# Karin Wells’ documentary Vera Peters M.D.

## Introduction

**Michael Enright/Host:** When Charles Hader’s play Radical first opened in Toronto the line up ran around the block. There were doctors, scores of them, in that line up, particularly women doctors, there were former cancer patients, even a member of parliament. The playwright was overwhelmed, he knew he had a good story, but he never imagined that Vera Peters would be such a draw.

Dr. Peters, Radiation Oncologist, Class of ’34 University of Toronto, is in the Canadian Medical Hall of Fame. The citation calls her, “An outstanding clinical investigator, who changed the management of Hodgkin’s disease, and breast cancer”. That citation only hints at the many quiet battles that she waged. When she was still in her thirties, Vera Peters turned Hodgkin’s disease from a death sentence, to a treatable illness. But the international Hodgkin’s medical hierarchy did not like sharing the spotlight; She was shut out, sneered at, “Go back to Toronto and do your women’s work!” was the message, and she did. Thanks to her pioneering scientific work at Princess Margaret Cancer Centre in Toronto, the lumpectomy became a viable option for women with early stage breast cancer. Now, this could have been the stuff of Nobel prize nominations, Charles Hader decided it was the stuff that plays are made of. Here is Karin Wells’ documentary *Vera Peters M.D.* which we first broadcast on the Sunday Edition in January.

Documentary  
**Dr. Charles Hayter:** Oh! Hi, thank you for coming. That white-haired lady in the line is Dr. Gunesh Ege, who worked with Dr. Peters.

**Dr. Ege:** Well, I was at the Princess Margaret when Dr. Peters was on staff. The whole principle of what she achieved, fighting the establishment, you know, was quite revolutionary at the time.   
  
**Dr. Hayter:** Oh, Carolyn Bennett is here today!   
  
(group laughter)  
  
**Unidentified Speaker 1:** Did you actually know her?  
  
**Dr. Carolyn Bennett:** Yeah, she taught me how to drink coffee (group laughter).   
She was just always thinking and always ahead of everybody else. Prove it with the research and then wait a decade for the boys to figure it out. This fight for lumpectomy, it was because she listened to patients about how this mutilating surgery really upset their whole lives. She was just my hero. Radical in many ways.   
  
**Dr. Hayter:** A dramatist looks for a good protagonist, who wants something, and has obstacles. She was a medical scientist, but she also balanced it with listening to her patients. That’s really the bigger story, and probably her bigger contribution. My name is Dr. Charles Hayter, I’m a radiation oncologist at Credit Valley Hospital in Mississauga, but I do that part-time because I spend the rest of my time writing, and writing plays. It’s not just about breast cancer, it’s not just about mastectomy, it’s about giving voice to patients.

**Dr. Bennett**: I remember when one of my friends, when she worked for Dr. Peters, said that she was the only person in her whole life who she’d ever seen put her cigarette butt in the ignition, throw her keys out the window — (group laughter)   
  
**Jenny Ingram:** My name is Jenny Ingram, I am the daughter of Vera Peters, and a physician as she was.   
  
Unidentified Female speaker 1: She’s had many salutes, the medical community in Canada has been very good, she’s had an order of Canada. But this brings her to life. I can just see her working on her files, I can see her staying up late at night.   
  
**Unidentified Female speaker 2:** It’s good to see people come forward. We had a fellow in the first performance who was a surgeon in Saskatchewan, who had lived through this era and who had his privileges curtailed for doing lumpectomies. It’s amazing to think that we were like that.   
  
**Dr. Hayter:** Part of the story there is that her work was sort of suppressed or ignored. Behind the scenes of medicine is appalling sometimes.

**4:41 - 5:12 Play Live Recording**

**Dr. Hayter:** Radical mastectomy removes more than the breast, it removes the breast and the pectoral muscle, the big muscle on the chest, right? So then I can remember seeing these women when I was a resident, you know back in the 80’s — and they were just mutilated on the side of the chest where the breast and the pectoral had been removed — you just saw the ribs, and they were often left with fat, swollen arms, from the damage under the armpit, or damage to the nerves in the arms.   
  
**5:40 - 5:50 Play Live Recording**  
  
**Dr. Hayter:** And the reason I say he was a coke head is he was practicing in the era when cocaine was freely available and people used it as a sort of tranquilizer. From that point on it became the standard treatment, and it wasn’t questioned. There’s a line in the play, “Radical mastectomy is the most perfect cancer operation that has ever been developed”. And that’s a quote from Vera Peter’s mentor, Gordon Richards, the person that she trained with in the 1930’s. There was a belief that the problem of breast cancer had been solved with the radical mastectomy, and it’s something I still don’t quite understand. And what I probably will never know the answer to is why she didn’t turn her attention to breast cancer sooner in her career. There’s a paper she wrote in around 1950 on breast cancer, she was towing the party line. It’s really in the late 60’s, early 70’s that her attitude sort of changes. There were two or three American women, Rose Kushner, who were very, very active trying to give women a voice. But in a play you have to have an inciting incident, so that’s why I developed the character of Rose. I borrowed the name Rose from a 70’s feminist who challenges her.

**7:10 - 7:18 Play Live Recording**  
  
**Dr. Ingram:** She wasn’t a radical woman -

**Dr. Hayter:** No, the feminist says to her, “I should have thought better than to think that a woman with a perm and pearls would be any use to our cause”, and one dimension of her was a very conventional, sort of 1940’s, 50’s woman. At home she was Mrs. Lobb, and at work she was Dr. Peters.   
  
**7:44 - 7:48 Musical Interlude**  
  
**Dr. Ingram:** She loved to look beautiful and well-dressed. She always liked her hair to look perfect, she shopped at a very nice store, Ira Berg’s, on St. Clair — It came a bit from enjoying the fruits of her endeavors, poor girl who was able to earn a decent wage, that was her treat to herself. The second thing is you have to look professional, you have to dress in a professional manner: nylons, some form of heels, hair well done. It was very important for women.  
  
**Dr. Hayter:** She was a very determined woman, driven, a steel core — a well clad steel core! And she knew what she wanted, but I don’t think she felt the path to get what she wanted was by demonstrating outside the hospital.   
  
**Dr. Ingram:** There were ten women in her class. She used to tell me that of all the women in her class, she was the only one who married, had children and worked full-time. She was fearless. We would drive into the wilderness and go berry picking for wild raspberries and strawberries and we would make jam, she made great pie —   
  
**Unidentified female speaker**: She was a country girl —   
  
**Dr. Ingram:** She was a country girl. Her mother was a teacher, this is in the late 1800’s. Then her mother married a man twenty-years her senior who was a farmer. He died, she raised the children with an aunt. Not only were there two women figureheads, but there were four girls and one boy, running a farm. The impetus to believe that women can do anything was not something she learned, it was something she lived.

**9:48 - 9:55 Musical Interlude**  
  
**Dr. Hayter:** For a long time women were put to sleep, you don’t really yet know whether it’s cancerous or not — and you’re put to sleep, the surgeon takes a sample, a biopsy, sends it to the lab, the lab calls back says “Yes this woman has cancer” — and the woman wakes up having had a radical mastectomy, not knowing that at the moment she was put to sleep. Patients were not involved in decision making. So she really, certainly in oncology, and in Canadian medicine in general, she’s for sure one of the pioneers in that way of thinking.

Up until her career doctors just did what they wanted.

**10:38 - 11:00 Play Live Recording**  
  
**Dr. Hayter:** Over the years she’d seen some women who’d been treated with lesser surgery; there probably were some women who refused, there probably were some women couldn’t have a mastectomy because they couldn’t have a big operation, because of some other medical problems, and she realized that “well, some of those people seem to be alive and seem to have been cured”. She writes about that, that little collection of women who had had what was later called a lumpectomy.

**11:31 - 11:37 Play Live Recording**

**Dr. Ingram:** You have to realize she had been treating people for breast cancer probably since the 40’s. Certainly after her landmark discoveries in Hodgkin’s disease, which were in the 50’s, she then had a reputation that people would then send cases that they didn’t know what to do with. She got those difficult cases at a time when women were beginning to say they wanted something different, but the people that she had cut her teeth on, and that she began to realize were living long, were people who were otherwise not surgical candidates. But the surgeons, or the people in the breast cancer community, didn’t recognize how important this work was and well it was important to the patients, but it ended up being important work medically. I think she felt a sense of being sidelined for the importance of that work. Rather than push it, she sat down and was quiet, she didn’t argue the case, she hated arguing. It was a tough thing to swallow, and kind of a bitter pill. I think it drove her to be very careful about her data. She was known for doing such thorough examinations that she would find lymph nodes nobody else could find. She was very meticulous.

**13:12 - 13:21 Play Live Recording**

**Dr. Hayter:** She felt the way to convince the surgeons was just to do good science.

**Dr. Ingram:** She took 8000 files home!   
  
**Dr. Hayter:** I know. She did a very rigorous what was called a case control study, where she picked about, I think it’s about 300 cases of lumpectomy, and she matched them exactly with women who had had mastectomy, by age, and tumour size.   
  
**Dr. Ingram:** She was taking files from Princess Margaret home, 8000 charts that she identified. Manually going through the charts, looking for this data, stage one, the tumour was, you know, one inch in diameter, no lymph nodes were palpable and then all the rest of the things in a great big graph. If you’re going through 8000 charts, and each one takes you a half hour to do — 200 and some odd were in her study, but she had to look through 8000 charts to find them. So that’s what she was doing at night, she was looking for the matches.   
  
**Dr. Hayter:** There were no computers, you did everything on paper, with huge sheets of graph paper, maybe not even a calculator. Nobody would be allowed to take patient charts home anymore the way she did — and take them to your basement and work on them!  
  
**Dr. Ingram:** I remember that was the room she called her own, and she would put up a card table. There’s a classic picture of her light going, a cigarette going, files everywhere and she’s in shorts and great big sheepskin slippers and a sweater late at night — and so she would just stay up late and do that kind of stuff. And ultimately what she did was she established the survival rate for women with lumpectomies was the same as women with radical mastectomies. Yeah, that’s what she did.   
  
**Dr. Hayter:** Then she wrote it up. The surgeons scoffed at it.

**15:36 - 16:04 Play Live Recording**  
  
**Dr. Hayter:** There was an elderly man at one of the performances who came up to me, he was clearly very moved by the show, and he said “I was at that lecture in 1975”, the lecture where she presented her breast cancer results and was heckled.   
  
**Dr. Ingram:** The Royal College lecture, and I went there, I was with her when she gave that lecture. The president of the Royal College knew of mom, arranged for her to speak. She was so nervous —   
  
**Dr. Hayter:** To be standing up in front of room, 99% male surgeons. She was heckled at. You have breast cancer, you have a radical mastectomy. Nobody could think outside that box. You just get so locked into doing it one way, and part of that of course is safety, right? That’s why medicine is so conservative. They would think it was ridiculous what she was saying.   
  
**Dr. Ingram:** She was not a strong speaker, but she practiced and practiced and then she put up her slides. The numbers, the percentages, that was all work she had done herself. The thought of putting that up in front of 400 doctors from across Canada, for me, would be a daunting thing, and the era now is so much more hospitable — and there was just a dead silence at the end of this. They were just shocked. Everyone’s looking at each other. It’s like telling a GP to never use antibiotics ever again, it had that feel of being “*What?”*

**Dr. Hayter:** But she really couldn’t get practice to change. She gave that lecture, the lecture was written up. But by that point in time there were enough surgeons who were becoming interested in an alternative approach.

**18:05 - 18:09 Play Live Recording**  
**Dr. Hayter:** She’d had breast cancer herself, it ran in her family. Her mum had had it, and that’s what had inspired her to become an oncologist. She had a lumpectomy. There was a big randomized study done in the U.S. and that study was finally published in the mid 1980’s after Vera had retired. The study was published in the New England Journal, and every one was talking about it, and the surgeons who had being doing lumpectomies felt vindicated, and gradually the tide started to turn — although, there’s been lots of studies that show still unnecessary mastectomies are done. It didn’t effect 100% of practice.   
  
**18:59 - 19:04 Musical Interlude**  
  
**Dr. Hayter:** Towards the end of her life she was found to have spots in her lungs. There’s no doubt that she had lung cancer, that’s usually the second thing that people remember her by— the first thing they remember is her kindness and the second thing people remember is she always had a cigarette in her hand. It’s not a surprise that she had lung cancer, and that’s what she died from at Princess Margaret, where had spent her whole career.

**19:30 - 19:36 Play Live Recording   
  
Dr. Ingram:** Being gentle, being conservative in how she approached a very difficult situation, it’s a much more humane kind of treatment — and I remember so well saying to mum, “By being conservative in your treatment you are offering a radical change in how things are being done”. My mum transitioned from being a mum, to being a colleague and a mentor and a hero.

**Micheal Enbright/Host:** Our documentary *Vera Peters, M.D.* was produced by Karin Wells