

Ranice W. Crosby: A Tribute to Fifty Years of Teaching

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The following is Part 2 of an article and conversation with Ranice, written by Dr. John Cody, published in a limited edition for alumni and presented to her at 'A Tribute to Fifty Years of Teaching' on June 12, 1993. It is our sincere hope that this two part series in the Journal of Biocommunication will not only stand as a testament of her value and guidance to the profession but also remind all that knew her how "lucky they were to have a Ranice in their life... to love them, guide them, instruct them, and scold them. To listen to them, understand them, and befriend them."



A TRIBUTE TO FIFTY YEARS OF TEACHING

Part 2

She found Brödel "charming, comfortable, humorous, reassuring, attentive to my portfolio, questioning of my college curriculum, and most pleasant to my sister . . . He made suggestions for my senior year studies. I felt I was almost accepted."



She felt at ease with Max but was "very polite. Perhaps all students were at that time. No student would have dared to address him by his first name, and the endearing name 'Papa' was used by students only among themselves." In those years he was teaching a class for exclusively male medical students and physicians, and Ranice was quick to notice that

all addressed him respectfully as "Mr. Brödel." The interview turned out to be anything but an ordeal. "Application, interviews, etc., were more informal and less intimidating at that time" she recalls. Later, her parents met Brödel, and he and her father "hit it off," she writes, "both having the 'immediate camaraderie' qualities." Of paramount importance to her mother, and what most imposed on her about the meeting, was the fact that "all was settled for her child."

Mrs. Crosby's first impressions of Baltimore were pervaded by a youthful romanticism. She and sister, Olive, stayed at the

Stafford Hotel on Mount Vernon Place. It was very "old world" in atmosphere, and Ranice felt as though she were in Europe. It was still a great time for Baltimore. Mencken was going strong, there was still the Cotillion Ball and its elite society, and still in the air was the devil-may-care atmosphere of Zelda and Scott Fitzgerald. Looking through rose-colored glasses, she saw nothing of the black community, segregation or poverty on that trip.

She was graduated in June, 1937, after taking the courses suggested by Brödel, and in late September her parents drove her to Baltimore and settled her in. The Medical School ran then from October 1st to May 30th — four months of vacation! — due, no doubt, to the intolerably hot weather in a city without air conditioning as yet, and few electric fans. They found a row house where an absentee owner rented rooms, and she moved in. To her delight another entering medical art student had taken an adjoining room. This was Hazel Kastner from Seattle, Washington, who was to become a life-long close friend. Hazel was then engaged to James Nickson, a medical student at Harvard. But while at Hopkins she transferred her affection to Henry Thelen, a Hopkins medical student from California whom she finally married. Ranice was witness to Nickson's unsuccessful efforts to win Hazel back (the desperate young man left Harvard and enrolled at Hopkins in the attempt.) Ranice found the rivalry of the two young men painful to observe. "I loved them both" she admits. It appears that Hazel brought, along with friendship, a little vicarious excitement into Ranice's hitherto quiet life.

Hazel and Ranice ate breakfast in the row house and took lunch and dinner in local restaurants. For their second year they took an apartment on Broadway where they could prepare meals. Slowly, they realized the neighborhood was turning "black," and for the first time Ranice became aware of the plight of the Negro. This was her first experience of living in a city where there were minorities and, "coming from northern cities I wasn't at first sensitive to discrimination." Academic settings had further shielded her; moreover, her sister had never openly discussed with her social color differences, even during Olive's graduate years at Duke when there was ample opportunity to observe them. It should be remembered that one of the traits in her father of which Ranice was most critical was his tendency to intolerance. Ranny tended to be both anti-French Canadian and anti-Semitic. Even before she, herself, had the chance to see racial prejudice in action, Ranice was aware of something deep within her that condemned it.

She and Hazel seldom had reason to leave the East Baltimore area. The city market, theater, branch of the Enoch

Pratt Library and local shops all were nice and adequate. The area was dominated by a large Germanic and Eastern European population. Only gradually did it dawn on the roommates that Blacks were not allowed in the theater and were confined to their own stores.

Her relationship with Brödel was “very pleasant and friendly, but our age difference made it impossible for me to be other than respectful and quiet.

There were a few students who seemed to be able to get closer to him. Eila Hopper [Ross] was one (from letters I learned that he was attracted to her because she came from Canada to study with him — specifically, from his favorite place, Ontario) and Ted Bloodhart, from California, who seemed to “pal” with him; they would walk down the hallway with arms over one another’s shoulders.” Brödel was “fairly non-verbal with individual desk-help. He sat down, picked up our art materials and worked on our project. Of course, it came

alive, and we learned by watching while other students crowded around, also. He did offer suggestions and often provided anatomical, pathological and physiological information.”

Brödel sometimes acted out a criticism instead of offering it verbally. “He once picked up my drawing,” Mrs. Crosby recalls, “turned it over and said that he expected to find the unseen back of the subject matter on the reverse side of the paper. Lesson: too labored, overdone, important instructional points not given emphasis.”

The curriculum then consisted of anatomy, pathology, and physiology taught by Brödel. Also, he taught half-tone, pen and ink, and water color renderings, primarily of specimens and surgery. Second year students were assigned some jobs that came to him — to be done under supervision. Anyone asking for experience in ophthalmological illustrating was sent to Annette Burgess, and microscopic illustration was also available if the student requested it. In contrast, today’s students receive their pre-clinical basic science instruction with the medical students. Many subjects offered today in the Department of Art as Applied to Medicine were unknown when Mrs. Crosby was a student: photography, sculpture, television production, computer graphics, graphic design, instructional and exhibit design. The range of media and equipment has also expanded to include airbrush, acrylic paints, drafting film and many other

things. A big difference is that now medical art programs may offer Master’s degrees and require the writing of a thesis. Mrs. Crosby believes that many of these innovations would have pleased and stimulated Brödel — especially the introduction of the research thesis and the computer.

Old and new continue to have many things in common. “The basic emphasis,” says Mrs. Crosby, “is still on problem

solving and accuracy in anatomy, surgery and histology. Unchanged, too, is the need for camera ready art, well executed for good reproduction.”

When asked about the first impact on her of Brödel’s work, she gives a surprising answer: “He seldom showed us his work in the originals. So my understanding of his talent and appreciation of his knowledge and skills increased *yearly* since I’ve had constant access to his works and writing.”

To the question, “What did Brödel think of *your* talent?” she answers, “He had a

private rating scale — numerical ratings from 1 to 10. I was scored as very good along with most of my classmates. His top word was ‘exceptional,’ so I guess I was about size 8 or so. I didn’t work as hard as I should have. I had a TB flare-up, so for some months I didn’t get up until noon and was in the studio only in the afternoon. The program was inspiring, but we didn’t work as hard as our present students do.”

Question: “It has been said that you were a favorite of Brödel’s. Is that true?” Answer: “I don’t know where you heard this. Not true. He had no obvious favorites. But, he could ignore those who disappointed him. Maybe he just wished they’d give up and leave so as to spare his having to drop them. I can appreciate the difficulty. Our Graduate Board now requires that students be told by written notice their standing mid-year. That helps.”

Mrs. Crosby is unhesitating when asked to name the person Brödel considered his foremost student of all time. “DORCAS” she replies. “In an annual report he *said* that she was the most gifted of all his students.” Then, following behind Dorcas Padget she names the runners-up: “the Didusches, Jim and Bill — then others, — Ralph Sweet, Will Shepard, Mildred Coddling, Mel Diedrick, and Helen Lorraine.”

To the question, “Do you think that Brödel’s work, in an artistic sense, will ever be equaled?” she gives an unexpected



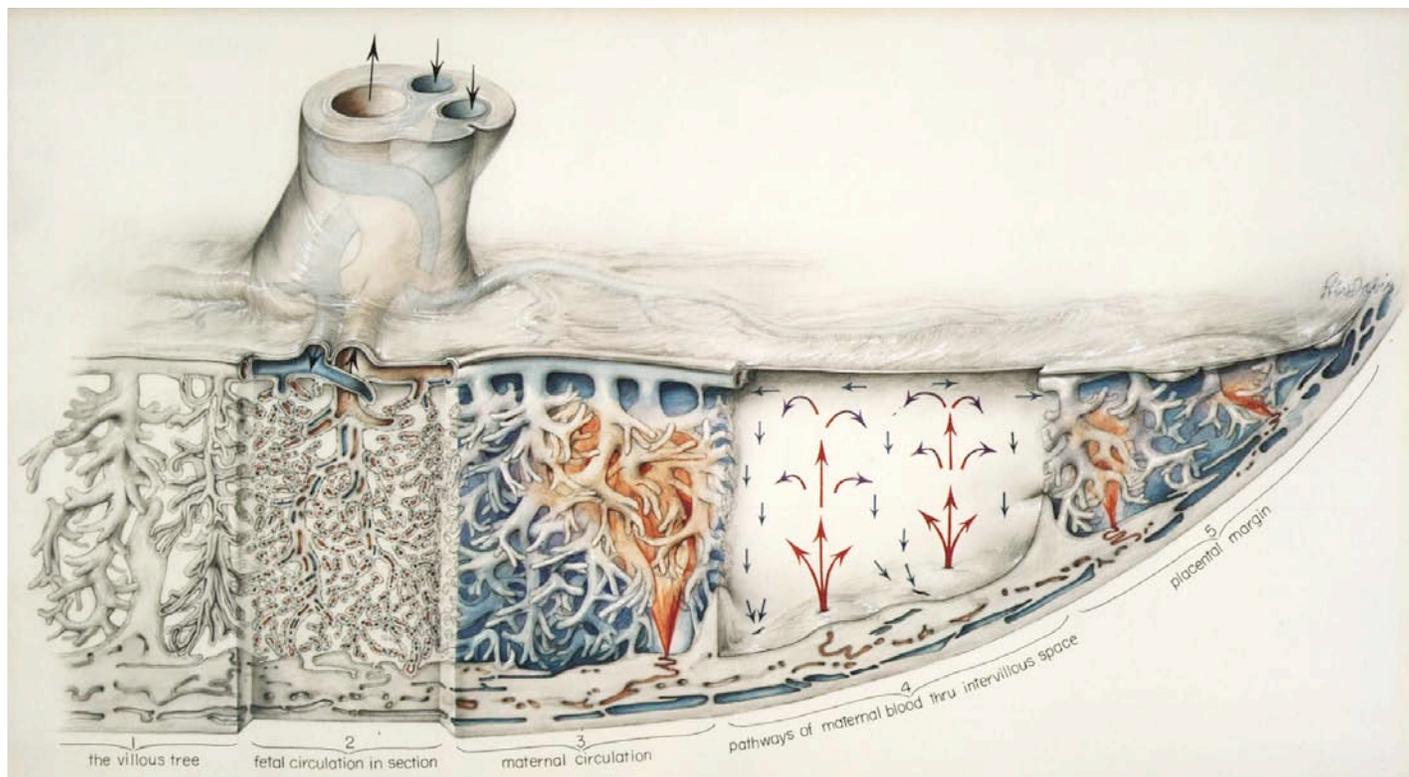
Ranice, circa 1953

(and confusing!) answer: “Yes. From an artistic point of view and keeping in mind the current ‘state of the art.’ One quality should be explored further, *Realism*. I don’t feel that today’s illustrator will reach the level of *believability (realism)* that Brödel achieved because they don’t utilize *actual* tissue (nor is it provided for them). Most illustrators, especially the freelancers, do not have personal physician contact or access to fresh tissue. Also, they do not utilize their knowledge of (gross) histology enough to depict correct or believable tissue make-up. *Conceptual* is a BIG word today. Yet it expresses the quick state of medical advancement and cannot be discredited. We should, however, look carefully at the commercial aspect of this.”

At the question, “Was Brödel really so exceptional, or was he the product of an exceptionally rigorous and thorough academic, Germanic art-training?” she leaps forth in a froth of white caps that almost makes the questioner reach for rain gear.

to learn more. But he didn’t share the research (seems to be ‘just the illustrator’) for whatever reasons. Brödel’s need to achieve for self/family intellectually and financially was of primary importance. BUT *also* his interest in the subject matter — *new* information, the cumulative significance of the *advancement of Medicine* (through *man*) was a primary impetus. I suspect that most geniuses have a personal motivation promoting their discoveries/advancement. Even Mozart. Note: Do I feel that you lean toward Brödel’s training ‘Germanic’ background over the ‘total’ person achievement? Or are you playing the devil’s advocate? I doubt if Brödel would have survived (and increased in esteem) if there hadn’t been more to his value and contribution than art and good fellowship.” With that, the ruffled waters close and blue calm prevails again.

After three years with him, she was recommended by Brödel to Dr. Nicholson Eastman, Chief of Obstetrics. Eastman was



Placenta, showing structure and circulation.

Drawing by Ranice Davis Crosby, Plate 7, *Carnegie Inst. Wash. Publ. 625, Contrib. Embryol.*, 38, 59-70, 1966

“Brödel was EXCEPTIONAL” she flings back in no uncertain terms, “there were his own contemporaries having had (at least, Becker) the same rigorous training: August Horn and Hermann Becker (OK — Horn was into Fine Arts and Brödel lovingly described his ‘pros’ and ‘cons’ in his *In Memoriam - August Horn*) but what about Becker? I think he wasn’t as desperate to prove himself. We don’t know anything (yet) about his Leipzig family background and he ‘disappears’ out of Brödel’s life after the Kelly era. I hope to track down the family here in Baltimore

looking for an artist to illustrate a textbook intended to replace *Williams’ Obstetrics* which no longer reflected current practice at Hopkins. She completed the illustrations for this book after her appointment in 1943 to the Directorship of the Department of Art as Applied to Medicine. It was published as a nursing textbook on obstetrics. Incidentally, Mrs. Crosby somewhat prefers the term “medical artist” to “medical illustrator.” The former, she says, “reinforces personal identity as an *artist*. BUT,” she goes on, “if the medical artist becomes too “arty” and

cannot get into the obligation of *teaching*, then he or she should be called *Illustrator*, and that role stressed. I'm fairly neutral; anything but Bio-Medical Communicator!"

Had she been groomed by Brödel to be his successor? The answer is no. Only 25-years-old at the time of Brödel's retirement in 1940, she was too young to be considered seriously for the position. Because medical art represented a full department, a chairman had to be selected by the customary search committee, and James Didusch, by virtue of age, experience and ability, was chosen to take over. After two years, Didusch decided he preferred his old job at the Department of Embryology and gave up the directorship. Another search committee was formed. Candidates were considered — Elizabeth Brödel, for one — and Dr. Eastman sponsored Ranice Birch who, of course, accepted their offer.

What were the feelings of a young woman of only 29 following in the footsteps of Max Brödel? "I was too naive," she writes, "to realize the magnitude of the work and responsibility. I was probably one of the youngest persons ever to head a department. Dr. Alan Chesney, Dean at the time, was wonderful and helpful. I went to him for advice about a problem, a year or so after my appointment. We discussed the problem. He was very kind, walked me to his office door, smiled, turned off his hearing aid and suggested I go back to *my* department and work out a decision. I never asked for his advice again. He had pushed me to the edge so I could fly on my own. A perfect Dean, most important in my professional life. Dean Turner gave me similar support in steering the Department into the Graduate School of the University on the East Baltimore campus, and in instituting the Master of Arts degree in Medical and Biological Illustration."

Asked if she was a born administrator, she answered, "If mathematics and business management skills are guarantees of successful administration, then I wasn't born or trained for this. My qualities for good administration, I guess, were perfectionism, persistence, pride, 'caring', a pre-feminist insistence on equal ability, an inherent sense of discretion, and an ability to inspire teamwork, respect for co-workers, and loyalty. Under all of this were personal hard work and the expectation of hard work from all. Also, consideration and fairness. I accepted responsibility for

letting faculty off early in bad weather, and allowed exceptions for each when necessary. Our department has a HERITAGE — a matter of ambience and reputation." Her mother attributed her daughter's success to "Taurus [April] stubbornness."

Certainly, that success has been astonishing. Her contribution to medical illustration, her influence on the entire field, are second only to Brödel's. We know something of *how* it came about, but what forces made it possible? The question is not for Mrs.



Crosby to answer, but for ourselves to contemplate. By what stages did the shy, unassertive young girl who was Ranice Birch become Mrs. Crosby, the formidable doyenne of medical art who imposed her own standards of excellence far and wide — in fact, imposed them everywhere the art is practiced? How did the daughter who was "not a leader but a follower" take over the reins of a whole profession and guide it unerringly for over forty years? How did a dependent youngster manage to become a woman who, for almost a lifetime, had no one but herself to depend on? How did a schoolgirl with a positive phobia about mathematics become the adroit budgeteer and hard-headed administrator? How did the frail and easily fatigued convalescent become a positive work horse who set the pace for industry in her students? How did

the forgetful, dreamy artist and loser of purses become the living memory-bank and fail-safe archivist of all Brödeliana?

The answers, as far as they can be given, must reside in an iron will, a will irresistible as the tides. It is not that the timidity and introverted qualities have all evaporated. One still catches a glimpse of them in the occasional white caps and sub-surface glints and shadows. But she has forcibly submerged them as nonconductive to the attainment of her major goals. If people sense hidden depths in Ranice Crosby, as most do, it probably has to do with their awareness of these contradictories. If there are still unmistakable signs of withdrawal in her personality, they become all but irrelevant in view of her attained position and achievement and the quite opposite qualities that made that achievement possible.

To return to less speculative matters.

Next came the question: "Being the Director must necessarily have curtailed your own artistic productivity: What did you feel about giving up both fine art and (to some extent)

medical art for the sake of teaching and administration?” What informs her answer is her gratitude that the position afforded her both a decent living and personal satisfaction in achievement. “After all,” she writes, “my income has been essential! And, for most of my working years, I was totally self-supporting with a daughter to raise. I had no reason to resent time given to teaching and administration because I loved teaching. I ran a department that satisfied the budget office and continued to bring in scholarship money and support: W.B. Saunders Co., William Didusch Fund, Kathleen MacKay Powell Fund and the Feldman Lectureship.” Another white cap surfaces at the query, “Any regrets?” which brings forth a formidable “NO!”

Question: What aspects of medical art give you the greatest pleasure? Answer: “Accumulating data and creating an unusual approach to the visual depiction. I also enjoy media display and teaching.”

Do you prefer to draw, paint, weave, etc., or teach? To this she replies: “Actually, TEACHING is a HIGH, especially with students of the graduate age. Drawing, painting, weaving, etc., are marvelous but have agony built into them — frustration, discouragement, even anger when the hoped-for image just will not appear. A special kind of friendship comes with sharing a learning experience and the comfort and pride of growth and (even occasional) success.”

As one might expect of one who places teaching so high on her list of priorities, her source of greatest satisfaction comes from having “guided so many gifted young students into a career that satisfies them” and from the evidence that “they look back on their years at Hopkins as formative and memorable.”

When pressed for the names of former students whom she thinks most satisfactorily embody in their work the ideals of the Department of Art as Applied to Medicine, she indicates the futility of trying to name them all, then ticks off: “Herbert Smith (Houston), Neil Hardy (Westport, CT), Jerry Hodge (Ann Arbor), Marjorie Gregerman and Diane Abeloff (Baltimore), Howard Bartner (Bethesda), Timothy Hengst (Thousand Oaks, CA) and Perri Sparks (Dallas). Among the young ones: Mark Miller and Corinne Sandone (Baltimore), Nadine Sokol; (St. Louis), Timothy Vojt (Columbus, OH) — and *others* — !”

She says she felt handicapped as a teacher in not having had the time to produce enough of her own illustrating. Now Gary Lees, the present Director, has the same conflict, as had Max Brödel before them. She also feels that as an administrator

she did not “ ‘push’ the department enough by appearing in academic and Hopkins social events frequently. As an only parent I had almost *no* evening independence and no money to pay for sitters.” She is proud of a blow she was able to strike for working mothers: “I brought child-care deductions into existence, testifying in Washington before Senator Millikan. I pointed out that while I was paying to earn *any* income, businesses were deducting expenses to *increase* their incomes. I worked for several years getting data together for my testimony.”

To the question as to what were her first goals as the new Director of the Department, she replies, “1) to add to the faculty, 2) put basic science instruction into the Department of Anatomy, 3) offer multi-media skills — photography and medical sculpture, and 4) to offer specialty training when we had unique faculty — for example, ophthalmological illustrating under Annette Burgess.” It turned out that there were no obstacles to implementing any of these ideas, and later she had the full support of the Dean, Dr. Thomas Turner, in bringing the Master’s degree program into existence.

Was her being a woman a significant handicap in the attaining of goals? — in other words, was there male chauvinism at Hopkins? To this she replies, “Not on the surface. But I knew that women physicians were not advancing in faculty appointments.

I couldn’t recommend faculty advancement (to Associate Professor) for myself, of course, and I *was* surprised when it came about. The real discrimination came in salaries — but this was across the board in the work force — before ‘equal pay for equal work.’ But, even Brödel’s salary wasn’t in line with his position, years of work, and contributions.”

Mrs. Crosby considers the late Fifties as her most trying time as Director. The program was still three years, ending with a certificate. She began to hear murmurs from the Administration: the Art Program was static, the Medical School was outgrowing its quarters with the demand for more room growing greater and greater. As she says, there was increasing “ouchiness” over the space the Department took up. As for the great collection of Brödel art, now considered one of Hopkins’ prime treasures, she was told that the school had no leeway for “storage.” Something had to give.

The time seemed ripe for a new approach and, with the support of Dr. Turner, there was now ushered in the era of the Master’s degree program. “Turner,” says Ranice, “was a



The Ranice W. Crosby Distinguished Achievement Award for scholarly contributions to the advancement of art as applied to the medical sciences. Established in her honor by alumni, colleagues, and friends in 1986.

visionary in terms of archives and graduate education in areas other than the basic sciences.”

Many of her goals have been achieved, others are continuing. Among the latter are the following: “To maintain *quality* illustration and place graduates in good positions; to keep an active, loyal alumni; to support graduates moving into other science branches (M.D., Ph.D.) or into other fields (fine arts, children’s book editor and illustrator, etc.); and, to have unquestionable accreditation on every review date.” The department’s ability to turn out fine illustrators is undisputable. “This year (1989),” she writes, “out of thirteen student applications for AMI summer internships, our students took places 1, 2, 3, 4, 5, and 8. Satisfying . . . I have always kept in touch with former graduates to let them know that we keep the best of the ‘old’ while taking on the most useful and appropriate of the new, i.e., computer technology. My hat off to Gary Lees for the latter!”

Question: What do you think are the chief strengths of present day medical illustration? Answer: “Same as ever: *visual* understanding to support language composition. To fulfill the extra need of senses: to see, to feel the reality of the work. And, also, to relate a complicated piece of information in a simplified, or even diagrammatic, manner.”

Question: What are its chief weaknesses? Answer: “Crude and amateurish artistic efforts. Ignorance of reproduction requirements for camera-ready art. Errors in scientific fact: anatomical, pathological, etc. Errors in surgical anatomy and procedures. Emphasis on picture design and media allure instead of on TEACHING and on cooperative elucidation of written and visual information.” But she believes that, on the whole, present day illustrators have the right scale of values in regard to their work. “They know what combination of skills they have acquired and place appropriate value on these. They have learned to protect themselves by good business practices.” At times she feels medical artists have succumbed to the temptation to be too commercial, slick and trendy. “For example: magazine covers where the pitch is Editorial Art — a visual teaser for the feature article.”

Question: Are they better or less well grounded in basic art skills than the students of Brödel’s day? She replies: “I have to say BETTER — at least after their schooling and in the early years of their career. Brödel’s students and he, himself, depended on the continuing education provided by the hiring physician or department. Examples: Dorcas Padget with Dandy; Annette

Burgess with Wilmer; Bill Didusch with Hugh Young; Codding with Cushing; Schlossberg with cardiac surgeons; Elizabeth Brödel and myself with obstetricians and gynecologists, etc. Today, the young illustrator is expected to produce good work in *all* areas, and their training is planned to be supportive of this. Heavens! I never dissected the head or extremities — Brödel emphasized the chest and abdomen, at least in my years under him.”

Question: What personal qualities make for a good medical artist? Answer: “Passion, curiosity, persistence, reliability, ambition, critical judgment, resilience, humor, kindness, imagination, generosity.” What qualities, then, are handicapping?

“Lack of critical judgment; lack of conviction, confidence and sense of self-worth; procrastination; secretiveness; ‘fudging’; non-identification with artist/scientist role; lack of inventive imagination. Need more?”

Her students, she believes, view her “with surprise, that, when they learn my age, I work so consistently, and ‘push them along’ as I do. I feel they respect me, like having me as department advisor of their theses, and seek me out on any gyn surgery project. The students want faculty who are closer in years to their youthful experiences but, when severe upset occurs, I find that some students turn to me for consolation and advice.”

What most upsets students about her, she believes, is that “I can be impatient and chiding when there is obvious neglect or compromise. Terrible. One student said she wanted to ‘let it all out’

to me because I was her CLAM. Nothing went further. I’m reserved and generally careful of my stated opinions. I allow for differences: People ain’t alike. But, my daughter didn’t believe this until recent years. She now asks my opinion and accepts it or not without feeling put upon. I don’t have enough humor and dislike it at another’s expense. I’m impatient with people who are consistently *late*.”

She is not spontaneously gregarious. “I’m contented,” she writes, “without constant socializing and avoid many parties when I expect fatigue (standing cocktail parties [and here she draws a little bleary-eyed face]) or boredom [another face — woeful]. I grow morose in certain settings — Manhattan depresses me, extremes of wealth and poverty are upsetting, part of the reason I’m not the best traveler. My happiest times are at horse and dog shows, country fairs, simple restaurants, the opera, at spinning gatherings, and with a few friends.”

Her father died in 1967, at age 91, probably of cancer of



Ranice with her father Randy, and her daughter Ranice Henderson Crosby.

the duodenum. Her mother died nine years later (1976) at age 86 of an unexpected stroke following cataract surgery. "I had lived away from home since 1937," she says, "visiting fairly frequently while my parents remained in New London. But once they moved to California, I did not see them on a regular basis until after my daughter [Ranice Henderson Crosby] was born (1952). I took her west every other year. After my father's death we went less frequently as my own work continued through the summers and included the AMI meetings. His death was not as painful for me as my mother's. I missed writing the long newsy letters to her which I had done for ten years or more, at least twice a month. I missed worrying about her. I have been unhappy that my daughter had so little contact with her grandparents. She had no contact with her father or his parents, and next to none with my sister and her family [also in California]. With the death of my mother the 'family' just seemed to disappear."

Question: Would your parents be pleased at what you have done with your life? Answer: "I think so, especially Mother. Father would have some suggestions." Question: Would Max Brödel be pleased at your directorship of the Department of Art as Applied to Medicine? Answer: "I hope so — especially with the collections, scholarship funding and conscientious selection of students . . . with the Department's survival."

Question: Are you pleased? Answer: "Yes. I'm pleased that I kept the Department from becoming an 'audio-visual unit' with a so-called Audio-Visual Coordinator in charge. With a very few exceptions such persons knew nothing about the basic sciences, the arts, medical education, publication or public relations. Their goals were power and income. I'm pleased, also, that I kept the Department literally above ground with natural light. Artists in some departments elsewhere, rechristened graphics/draughtsmen, were given 'wonderful' overhead fluorescent lights and relegated to the basement! I'm especially pleased that I was able to promote our archives from the status of 'the institution can't afford space to store art' to the University's recognition that the collections are among its TREASURES."

Shortly after she became the director of the medical art department, Ranice married Garrie Robert Davis. This was in 1944. At the time, Garrie had a wartime commission as a Lieutenant in the Merchant Marine and was just about to go into training for the Pacific theater of war and the transporting of

troops in the war zone. He played polo, had been a professional horseman and specialized in schooling hunters. When he left the service, and after their marriage, he went to Ithaca, New York to fulfil his long-time ambition to become a veterinary physician. He achieved this goal, completing his studies at the Cornell School of Veterinary Medicine. He died in 1963. By that time Ranice junior had been born and Garrie and Ranice divorced. Long separations and the husband's resentment of the need to accept his wife's financial support contributed to the breakdown of the relationship.

A year after Davis' death, Ranice married the Reverend Jon C. Crosby, an Episcopalian priest affiliated with Grace and St. Peter's Church where young Ranice had been enrolled in the parochial school. Question: Was marriage incompatible with your own career? Answer: "Yes. In both instances *my income was essential* in my first marriage, in order to finance professional schooling (unfortunately, at a distance from Baltimore.) In my second marriage it was because the salary of an assistant pastor was demeaningly low and required a second income. (Most churchman's wives by this time had declined to be a support-vicar without pay and had entered the work market.) Neither of my husbands was able in the long run to accept financial support without bitterness and rebellion. Neither was able to acknowledge my

abilities and contributions. The rest of the syndrome you know only too well."

To the question, was there ever a time when you were 'just a housewife'? she replies, "No. When I stepped down as Director in 1983 and began part-time, I thought the two non-working days and weekends would let me find the pleasure in keeping house. I soon found out that I didn't like it — not cleaning, cooking, decorating, etc., etc. Wish I had had a devoted housekeeper!" In another place she is more emphatic and says, "I hate cooking, and food isn't one of my 'things'. I'm bored with exchanges of recipes and restaurant comparisons."

What of the future of medical illustration? Is she completely satisfied, for instance, in the way the AMI and the field in general are going? To that she answers, "No. Perhaps free-lancing is more time demanding, but I notice that some of these illustrators who hold responsible positions in the AMI are totally irresponsible about their communications. In my opinion, the single most important thing for the AMI to achieve is the



In 1987, Ranice was the second recipient of the AMI Lifetime Achievement Award. She is pictured here with Neil Hardy and Russell Drake.

acceptance of the fact that we are a small, highly specialized, elite society and should publicize ourselves as such, retiring the BIG IMAGE mirage. Medical illustration has a future as bright as can be expected when the medical artist is dependent on income from a financially troubled (insurance and Medicare) medical profession, and on a profit-making publishing world where the *pride of quality* printing, binding, editing, etc., is lacking. Physicians, today, are just as inclined to utilize medical illustrators as they were a generation or two ago. Medicine is not becoming less illustratable, but the ultrastructure forms are being depicted in a different mode. I believe the conventional techniques (pen and ink, carbon dust, watercolor) now in use will continue and be popular for some time. Electronic illustrations will be utilized mostly for low cost reasons. Color runs up the cost of publication regardless of the rendering media (hand or technological). The more the professional comes to accept a substitute for *optical realism* the more computer generated art will be used. I see the latter as *very* helpful in research and for projection but not as popular for print-out, yet, except for statistical illustrations.”

She thinks the most exciting thing going on in the field at the present time is computer banking and retrieval, computer art-imaging in 3-D and rotation angling. “Dorcas and Max would have loved these,” she says, “and learned to adapt these capabilities to their research work. As a research tool such things are remarkable — artistically, they satisfy only a limited audience.”

Question: Can medical illustration, at its very best, aspire to the status of fine art? Answer: “I don’t think so, because they are meant for different purposes. However, I think that much of natural science illustration can — Cody moth paintings, for example.”

Question: Do you belong to any groups through shared interests? Answer: “I was bored with medicine group socializing: the men talked ‘cases’ and the women ‘children’. So I moved into and enjoyed *the dog world* — breeding, showing, judging, etc., but then became fed up with the gossip, the discontent, and anger at the judges and handlers. I then moved into the world of *fiber artists* — nice, friendly *women*, very sharing and creative, but I didn’t wholly enjoy being with men fiber artists. Alas, though I’ve always had art group involvement, I found my interest in art history at odds with those art lovers whose responses to

canvases are pure aesthetics. I can move back and forth among these groups, but need *rest* from constant antagonism. I am leaving Friday afternoon, March 31st [1988], for a spinning retreat at a quiet, comfortable convention center in Port Deposit, Maryland . . . about 25 spinners from the Cloverhill Spinners (Baltimore) and the Moonspinners (Washington, D.C. area) — a long weekend of nothing but spinning and companionship. Can you see us! [drawing of smiley face]. The group includes one man — 25+ wheels spinning on and on from 9am to 12pm

— stopping only for meals, breaks for walks, reading, or visiting around the big fireplace. We all need to get away (from whatever) and have uninterrupted time to produce a required number of ounces of yarn for projects — knitting, weaving, etc. This is our fifth Annual Retreat. The Cloverhill Spinners is so named because I started it 5-6 years ago [Ranice Crosby lives on Cloverhill Road] and am called ‘mother-of-all’ (part of the spinning wheel). Weaving is ‘on and off’ for me. I have two looms, but currently am not weaving. I can weave during the day hours when there is good light, but am handicapped in the evenings with lamplight. Also, weaving requires a quick mathematical concept of harness patterns . . . I’m very slow at developing a mental image of the pattern that will evolve. Frustrating. I’m a *slow* weaver and need to work quietly at my own pace

and yet I love group weaving for the interaction and stimulation. However, I couldn’t become a full-time weaver as I could become a full-time painter. There are *mechanical* restraints built into loom-art which are not experienced in painting.”

Question: In what way are these activities creative outlets for you? Answer: Both weaving and spinning have two units. 1) the skill involved in the perfection of the fabric and of the yarn and in its suitability for a specific project. 2) The production of the project: tailoring, knitting, crocheting, etc. Very few persons are tops at both ends of the process and often work in pairs or teams for the *perfect* product. The ‘creativity’ is, therefore, different from a one-person creation. The creativity can be viewed in terms of the end product — tapestry, fabric design for a special purpose, costume design, novelty yarn, etc. For me, spinning is the closest to ‘just being happy *doing*’. But even this requires concentration to produce the perfect yarn.”

“Even teaching spinning is exciting when the student’s personality is touched, the right words are found to describe an action or ‘feel’, and the action between treadle, fingers, and mind



Pastel portrait of Ranice by Robert Brackman.

‘click,’ and we both experience triumph together.”

With so much accomplished, does she have any future goals? Answer: “I want to get the Max Brödel biography on the market [published by Springer-Verlag (August 1991) as *Max Brödel, The Man Who Put Art Into Medicine*]. I’d like to find good and loving housekeeping help. I regret not having hung in there longer with painting. I’d like to get back to it, even with all the associated agony. And, yes, someday I want to own an African Grey parrot — maybe, when I win the lottery!”

Question: Where do you live now, and what is your home like? Answer: “3926 Cloverhill Road, Baltimore, an old house — I think at least 50 years — close to the Hopkins Homewood Campus. I live in one of the end buildings of a group of three attached homes. There are four bedrooms, 2 bathrooms, a living room, dining room, kitchen, sunroom and full basement. It’s a fairly large house. The kitchen and bathrooms are old fashioned and I have no showers. There is very little style — just size and comfort and lots of old things like wood floors, big windows, etc. Some houses on the street have grown lovely as time, money and interest have been brought to bear on them. Others just exist, like mine. The real estate value is high because of the close proximity of the campus and the small property maintenance. Most owners are professional with a good mixture of ages from elders to little children. The street is only one block long, and one-way. By 7 pm, it’s almost like an English mews. I stay, despite my inability to keep it up with all necessary maintenance and housekeeping, because my mortgage is so low (5.25%). Plus, I want my animals — space which apartments and condos

don’t guarantee — also, privacy.”

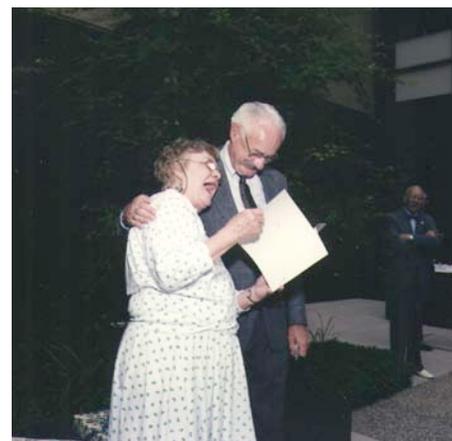
“Some of my treasures are: a pastel portrait of me done by Robert Brackman, a very old concertina (and its case) which was used by my father’s uncle to hearten marching Canadian soldiers, a John Cody watercolor of a butterfly amidst greenery, Mother’s and my jewelry that Father had made for us, and an early oil painting by Sharon Weilbacher.”

Mrs. Crosby says she hopes never to entirely divorce herself from medical illustration activities and organizations, and has no plans ever to leave Baltimore.

As this is being written (November 1991) Ranice Crosby is 76 years old. How is her health, and how long does she expect (and want) to live? “Ugh!” she exclaims in response to the question about her health, but goes on to say, “Fortunately, I have no chronic illness that restricts my activity and requires constant medical attention. Indeed, living alone has certain advantages for me [smiley face]. I don’t have to take care of anyone else and I don’t have too many compromises to make in my domestic life. However, I recognize my aging limitations — I am physically slower; a morning person who loves going to bed with a book or some hand work. Theodur and Vanquish are welcome pals for shortness of breath and the old back ache.”

“I never go to the doc until I raise arms and squeal ‘Uncle.’ I don’t like wasting time in exercise . . . someday, if it’s a must. I’m going to live to be at least 100, and John Cody and Jerry Hodge are going to have to live that long to keep me company.”

November 27, 1991



Ranice enjoying *A Tribute to Fifty Years of Teaching* with Dr. John Cody during the tribute held on June 12, 1993.

Author

John Cody, M.D., dubbed the “Audubon of moths,” is a true renaissance man. Prior to practicing psychiatry for 30 years he trained as a medical illustrator at the Johns Hopkins School of Medicine Department of Art as Applied to Medicine under Ranice Crosby in 1950. Currently he paints the Great Saturniid’s. An outspoken environmentalist, “Cody strives to show the beauty of all living creatures through his paintings of moths

and their natural environments.” These magnificent silk moth paintings have been exhibited in galleries throughout the world and 72 appear in his book *Wings of Paradise: the Great Saturniid Moths*. He is also the author of *Visualizing Muscles, Atlas of Foreshortening, After Great Pain: The Inner Life of Emily Dickinson*, and the co-author with Ranice Crosby of *Max Brödel: The Man Who Put Art in Medicine*.