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Interview by telephone with Dr. Jean Pakter by Laurie Sammeth Campbell

July 20, 1995

Dr. Jean Pakter: Hello?

Laurie Sammeth Campbell: Hello.

JP: Hello?

LC: Hi. Dr. Pakter?

JP: Yes.

LC: This is Laurie Campbell calling.

JP: Oh, right on the dot.

LC: This time is okay for you now?

JP: Fine.

LC: Great. Okay. I guess one thing I'd like to get from you is kind of the female perspective of what it was like when you were first at Mount Sinai. Were you the first female resident at Mount Sinai?

JP: The first female intern, a rotating internship. They had two types of internships, they had the... But everybody started there as a rotating intern. And they had two-year internships and one year internships. And I had a one-year internship and repeated a second rotating.

LC: I see.

JP: Then I went into the pediatrics program there. I was not the first resident in pediatrics, somebody from the Midwest, I think her name was the Rou. I forget the first name.

LC: But when you were doing the internship-

JP: Yeah. I was the first.

LC: ... so you were the only woman?

JP: The only woman.

LC: What was that experience like?

JP: Well, I came somewhat prepared, because at the medical class I was in, there were only three females in the class by the time we graduated.

LC: Wow.

JP: Seven or eight-

LC: Oh really?

JP: Yeah. They dropped out or left or whatever.

LC: Where was that?

JP: New York University, Bellevue. Yeah.

LC: And how were women treated in the hospital at that time? Did you feel that you had equal status with the men or was it different?

JP: Well, that's difficult to say, because a lot depended on the individual male. I think some regards to me as a curiosity. And I didn't get myself too involved thinking about how they were thinking. But rather adjusting myself and making my place for myself. I knew I had to be on my best behavior because I was being watched. I knew I was being watched.

LC: So it was more difficult, you had that extra... Well, I guess just the feeling of knowing you're being watched gives you just one more thing to think about.

JP: That's right. You're a little wary.

LC: Right.

JP: If somebody teased me, which some of them did, I ignored it. In other words, I didn't say, "How dare you say this to me or that?" Oh, no. I didn't hear it, it slid past me.

LC: Which is smart because then there's no fuel to the fire. Right.

JP: Because if you ignore it, they lose interest in pursuing it. Those who do this, want a reaction from you. If you don't react, well, they go on to other things. So that was the only thing. But on the whole, I had no problem with that, except that when it came to housing... Well, actually, I came out ahead. They didn't have... Except dormitory for the women. So they put me in a beautiful room with my own bed. In the semi-private pavilion, which had been torn down. Yeah. That was the semi-private pavilion, which is now, I guess, completely demolished and has another building on it.

LC: But you were living with patients then?

JP: No. They were upstairs, this was the main floor, right off the lobby.

LC: Oh, I see.

JP: And Ms. Ryan, who was the supervising nurse of the semi-private pavilion had a room next to me. Then on that floor, as I recall now, they were the residents for the semi-private pavilion. And those were males, had rooms on that floor.

LC: Was there a nursing school there at the time?

JP: Yes.

LC: So they had a dorm that they lived in?

JP: The school of nursing is now occupied by all those private offices.

LC: Right. Right. Oh, I see.

JP: That was the nurses residence.

LC: Oh, but you didn't live there?

JP: No.

LC: They didn't suggest that to you, which was good, I think.

JP: I didn't have a choice. This is where I was going to be. I was quite satisfied.

LC: Yeah.

JP: The window faced Fifth Avenue.

LC: Oh, nice.

JP: Yeah. It was nice.

LC: Do you think that there was anything unique about Mount Sinai in their attitude or practices towards women in medicine, or was it pretty much standard for the time?

JP: I think they were a little more conservative about having women's physicians. I think other hospitals like Cornell and Columbia Presbyterian had a few.

LC: Why do you think that is? Do you know?

JP: No.

LC: Maybe because of the old boy network at Mount Sinai. I'm not going to put that, I guess, but I'm just wondering.

JP: As a matter of fact, there was a philosophy which was espoused by eminent physicians like Dr. Emmanuel Libman and one could write a book about Dr. Emmanuel Libman who felt the career in medicine should supplant marriage. In other words, when you go into medicine, that should be your life. And it's the monastic involvement. And that if an applicant were married, that person should not be-

LC: Really? Male or female?

JP: Right. Well, females were not even considered. So there were a few who were married secretly.

LC: Oh, really?

JP: Oh, yeah.

LC: Wow.

JP: But in their name they were not. So there was a lot of romance that went on between the nurses and the doctors.

LC: As the years passed, I guess, you've seen the status of women in medicine has changed quite a bit.

JP: Very rapidly.

LC: Really?

JP: I think World War II accelerated though, no question about that. I think World War II accelerated, shall we say, amounts of patients of women. Well, women were needed in the labor force, and we're taking on jobs that only men used to do.

LC: And including medicine.

JP: Yeah.

LC: Right.

JP: Exactly.

LC: What year was it that you were doing the two years of internship when you first-

JP: I graduated from NYU Bellevue in 1934.

LC: Okay. So this was before the war then? Yeah.

JP: And so I started my internship July, 1934. And I was at the hospital for five years, doing things altogether. By 1939, I finished my residency and I worked with Dr. Béla Schick, a renowned authority, just serious, he was a very interesting and very creative person. He would come out with ideas and thoughts that were so simple, but they were not appreciated fully.

JP: I could give you some examples of. He used to make rounds, he'd play with the children, they loved him. He'd come walking in and he would hobble around and they'd jump up and down, the kids would say, "Oh, Dr. Schick." If felt like Dr. Schick was something else. But he played with them. And then he would do something which puzzled some of the residents and some of the nurses, particularly those who weren't familiar with his ideas. He'd look in the garbage can. Now, why did he look in the garbage can? He said he wants to see whether the children were eating. He saw a lot of food being thrown out. He would make a beeline for the diet kitchen and confer with the nurses and say, "Look, you've got to come up with food that the children like to eat. This thing is so important, there's adolescence and many have tubes."

LC: Right. And as you say, it's simple, but it really made so much sense.

JP: Meaningful.

LC: Yeah. Interesting. Okay. Now, does it mean something special to you to be an alumna of Mount Sinai? Has it?

JP: Oh, yeah. I must tell you that I felt my years spent in my training, they meant a great deal to me. After coming out of medical school, I felt I really learned medicine there. And I was proud to be associated with the hospital and with the people there. They were a high intellectual level, putting aside some aggressive personalities and this, that, and the other thing and several, but that happens all over. But in the main, there was a great deal to look up to and to admire the fact that there were doctors there who had initiated new approaches, new therapies, their diagnoses established entities of disease that were not recognized. So there was an eminence there. And the fact is that they took a great deal of pride in their selection of the candidate. We had to take a written exam and an oral exam, and then we were put to work. That first year was a real trial year of scuttle, but where you had to go into the laboratory, they didn't have people coming in and doing all the blood counts. And the interns did it practically. Oh, yes.

LC: Which is probably a great thing.

JP: Oh, I could do a blood count with my eyes shut. And another thing, if a patient came in at night, no matter what time, that patient had to be worked up completely until in morning.

LC: Wow. That's great.

JP: So early nights without sleep. Some very fascinating cases. The first week I started my internship, I'll never forget, I was assigned to surgery for six months. And then we had to be in the emergency room for certain periods of time. And I remember this was a July 4th weekend and everything under the sun seemed to be happening. Chinese, I think he was the laundry man, came in and his problem, he had a snake bite. Well, how did he get a snake bite? It seems that a friend of his shipped a rattle snake to him for therapeutic [trip].

LC: Oh God.

JP: The resident who was overly said, "We have to find some antivenom." And he called the botanic gardens in the zoo and all over. And there were just drugstore right on the corner of Madison Avenue and Schneiderman's, which was an institution in itself. He had the antivenom back then.

LC: Wow. That's funny.

JP: Yeah. So rattle snake bites, I didn't learn that in medical school. I had one little example out of curiosity.

LC: Do you have any ideas on what alumni can do now to help newly graduating students and residents today when there's so much turmoil in the field of healthcare?

JP: Well, I think they certainly could confer with them, but the problem is that the older people are the ones who are hit hard, it's such an adjustment, such a change.

LC: Yeah. Right.

JP: The way they practiced, and I'm still clinging to the traditions of the way practice should go. And now suddenly they are doing absorb in such great numbers by these HMOs, it's a whole different approach.

LC: That's right. I didn't think of that. It's actually harder to have to change rather than starting out.

JP: It is just the way it is.

LC: Sure.

JP: When the doctors were finished years ago, and this is before the war, very often they would look forward to taking postgraduate work in Germany. But that was then for medicine, that doesn't happen anymore.

LC: No. Yeah.

JP: No. It's a very changed world in that regard. But I certainly think that the issue of the alumni meeting and collaborating with advising or whatever is a good idea with the younger people, and issues that they should be made aware of. Because if they don't know better, they think whatever's being suggested is the way to go.

LC: Right.

JP: The other thing too, the big change that has occurred is the full-time treats. When I was working at the hospital in those days, the doctors who headed the services were practically all in practice themselves, and gave their time, come in and make rounds and so on. But they had their own practices. Now, it's practically all full-time chiefs.

JP: Dr. Baila Schick was the first one in the hospital that was a full-time chief of pediatrics. He came from Vienna, they imported him. And he was there a few years before I did my pediatric residency. But otherwise, the chief of service, Dr. George Bear, Dr. Gordon Oppenheim, all of them were in practice. So that's a big difference that has already taken place.

LC: Yeah. And it's more like their job becomes more administration that way?

JP: Well, yes, I would say so. I think that the number of residents too has increased enormously. We didn't have that many residents, everything was on a smaller scale. The Hospital itself was much smaller. There were two, well, three tennis courts, really.

LC: Wow.

JP: And they would give a separate building to pediatrics. It was a two-story building, and that's been torn down. And that faced the tennis court. So everything has gotten bigger, and the medical school is new, comparative.

LC: Right. I know. Yeah.

JP: As a matter of fact, when I did my residency in pediatrics, there was no obstetric service at Sinai. And I had to learn about newborns after I finished.

LC: Oh, that's right.



- JP: So I guess change occurs in everything. And of course, our technology now, everything computerized and going on computers is quite different. But technology has made advances and it's created problems at the same time.
- LC: Yeah.
- JP: No progress but problems.
- LC: Right. Right. Okay.
- JP: I think the number of females on the house staff now is what about 25 or 30%?
- LC: Yeah. I'm not sure, but I know that graduating class, not this year, but last year, there were more females than men for the first time. It was something not a huge difference, but 51%, it was more than 50% women.
- JP: Wow.
- LC: Yeah. I know.
- JP: Well, again, the women in medicine have to make their adjustments, not only in terms of competing with men, but they still are mothers or most of them, many of them. They have to make their adjustments between household mothering and career.
- LC: Yeah. I have heard people say that the HMOs for women can be fit into their schedules better.
- JP: That could be.
- LC: So they're saying that maybe a reason why there are more women entering the field. But I don't know, I guess that's one good point about.
- JP: Yeah. But I think this would be happening even it works, the HMOs, women in surgery, it's a much more recent situation than years ago. I think in my day there was few women that were around, went into pediatric, psychiatry, some into internal medicine, orthopedics practically zero, and urology practically zero. There were certain specialties that women just didn't go into.
- JP: I do remember one thing when I was finishing my rotating internship, I was approached by the chief of the ear, nose, and throat, Dr. Frieser. And he offered me a residency in ear, nose, and throat. And he said, "It would be a wonderful opportunity. You'd be first year there." So I said, "Dr. Frieser, I'm really not interested in that area." And as attractive as he made it sound, I was sure in my mind, "This is not the specialty I want." I recall that.

LC: That's interesting though. Yeah.

JP: Anyway.

LC: Anyway, thank you very much. This is very helpful.

JP: Don't hesitate to call me.

LC: Great. Okay. Thanks a million. Take care.

JP: Sure. Bye-bye.