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# Nancy Szwec Czarnecki

Nancy Czarnecki

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**June 1, 2015 – Nancy Szwec Czarnecki (JMC 1965) speaking with archivist Kelsey Duinkerken at Thomas Jefferson University in Philadelphia, Pennsylvania**

*Guide to abbreviations:*<sup>1</sup>

KD: Kelsey Duinkerken

NC: Nancy Czarnecki

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

KD: OK, so if you could start off by telling me your name and a little bit about yourself.

NC: OK. Well, thank you for having me and asking me to be here.

KD: Of course.

NC: I'm, I'm Nancy Szwec Czarnecki, uh, M D. I uh, graduated from Jefferson in nineteen sixty five. We were the first group of women, uh, accepted at Jefferson Medical College. We came in the September of nineteen sixty one, and there were actually eight of us, uh, women in a class of, we graduated one seventy nine. Um, wh- what did you want me to talk about first, my educational background?

KD: Just a little bit about yourself first.

NC: Mm hm. Um, do you wanna know where I lived?

KD: Oh, it's, it's up to you. You can be as detailed as you'd like.

NC: Oh, OK, well um, my husband and I are, are snowbirds. We live in Venice Florida, uh, in the cold months, and we come up to New Jersey, um, for the summer. Uh, I went to Temple University and graduated with um, a Bachelor of Arts. That's where I met my husband Joseph, and uh, was, uh, as um summer jobs, I had weird jobs. I identified mosquitoes for, um, the city of Philadelphia when there was a, an encephalitis outbreak. And uh, I worked for an allergist, Dr. Elizabeth Brown. And she was probably my mentor and the reason I, I decided to go into medicine. I started out, um, majoring in um, medical technology, when I, I went to Temple University. And that didn't seem to be enough to satisfy my interest in, when I worked for Dr. Brown. She was a wonderful physician, had two adult, uh, men as, as uh part of her family, children. And I saw she could have a family and uh be a wonderful doctor. And a very nice, caring, kind person. Um, in my day there weren't many women -- I didn't know of any women in medicine outside of Dr. Brown. Uh, most of the colleges in Philadelphia -- and I, I was from um, Clifton Heights, Pennsylvania. That's where my parents lived and I lived with them. Um, Villanova was all male except for their nursing program. Uh, Saint Joe's was all male. Temple University and University of Pennsylvania was co-ed, and um, not that many women went even

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<sup>1</sup> Transcription rules are based on the University of Pennsylvania's February 2011 Transcription Guidelines: [http://www.ling.upenn.edu/~wlabov/L560/Transcription\\_guidelines\\_FAAV.pdf](http://www.ling.upenn.edu/~wlabov/L560/Transcription_guidelines_FAAV.pdf)

to college from my high school. So um, my mother actually saw in the newspaper where Jefferson was accepting women for the first time. And uh, I always admired Jefferson doctors. They were renowned for their clinical expertise and, and uh, there, there was a culture about Jefferson that penetrated out in, into the communities. And uh, so I applied there and uh, was very fortunate to, to be accepted, uh, as the first class of women. And, and our biggest challenge in most of our classes were across the street there at the College Building. And they just about finished the ladies locker room, and, and um, bathrooms for us gals, because there was no place in the College where we could use as, as a restroom and a place to park your things.

KD: Mm hm.

NC: Um, that was probably my biggest challenge, was just to find a bathroom on campus {LG}. Outside of the hospital.

KD: Uh huh.

NC: Um, and it, it was a wonderful experience. My classmates, all but one were very happy to see women on the campus. I mean most of the places they had gone to for college was, was co-ed. And if not, they wished it was. Um, the physicians were wonderful. Um {LG}, we had um, the first year with Anatomy -- and I may be going into too much detail here, so just.

KD: Oh, it's OK.

NC: Stop me {LG}.

KD: {LG}

NC: Um, Anatomy was interesting. Um, we had, when we first came into the Daniel Baugh Institute of Anatomy, um, we were given a box of bones, and then you, you go up the elevator and you put your bones in a, a locker. And I'm waiting for the elevator and this one guy gets in front of me and he says, "I'm not gonna let you get on this elevator first." I looked at him. I didn't know him from Adam. And I thought to myself, "So what?" You know {LG}. Um, get on the elevator, and the elevator door closes, a lot of guys, and he said um, "You shouldn't be here. You're taking the place of a man who has to support his family. You shouldn't be here." And I says "This guy is weird, you know. Hello Jefferson, what am I getting myself into!" {LG}.

KD: {LG}

NC: And um, I, I don't remember what I said to him, something like "I plan to work to."

KD: Mm hm.

NC: Um, and I did 'til I was sixty-eight. Um, so, the pre-clinical years I think is where you form close-knit friendships because it's intense work and you, you work either around a cadaver or in the laboratory setting, pathology, or um, microbiology. And, and you really bond with your fellow classmates. And um, coming up for our fiftieth reunion, we're really looking forward to getting together. Some of them I've seen at previous reunions, others not. Um, with medical school, um, there weren't too many that went into family practice at that time. And uh, I got married to, to Joseph at the end of our sophomore year, right, right after the national boards. And um, we, we were trying to decide what, what fields to go into. He, he is an osteopathic physician. And there weren't too many hospitals that had combined staffs, uh, for osteopaths and, and M D's. Um, so we were thinking, down the line, if, if we went into family practice, we would need to

settle in an area where there was a hospital that accepted both M D and, uh, D O's. And uh, we, we both liked family practice. I liked the diversity. You just can't get bored with it because, you know, you're doing neurology, you're doing pediatrics, you could do O B, did a lot of gynecology. So with -- that's what we did. And settled for practice in Port Richmond in Philadelphia because the local hospital, which was excellent, accepted both degreed uh, physicians. Um, we over the course of years, um, practiced together, practiced over twenty years together. And uh, then that became a little too much of togetherness for me. Um, I was active. I, I've run all of our reunions. And, and at Jeff, you know, it's every five years for a reunion. So I, I was the chairperson of, of the reunions, which I will be, and currently for the fiftieth. And um, being involved with the, uh, alumni, I was um, invited to be a member of the Executive Committee for the Alumni. And then um, ultimately became president of, of the, um Executive Committee for Alumni in, in eighty-nine. And it was wonderful. Make a lot of connections and I, I practiced in the city, in northeast Philadelphia, so it was easy enough for me to, to make the meetings, and, and I enjoyed that immensely. Um, had four children over the course of the years. And my oldest son is uh, he uh went to Jeff thirty years later and uh, then for a, a Harvard orthopedic residency so he's practicing in New England. And um, my little guy, um, is forty now. I can't believe {LG}. He was in the playpen when I got a call from Nancy Gross Close of the um, alumni organization to, to join the uh, the um, organization. Um, I was involved in my practice. Uh, I didn't do O B, but I did everything else.

KD: Mm hm.

NC: Our local hospital was Northeastern Hospital. And after my third baby was born I, I gave up doing hospital work. It was just too much. Too many committees. I could do the clinical side of it in the hospital, and I really enjoyed it, uh, but it, it was just um, too time-consuming with all the committees that they would put you on. Uh, so I was involved in um, community cancer outreach, uh, for, for our neighborhood, to -- where I practiced. Um, became, um, well I never told you about the internship, but that was at Nazareth Hospital. And in those days there was no residency for family practice, so it was called general practice then. And so you just go in, into practice, and learn on your way, and it was great. And ultimately um, if you took the, um, C M E, the um, medical um, courses that you needed to, uh, to be a, a board-certified family doctor. And then I, I got my fellowship in, in family medicine. So you just needed to continue with your um, your clinical, um, education. Um, around nineteen, was it ninety two? My husband and I were in practice together in that same office and there was a little bit of too much of togetherness, and I felt like I, I wanted to spread my wings a little.

KD: Mm hm.

NC: And um, I, I learned about, uh, a position for a medical director, at Prudential Insurance Company. And, it, it was such a difficult decision for me. Before that I, I worked for about two years at Bell of Pennsylvania here, here in the city. Um, as a medical director doing physicals for executives and just testing the waters how we would do without being together in the office.

KD: Mm hm.

NC: And we did fine. So then I, I took a job with, uh, Prudential as, as a medical director. And that was a wonderful experience. Um, you, you learned a lot about how doctors all over the country practice. I felt I was a great advocate for patients. Being in family practice you, you knew neurology, you knew all the sub-specialties, not in great detail, but, but, you had a, a panoramic view of, of medicine and surgery. So it, it was a good match for me, and for Prudential. Prudential eventually uh, was sold to Aetna, so then I became a medical director there and worked at both places seven, seven years each. And uh, it, it was very positive for

me. And I thought I'd had the D T's not doing family practice on my own. Um, but it was such a learning experience. I worked very hard. Um, but uh, it was the way I, uh, ended my career with the insurance companies. And, you know, everybody talks badly about insurance companies, but the medical directors, the doctors who work there, are very bright, they all had their own practices or worked in, in a practice. And so there, there was a great affinity for a patient.

KD: Mm hm.

NC: And uh. You, you learn that everybody doesn't practice medicine the way you do and maybe some things are a little, done in excess. So that's my career in a nutshell. Um, four children, um, told you about the oldest who's a doctor and Andrea has her M B A in business and is a mother of, two of my seven grandsons and I have one granddaughter. And uh, John he works, as a physical therapist, and then went on into sales for orthopedic, uh, appliances, uh, for patients. And Camille my youngest daughter, um, she's one of those free spirits and I'm not sure what she does, but uh, that's our family.

KD: OK, great. So let's go back and start digging in a little deeper now. So how did you become interested in medicine and science? You touched on it briefly but if you could expand.

NC: Yeah, um. I always liked the sciences and uh, I, I mentioned when I worked as a summer job for Dr. Brown, I think that's when I felt I really could do medicine, 'cause she could and because she could I could as well. And she encouraged me. Um, uh, I was a bio major after uh I, I changed my major from medical technology -- ended up doing lab work -- um, to a bio major. And it was so interesting. I loved all the courses and -- except physics. I didn't like physics, but {LG}.

KD: {LG}

NC: I had a wonderful lab partner {LG}. Um, and then to choose a specialty I, I mentioned I just liked the diversity.

KD: Mm hm.

NC: And the close contact you have with patients. It's, it's wonderful. You, you know, a patient comes into your office, um, you've never seen them or met them, and they pour out their hearts to you. I mean, it's, it's such a wonderful experience that, that closeness with, with patients.

KD: Alright. Um, can you tell me more about starting off at Jefferson, perhaps the application process, interview, and then being a medical student, what that was like.

NC: OK, well I mentioned my mother told me that Jeff was accepting women for the first year. And I was scared simple. I mean, and, you know, applied to other schools too. And, and Jefferson was such a -- I had such a strong feeling when I met the people here. They're just so friendly. It had a family kind of a, an atmosphere. Um, the application process was, you know, fifty-five years ago {LG}.

KD: Yeah {LG}.

NC: So I have no clue what I did.

KD: Just whatever you remember about it, yeah.

NC: But I remember being interviewed by Dr. Conly who uh, became uh, one of the deans of admission, or perhaps he was at the time but I didn't know it. And there was a Dr. Nye, he was a

psychiatrist. And they didn't give me a hard time, which was shocking. Um, it, it went smoothly and I guess I was trying to make certain in my mind that I, I wanted to go and become a doctor. It just -- not many women did that then.

KD: Mm hm.

NC: Um, and {LG} one of my classmates at, uh, Temple, he was a freshman at Jefferson, and I said, you know "I'd like to look around and see what it's like." And he was taking Anatomy and he said, "You just come over." I said, "I don't have to ask anybody in the administration, you know, to come over?" "No, no, just come." And he gave me the address of D B I, which was the anatomy institute. Old, old building. Now they're condos. Um, and girls then wore high heels, um, not sneaks {LG}.

KD: {LG}

NC: And uh, so I walked in. And this guy uh, geez, his name escapes me. How can that be? Um, well anyway, he, he greeted people as they came into uh, D B I. I said "I'm to meet a classmate of mine, a former classmate, up at the anatomy area, the dissection, uh room." So I walked in there, and it's a sea of guys, in white coats. And I, I had no idea where he is, and all this hustle and bustle when they, they noticed me there, you know, girl. Um, and so Paul finally saw me and came over and he said, "Come here, I'll take you to my table." And there's all this background noise, you know, guys aren't used to seeing a girl come in. And then all of a sudden I feel this heavy paw on my shoulder, and I turn around and it's Dr. Michaels. Uh, he, he was not chair of anatomy but he was a professor of anatomy. And he had this gruff voice but these smiling, wonderful blue eyes.

KD: {LG}

NC: And he said, "Lady, do you know you're causing pandemonium in here?"

KD: {LG}

NC: And I was so afraid {LG}. Oh, you know, "Paul, why didn't you tell me to make an appointment?" Um, and I didn't remember what went on, but uh Paul showed me, and it smelled in there of formaldehyde, obviously, you know, from all the cadavers. And uh, he showed me around and uh, I felt a lot more comfortable. Um, so that, that was, {LG} the first experience of Jefferson before, you know, I, I enrolled. And I was blessed, I was given a scholarship. My dad was a barber, my mother a beautician. And um, you get one year at a time, and they actually after the second year came back to me and said, "Do you want another scholarship?"

KD: Wow!

NC: I didn't think I should apply because I didn't want to be greedy, um, but I, I was lucky. And tuition was a thousand dollars when we started and fifteen hundred by the junior year. So I, I was blessed.

KD: Mm hm.

NC: And uh, I love Jeff. Jeff is my family. It's, you know, the people are wonderful. Um, there was a Dr. Schwartz for biochemistry, and he and, and the chief Cantarow wrote the book. And he's talking about phenylketonuria and we're, we're in not, not at the pit. There was a pit there for lectures but this was a, a lecture hall in the College Building, down, down in the basement level. And he's talking about this um, P K U, uh, retarded children because they get, um, uh, a,

a certain chemical in their diet. Um, now, now it's labelled if, if there is phenylketones in food, but it wasn't then. And he said, "Yeah, they're, the um, patients are blonde, blue eyes, and retarded." And he was looking at me. Well, I felt I'm safe, I have hazel eyes {LG}.

KD: {LG}

NC: Um, most of the doctors were wonderful the first year of class. They had to clean up their jokes. You know, they might start a joke and then kinda cut back or say, "Oh, darn, we have women, we can't finish it off." But the classmates were wonderful, and we girls all bonded together. I mean, there were only eight of us in, in our locker room there at uh College hall. Um, I, I would say -- now, I can't think of resistance for women being at Jefferson. Um, we were very well accepted and uh, you know, um, it, th-, the uh, proposal to accept women at Jefferson had been brought up over the years time and time again. And Kenneth Goodner, who chaired the Department of Bacteriology brought it up, and it was always voted down by the Board of Trustees. So there must have been a, a movement too, in, in the, uh, state to get more aid. Um, you know, you should have a co-ed school. I'm, I'm really not sure.

KD: Mm hm.

NC: But anyway, it passed, and that's how we came in, in sixty-one. And it was a big deal, you know, papers were interviewing us, and uh, "What do you think of Jeff?" "Wonderful!" You know {LG}. Um, and the girls all did well. Uh I, I was A O A, um, the honor {CG}, excuse me, society. And um, I think you worked twice as hard 'cause you wanted to prove yourself that, you know, we gals could do it to.

KD: Mm hm.

NC: And uh, had wonderful lab partners, uh. Of course with eight of us we were spread out, but uh, it, it was, a wonderful learning experience. My husband just had his fiftieth, uh, reunion in Des Moines, um, last week. We just came back. And uh, it, it was just wonderful seeing the guys again. His, his class didn't have any women. Um, and I'm really looking forward to our uh fiftieth reunion.

KD: Mm hm.

NC: But, you know, fifty years. I remember when I was running reunions and I would see the fiftieth reunion class. Oh, you know, they look like they just got out of their r- rocking chairs and {LG}.

KD: {LG}

NC: It's amazing, the changes in medicine. You know, we had two drugs for hypertension, um, when I was an intern, two drugs. Hydrodiuril and reserpine. And uh, now we have at least a hundred. For cardiac medicine we just had digitalis. Now there's so many. There's so many things that keep us healthy, and, knowing more about smoking. Of course, I never smoked. Um, and all the guys, a lot of the guys, smoked freshman year. By the time we were seniors hardly any did. You know, well you have to look at these lungs and, and the diseases that are brought on from, from smoking. So the, you know, you're told as a medical student, by the time you finish your residency, um, half the, the material you learned will be obsolete. And.

KD: Mm.

NC: And it's true. Even before that, by the time you finish medical school, what you learned as a freshman, uh, was obsolete. The, the changes in medicine. We didn't have cat scans and M R I's, and um. Certainly no computers, no cellphones. Had beepers as, as uh interns. So the, the changes are amazing and yet it doesn't seem like it was so long ago. Yet, and what I'll hear -- and I don't live far from Philadelphia so I, I come more often than many. Um, it's just a remarkable field and you, you can do so much for patients. And that relationship with patients. And that's the culture of Jefferson. And, and I pray that that never changes. That, that closeness to a patient. The respect for a patient. You're not a disease, you're a patient, with feelings and family. And um, it's just a wonderful place and I hope it doesn't change, that way. Of course, you know, it's got to change in many ways.

KD: Sure.

NC: For progress with medicine. But the culture needs to remain. It's, it's our insignia. It's, it's a wonderful place. And, and you probably sense it, uh, you know, when y-, you come from the outside.

KD: Do you have any other specific memories about different professors or courses you took?

NC: Um, Dr. Lindquist he was uh, a professor in medicine and he taught us physical diagnosis, and the niceties about medicine. You know, you, you'd have a patient sitting on the examining table and he'd say, "Don't let their bottom be hanging out, you know, cover them with a sheet, put a pillow behind their behind." Um, he'd, it was the, the art of medicine uh, that he taught. And he, he stays in your mind. Um, Dr. Alpers, uh, he was Chief of Neurology, he wrote the book. And we had his lectures in the pit, um, in the uh, Hospital Building, the Old Hospital Building. I guess that's Thompson. And it's high up, and you go down, and it's where the Gross Clinic, the surgery was performed in the pit. And it's tiled at the bottom. Um, and he would lecture, and um, just an amazing man with, with his knowledge. The, the reason I bring him up above some of the others is because my husband went to school in Iowa, so it, it was probably right around Christmas vacation. And he came to visit me and I still had classes and so took him to the, the pit. Dr. Alpers, who wrote the book, you know, you want to hear him lecture. And he would call on students. Most students wanted to crunch down, you know, in their seats, not to be called. And so he calls on my husband, who's not a student and who didn't have Neurology here and he never read his book. And he says, "You!"

KD: Ha.

NC: "Come down here." And he's asking questions and my husband said, "No," {LG}. He said, "You don't understand. I'm not a student here." I'm so glad he didn't call on me. I was right next to him {LG}. Um, I mean there are so many wonderful personalities. Dr. Rakoff who um, endocrine, uh, gynecology, um. I, I mean, he, he discovered so, so many um, and wrote about so, so many uh, diagnoses, um, Stein-Leventhal syndrome and. But he gave a lecture once on, um, anorex- anorexia. And we had never heard of it before. And I thought, "What the heck are you talking about? These girls aren't -- mostly girls -- uh, who don't want to eat and are skinny and make themselves throw up. And, who does that, you know?" You come from middle America, you never saw that. And I said, you know, "This, this is silly. Why is he spending, you know, so much time on this lecture?" Well my gosh! It became such a diagnosis. I mean he had the foresight to, to see a, a trend, a pattern. Uh, brilliant man, and, and such a nice person. And I, I worked for him one summer, um, after my sophomore year. And um, he, he was just so kind and let me do a lot of research and study and, and learn more about the field. Um, an amazing person. I, I was more interested in medicine than the surgical fields. So those, those were the doctors that kind of stand in my mind. There was a, a Dr. Fry who was a surgeon. Um, general



surgeon and uh. Any stories? You know, w- we girls went to the O R with heels and those booties on top. And when you had a long procedure your backs start giving out {LG}. Um, after that they, they started with like a sneak kind of a, a shoe for, for the uh O R. Um, I had a thought and it just left me, with uh, surgical field. O B was interesting. That was uh, a hard rotation. You're on call a lot and, um, a good story was the Chief of, um, O B Gynee, Montgomery. Thaddeus Montgomery was Chief then. And um, I, I think most of us were a little concerned about going into a delivery room and all the blood. And he gave the, the story, I think when we were freshmen yet. He said, "You know, when I viewed my first delivery, I fainted. I fell flat down." {LG}

KD: {LG}

NC: And then he became Chief of O B. So it, it was a nice way to, you know, make, make you feel comfortable.

KD: Mm hm.

NC: Um, one of the guys in my class, when we would practice on each other, we had to put nasogastric tubes down, you know, the nose, and then the throat, and then the stomach. And learn how to take blood, tests on, on each other.

KD: Mm hm.

NC: And he fainted.

KD: {LG}

NC: Boom. And we were high up on a stool. My gosh, he had this shiner for at least six weeks, too {LG}.

KD: Wow.

NC: You know, to remind us all of his fall. Embarrassing for him, poor guy. Um, what other stories? Some we shouldn't repeat {LG}.

KD: {LG}.

NC: Um, and we went uh, to different hospitals. There were great rotations, and there was a Dr. Saul. It's not Lipkin. But anyway, he was at uh, it may come to me. He was at uh, Cooper and we had him for Cardiology, and he was wonderful. He did some of his training in Mexico. Uh, Guadalajara. But he was, was brilliant and he taught us so well to read cardiograms, to check patients, listening for heart murmurs. Um. Thinking of other rotations, we went to Lankenau, which was an exceptionally good rotation. Misericordia. Misery. Oh gosh. That was in the tenderloin of, of Philadelphia. I had uh, E R rotation there, and the things you saw. So many shotgun wounds, and kids with their heads blown off, and um it, it was an eye opener to what is out there when you're, you're not used to that kind of thing. Um, and, we adapted. Um, the women now, uh, a few of us are, are still in touch with, with each other and, you know, when are kids were young, and you're busy with your practice, you didn't have time to, to contact each other. Now with the internet it's easy and uh, you know, phone calls now and then. Get together for lunch or dinner. Um, it's a special relationship with us. Um, did I forget anything? {LG}

KD: {LG}

NC: She's like, "I've been talking too much."

KD: Oh, you're certainly not talking too much.

NC: So what do I like to do now? Once you retire, um. I would have worked longer, um. There were some things in the insurance company that, that I felt uncomfortable with uh, maybe some personnel. And that led me to retirement and um, 'cause I was raring to go yet. Um, so, we had a summer home in Brigantine New Jersey for, for a bunch of years. Twenty some years. And so I thought we would retire there. Um, but, went to Florida a couple times in the winter, and my was it nice! {LG}

KD: {LG}

NC: No sn-, uh, snow to shovel and my husband has asthma so he doesn't do well in the cold weather, and that, that's probably what made us decide, uh, to move to Florida. There would be no snow for him to shovel and he wouldn't wheeze. And uh, we settled in Venice, Florida -- oh, I was, um, uh, chosen to be Alumni Trustee for the Thomas Jefferson Board. And I, I was there for a couple years. And uh, one of the members on the Board, um, I was talking to him about, you know, we're looking for a place in Florida. And um, he said, "Did you ever look at Venice?" He said, "It's on the west coast." And I thought, I was looking on the west coast, and he said, "It's such a nice quaint little town." And it is! It's delightful. And it has a lifeguard there, um -- 'cause I'm a swimmer.

KD: Mm hm.

NC: Um, and uh, lifeguard ev- every day of the year, even on Christmas. And I like that 'cause I had to be rescued a couple of times in Brigantine. Got caught in one of those rip tides. And um, we went there and fell in love with it. Just a wonderful place. And involved. You know, I run a book club, uh, swim, walk the beach. Uh, there are so many activities in Florida. Um, dancing, we love dancing, and um. I mean your calendar is booked. Every day there is something and sometimes, you know, too many activities in one day. But it's, it's a wonderful quality of life with uh the eight grandchildren. They're, you know, in Boston, and near Cleveland, and, um, Westfield, New Jersey. So, we're busy, on the phone with them or we're talking to them, visiting them. Little Katie, the youngest one, has a dance recital this Sunday so we'll see that. She's one of these little chatterers, and she's so cute, and she plays flag football in her tutu {LG}.

KD: {LG}

NC: So cute. Uh, grandchildren are the best. They're wonderful. And I'm babcia to them. That's in Polish, it's grandma. And uh, it's, it's a wonderful life. And, and Jefferson gave us a, a wonderful life. Um, um it's been fun planning for the reunion.

KD: Mm hm.

NC: And bonded with some classmates I, I didn't really get together with before. And because, you know, you're in Florida. More of us are there. So um, it's, it's been a good life.

KD: Do you mind if we go back to your time right after Jefferson?

NC: Mm hm.

KD: Where did you go for, um, your residency, fellowship, if you did one.

NC: Um, there, I went to, to Nazareth Hospital in, in the northeast, um, for my internship. I, I got mono. And I was so tired and so sick, uh, with that, actually I had to be hospitalized. Maybe

these days they don't hospitalize you, but I had a big liver, big spleen. And so, Nazareth had a lot of fine doctors, and um, and I enjoyed my, my internship there. And they were kind to me. And uh, helped me with my every second night call schedule that I, I didn't have to do that, um, for a couple months, as, as the mono was abating. And my husband had a, an internship in, in Center City. Um, as I mentioned, there was no residency for family practice. So you just started practice. And uh, there were a few family doctors in, in the area. And we settled in Port Richmond. That was my husband's, uh, old neighborhood. He was raised there. And uh, working class neighborhood, and, and white collar. Um, we went to church there, our children were christened there. And it, it was like a big family. And still when I would go to church there, even after I retired, "Dr. Nancy, when are you coming back?" {LG} Um, and, and the hospital was a fine hospital when I was on uh, you know, a bunch of committees. Um, and, and you would take your C M E each, each year you had, in family practice you had to, uh, get fifty credit hours, uh, a year, to maintain your certification and, and family practice. Board certification. And then eventually a fellow of the American Board of Family Practice. So I didn't have a hospital experience for a residency, and um, I was going to go in, into Pediatrics. That was my intent, uh, until I got mono, and I, I just couldn't handle, uh, a residency, at that time. And when I talked to pediatricians they would say, "Nancy, the kids are wonderful but the mothers'll drive you nuts." So, I still did Pediatrics in family practice.

KD: Uh huh.

NC: And I loved it. I loved that side of the practice, and I did a lot of office Gynecology because women felt comfortable with me. I did not do, uh, deliveries. I didn't do, uh, O B. And, with time that wasn't practical. Because you're so busy in your practice, the family practice, to leave for uh, uh, an O B case would, would be too disruptive. And um, then with malpractice as time went on, malpractice insurance if you did deliveries was sky high. And, and you couldn't afford that in family practice. So, um, yeah, I, I loved family practice. It was a, a great match for me. And I think only seven in my class went in, into family practice. You know, everybody talked about, you, you would do the C P C's, the Clinical Pathologic Conference. Um, often in the pit. And it was the L M D, local M D or the, you know, the, um, we didn't call 'em P C P's then. The local G P. Which made them sound like we were really stupid, you know, they had no clue. And here's the patient coming to the mecca, to, to Jefferson, from their stupid G P's office. Um, we're not so stupid. You have to know so many different fields. And uh, it's, it's the relationship with the patient and you need to channel that patient to a specialist, and keep in touch with them and, and get the reports from the specialist. Some didn't, didn't want to send your reports. Well then I wouldn't send the patients. I mean, you need to be involved and, uh, even if the patient wasn't on my service in the hospital I, I would see them and, and check and see what was going on. And once I stopped hospital practice, like I said, after my third baby I just couldn't handle it, um. You, you still need to talk to the specialist and they need to talk to you. Or they don't deserve to see your patient. I sent a lot of patients to Jefferson and uh, you know, mammograms when they were one of the first hospitals to do it. And uh, we had a good relationship with the doctors here at Jefferson. And me and my husband and family practice.

KD: So how did you see medicine change while you were in the field?

NC: Hm. Well, one, one thing is, is malpractice insurance. Um, too many law suits. Uh, frivolous lawsuits. Um, so doctors began to practice defensive medicine. Um, which you don't look at the pocket book. Um, when we first started there was only catastrophic coverage for most patients. Blue Cross Blue Shield was only for inpatient care. You didn't have lab work that was covered, you didn't have x-rays that were covered. And so you really had to narrow your, your focus on what you would order for the patient because it would be out of their pocket. And then as, as time went on once Medicare came in in nineteen sixty five and more insurance companies

covered things like blood tests, lab work, uh, radiology, outpatient things. Um, then you, you could do a better job, uh, for working up a patient. You didn't have to admit them. It used to be if, if, you'd probably put them in the hospital rather than running up a big outpatient lab bill and, and, and x-ray and things, you know, upper G I. Endoscopy came a, a little later. Um, so the changes in medicine, uh, are, are immense, um, with cat scans and M R I's and, and um, anesthesia made it, it so much easier to, to have different surgeries, and then, um, endoscopic surgery. Uh, I mean, when I went to my first lecture where an ulcer could be treat-, it was due, it, etiology was a bacteria, that was like heresy. "Are you kidding? It's stress! You know, or eating the wrong foods. Eating too much jalapeno peppers." We would treat them with, every hour, a glass of milk and then a {LG} a glass of cream. Um, I, I mean, the, the changes are – and, and that was because of endoscopy, and you could take biopsies. Um, and, anesthesia was, was tolerable, um and, and not so hazardous. So, all, all these findings and the ability to do surgery endoscopically and, a lot easier on the patient, uh, endoscopic, uh, gall bladder removal instead of, you know, cutting them open and being in the hospital for days. When my mother had me she was in the hospital for ten days. By the time I had my children it was usual let the stay three days. Now it's one day, and if you have the baby early enough you can go home the same day. And it's better for the patient. You don't pick up the infections. Um, sleep in your own bed, there's nothing like that. So it, it makes you feel like you practiced in the dark ages, you know? Uh, and then what's to come? It's, it's exponential. All, all the discoveries and um, it's, it's harder now because the government is clamping down on, on reimbursement to hospitals. Um, everything, you know, is condensed. Doctors don't get the experience, a lot of in-patient experience, because patients don't stay there long enough. You can't build a relationship with the uh, the patient. Um, so much is done is a one day event to stay for surgery. Medicine, you know, you treat a lot of patients as uh, an out-patient. Home care, I V Lasix instead of admitting them with heart failure. Big changes in medicine. And the government is too involved. Way too involved. Um, I'll get on my soap box and, bureaucrats in Washington telling doctors how they should treat patients is wrong, and it's not good for patients. It's, it's politicians. And hopefully that may swing back. The doctors have been too busy to get involved, uh, significantly with medical societies. More are now, but I know in my day I, I wanted to be active, with the College of Physicians, with, you know, the county medical society. But when you're a mother and you have little kids, and, you know, a busy practice, it's, it's hard to get involved in organized medicine. But I think we need to do that more for ourselves and for our patients. Patients are frustrated now. They, they go to the hospital. They're -- well, that's more political, so we'll stay out of that. {LG}

KD: Alright. Is there anything else you'd like to talk about that hasn't been brought up yet?

NC: Gee I talked about myself so much, that's not really like me!

KD: I mean that's the point! {LG}

NC: {LG}

KD: Is to hear about you.

NC: Uh, yeah, um. So I, I think that was my life in a, an hour {LG}.

KD: OK.

NC: Busy with children, uh, you know. Oh, I, I, I, as part of the Executive Committee, uh, I began a, a career day for um, medical students. So we, we would have different specialties uh, for students in their sophomore year, um, come and listen to specialists and they could ask

questions, just to see, is this the right field, for you. And did also uh, a woman's forum. Did that for probably twenty years, for uh, women to network, and we had different, um, different women physicians from various specialties talk about their field, uh, the hurdles. Um, the pros and cons of that field. And then the students and alumni, um, could ask questions. You know, "Was this a good field?" "How did you, um, manage your family?" {NS} And always, always, um, "When is it a good time to have children?" And the bottom line is, "There's no good time." And um, I mean that could be with a woman in any field.

KD: Mm hm.

NC: But that, that was very rewarding. I enjoyed doing that. I should have turned this off. Um, just seeing what the students are like now, what their concerns are. And you know there's a common thread with women in medicine. It's, it's very similar. The questions over those twenty years often were similar. You know, "How, how did you manage taking care of your little ones?" Um, "Do you regret being in medicine?" If it was the surgical field, "How did you handle that?" Because again, malpractice for surgery is, is expensive. And you can't, you can't really do part-time in surgery. Um, and some women, their husbands were the caretakers for their children. Uh, that wouldn't have happened in my day. But it makes sense depending on, um, the relationship that they have with each other. And um, you know, when to have children, when to get married. How, how do you find a mentor? Um, if you like academic medicine you definitely need a mentor. And we, we started a mentor program um, with the, uh, alumni and, and the medical students. The problem was, the doctors wanted to do it, and the students wanted it, but the students didn't have the time.

[End of recording]