I was the visiting curator for that. And then we had a conference, invited scholars. So that book was published in 2009 while I was at UMASS Medical School. But then I turned my attention entirely to learning the history of this really quite extraordinary young medical school and publishing a history called *Beating the Odds: University of Massachusetts Medical School History*. And once I was able to finish that I was able to go back to research which I started at Radcliffe and so now in retirement I am trying to finish a book called *A History of Advocates for Sex Education*. And that's taking me down very different roads and gets me back to a commitment to history that speaks to social needs and social concerns and the connecting thread is a woman physician named Mary Calderone who was someone I interviewed for my first book in 1984. She was 80 and I always knew I would go back and write a full treatment of her career. And she's the heart of this book on sex education. Sex education is what she devoted her life to, although she didn't really start at it until she was in her fifties. So that's my answer to your question.

**BL:** I have a question relating to the records that you listened to or read, was there a particular story in general that you found most impactful to you?

**EM:** Yes, I think that was the story of how the women physicians I was reading about needed to work together in order to fully realize their professional goals. They formed a medical society, called the Practitioners' Society and it was modeled on the old male medical societies that were common in every large community in the United States. They met once a month; they'd read

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papers. Whereas the male physicians would go out for dinner afterwards, they held their meetings in their own homes and they cooked for each other for these meetings, which I thought spoke brilliantly to the differences in culture between male professionals and female professionals, certainly then, to some extent now, not at all to the same extent. And they were very careful to refer patients to each other. They were very careful to, if there was a job opening that could have been filled by a woman—in the 1880s that wasn't always true, but if there was a job opening that could be filled by a woman, for example, a public health physician or something like that, they stood up for each other and tried hard to—and they were politically active, too. One of the two women physicians I was most interested in, Sarah Adamson Dolley, was a friend of Susan B. Anthony, and she was not as politically active as Susan B. Anthony but she did what she could and she was a supporter. She would sometimes sit on the podium when Susan B. Anthony was convening a meeting just to show her support even though she didn't speak because she felt her field was medicine and she shouldn't be speaking about something that she wasn't an expert on. But she was very clear that she was a supporter of women's right to vote. She became active in organized medicine, the American Medical Association, starting the Women's Medical Association of New York State. So, what spoke to me is, she wanted to be a physician, and a woman, she was married, she had a son. She wanted to do everything. She didn't want to be, as many women physicians at the time were, someone who had to devote her life only to being a physician. She wanted to be a citizen of her city; she wanted to be fully involved personally, professionally and civically. And that spoke to me a lot... that spoke to me a lot. It's very demanding to be a successful professor. You have to travel to do research and you have to get published and you have to work hard. For years on end, I would cook dinner and then at about 8:30 at night I would go to my study and work on research. That's just the way it was. But that didn't mean not having some serious involvement in my family, in my community, in working to make sure women on campus were treated well. I've always been active in women's professional organizations. The story spoke to me as a way of saying, here is someone who was working 100 years before I, but the issues weren't all that different. And her solutions weren't all that different to the ones that I found either. Which is to say that you can find a way to do what you want to do. It's not going to be the way anyone else exactly did it before but it'll be your way and, in the end, when you look back you will be able to say I didn't let myself be diverted. I thought about what were my values and what was most important to me and I tried hard to work to fulfill those responsibilities and not be limited to what more traditional members of society, thought were the limits that should be placed on what the 19<sup>th</sup> century women, or the 20<sup>th</sup>, or the 21<sup>st</sup> century women should do. So that was very meaningful to me.

**BL:** So, you were speaking about how you stayed motivated, in such a sense, by remembering your values and what's important to you, how did you balance everything? [Laughs] Your family, professional life, your community-based life, your studies...

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**EM:** [Laughs]

**NA:** [Laughs] Traveling, too.

**EM:** Well, you look for ways to—you look for solutions. And you don't think of the large picture, necessarily. You do if you're an academic; there is one proviso here. In order to get tenured, and any young professor knows that there are things you have to do, so you do have to look at the large picture in that way. You do have to think to yourself, "Well, how am I going to get a certain number of articles and a certain number of books published?" and "How am I going to get a national reputation?" and "How am I going to be on committees?" So, you keep it in mind so that when you are deciding whether to do this or that you have a basis for deciding; does this further my work? Or does this take me off in a direction that isn't going to be useful. I mean I did that once from 17<sup>th</sup> century English history to 19<sup>th</sup> and 20<sup>th</sup> century American medical history. You can really only afford to do that once [laughs]

**BL:** [Laughs]

**NA:** [Laughs]

**EM:** And I was extremely lucky [laughs] that it worked out. You can't just keep doing that. You do have to bear in mind what it is that you want to accomplish. But as far as the small steps, you have to simply be aware of your environment and what are the possibilities that your environment allows. So, while I was a young professor in the Institute for the Medical Humanities, it was very clear to me that I was really fortunate that I had senior male colleagues in the institute who had children who were about the same age as Betsy. And in one case, or two cases, they became friends. We could do things together; this was great. That family and our family could socialize in a way that was easy and almost immediate. It didn't take a long time to get settled in and so forth. You figure out about daycare, you figure out about babysitting, you figure out about after-school programs, you figure out that, for me, it was very important that almost every work-day, every weekday, I was home and I was cooking dinner. Even when I was, over the course of my life span, eight years doesn't sound like very long, but there was a period of eight years when I was a single mother and trying to get my career going, I really wanted to make sure that I was there for Betsy. Now, I didn't need to be there for her during the day because she was at school, but I did need to be there for her on weekends when she wasn't playing with somebody, in the evenings, there are vacations. You are always solving problems, that's the way you do it. You think every day, every week, I need to get these things done and these things also have to be taken in to account, how am I going to do that? I have to figure it

out. And you do, you figure it out because you have absolutely no choice [laughs]. And you have no choice not only because your career and your family's well-being are on the line, but also because, in my case, I was doing exactly what I wanted to be doing so it makes it much easier if you are lucky enough to be doing work that's interesting. And then there are things that you do. There were conferences where I brought Betsy along. And at least one of my colleagues did the same with his daughter. There were times when Galveston had really bad hurricanes and we had to evacuate, so a few of my colleagues, and their children, we caravanned out from the Gulf Coast up into the interior of Texas. We did that together. You can't predict how you're going to solve your problems, but you will. And things will work. And it gets... I don't want to say things get easier because I know that there is nothing easy about being a young mother. My daughter, who is now 39, has a three-year-old and a husband. The parents both work full-time jobs. So, they have to figure all this out, too. I see how tired they are. I see how busy they are. So, I know that I'm not remembering how difficult it must have been at the time. And as a historian I know that it is important in doing oral histories to remember that people often don't remember the difficulties. We mainly remember the successes. I mean I remember my professor telling me, "Oh Ellen, stay home and write books," because I'll never forget that. But there are all sorts of small things that you don't necessarily remember. Here's one, and it's a good example of solving a problem. When I knew that I was going to be changing fields, I started focusing the research I was doing on an article to be published in a professional journal and I knew that it would be important for me to give a paper at a professional meeting. And this was going to be my first conference giving a talk to the American Association for the History of Medicine. So, a really important occasion, it's sort of like your coming out party. Not in the new sense, but in the old sense [laughs].

**BL/NA:** [Laughs]

**EM:** In the 19<sup>th</sup> century sense, not in today's sense. And you know, your paper is your first talk for your main professional group. It's where your first impression is going to first be given. Well, like most people, I left the actual writing of the paper to three or four weeks prior to the conference. No one does these things way ahead of time, just in case you were wondering. And that was exactly when I had papers to grade, and it was exactly when Betsy came down with an intestinal virus that had her throwing up every hour on the hour for about two weeks. And the result was—and my then husband was working full time—the result was that her wonderful day care provider wouldn't take her because that's the kind of thing that daycare does not, sensibly enough, accept—chicken pox, she could have gone if she had chicken pox, but, an intestinal virus... So, this was the problem. How to get the paper written while you have a kid who is really sick and really miserable in a way that doesn't involve long hours of sleeping [laughs]. I always had to be on call. I managed to get some of it done, and then finally there was a period of

a week where I found someone who would take care of her and I got more of the paper done then. Then she got better, and by that time it was almost time to go to this conference which was held at Duke University. I got on the plane knowing that I had about 50% of a paper written and what was I—so you're solving a problem. I wrote more of it on the plane, I wrote the rest of it in the bathroom of the hotel room that I was sharing with a woman who was traveling to the same conference. She was rooming with me and we were splitting the cost. While she was sleeping, I couldn't work in the room she was in... and that was how my first paper, which went on to be published in a very good journal and the paper, was a success. So that's how you—I don't know if you want to call that balance. It's simply solving problems all the time and trying to bear in mind you that you have responsibilities that extend beyond your profession. So that if you do take time to do things like this that you are also remembering to take time when you get home. To have time with your daughter, and time with your husband. And it is a balancing act and there is no formula for it. I always say to people, because one of my major books is called *Restoring the Balance* and I always say to people, "Remember that doesn't mean you reached a state of balance, it's not equilibrium, it's keeping your balance, maintaining your balance. It's never a flat steady stage. It's always juggling"

**BL:** What are you most proud of regarding your career and regarding your life?

**EM:** Two high points in my career were learning that *Restoring the Balance* had won the Rossiter Prize from the History of Science Society for the Best Book on the History of Women in the Science or Medicine for the preceding three years when it was given. That was 2003. And that was a moment of great pride. And another, I suppose a career highpoint was being invited by my peers in the history of medicine to be on this panel in 2018 of quote distinguished women historians of medicine, to talk about our careers and how being a woman affected our careers, and how the field has changed, and what we would like to see for the future. I was especially proud because the other three women on the panel were people who I was surprised to be considered as one of their company. But I was. And there I was, so when I think about it that was a career high. My life, I guess what I'm proud of in my life is having overcome a number of obstacles to become a successful historian. And having been a historian, whose work has, from what I've been told, been useful. And to maintaining a balance where I have a very loving relationship with my family and didn't have to sacrifice any of that for career success. I feel very fortunate. And that's I guess all I can say about that.

**BL:** Based on your life experience, what advice would you give to women of today and future generations?

**EM:** Based on my life experience I would advise women today to think carefully about what they would like to contribute to the world and not to be discouraged by the many obstacles that can appear to come between you and your goal. Because they're almost always is a way around. I mean this is true even if you have one of the most difficult obstacles, such as having a child before you have finished your education. That is a horrible, difficult obstacle that many, many women have been sidelined. Many girls have been sidelined by not having an opportunity to get an education. So, obviously, you must get an education. You must prepare yourself to be self-sufficient. But beyond that, think about what the most you could do might be. And keep it in front of you as an option. Don't close off your own options. Keep them open. And look for ways to solve the problems that will come up that will seem to keep you from fulfilling your goals. And the other is, that having solid values, humane, empathic, charitable values will help you keep your integrity. Integrity is another way of saying you should stay true to who you are.

**NA:** Now that we're working to tell a fuller story on history of women, anything in particular you think we should include? Is there anything that we missed? Also, is there anyone that you might know that would be a good reference to talk to in the future for a similar interview?

**EM:** For that I might send you an email because I do have a few names. There is something I forgot to mention, and I did speak to this point when I was on the panel in May. And I spoke to it when I was the Women's History Lecturer, the annual Women's History Lecturer at UMass Medical School, this year also. And that is that we must remember not to minimize the terrible impact of sexual assault and harassment on women as a factor in keeping women from moving forward in their lives. There is now a lot of literature in the science and health fields, or science and medicine, on the effect of sexual assault or harassment. Even micro-inequities, but macro-inequities, too. There are many, many girls, and young women, and young professionals, who have had the experience of having some kind of experience, some kind of overture or even attack, that has resulted in their leaving the field. Or continuing, but being very, very over cautious in the way they do their work and in curbing their ambitions. So, it is a direct factor in limiting women's ambitions in the world. For future research, I simply want to remind us not to forget to inquire about whether or not that has ever been a factor in one's career. It was fortunately never a serious factor in mine, I did have a few encounters that were not serious and were not threatening, and have not affected me at all. But there are women, particularly young women, who have not been so lucky, and I do want to remind us not to suppress—because it is so unpleasant and so horrible—not to suppress our awareness of this as a factor that keeps, particularly women in graduate school and medical school, from moving as far along as they could. And the other is that, I know you are doing this, it's superfluous, but to look for diversity in your subjects. I think that this Worcester Women's History Project is doing a very good job of that. I hardly need to tell you to do something that you are already doing really well.

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