

December 28, 2014 – Merle Edelstein (JMC 1965) speaking with archivist Kelsey Duinkerken at Dr. Edelstein’s house in Philadelphia, Pennsylvania

*Guide to abbreviations:*¹

KD: Kelsey Duinkerken

ME: Merle Gross Salerno Edelstein

{CG} cough

{LG} laughter

{BR} breath

{NS} noise

- partial words

-- restarts

KD: OK, so if you want to start off just telling me your name, where you’re from, where you grew up, uh, educational background.

ME: OK. My name is Merle, now it’s Merle Edelstein. My maiden name was Gross. I grew up my early years in South Philadelphia. I’m from Philadelphia all my life. Uh, when I was thirteen, starting high school, we moved to Mount Airy, uh, and I went to public schools through senior year of high school.

KD: Alright, um, so what made you decide to go into medicine?

ME: I don’t know that I can pinplant one thing. My -- I have a younger brother, and my father always had this fantasy that I would be a doctor and he would be a lawyer and we, and we would have offices next to each other. And we both said “Absolutely not,” and I became a doctor and he became a lawyer {LG}.

KD: {LG}

ME: He is now a judge, and I’m in Pennsylvania, he’s in New York, so I think of us as having offices next door to each other.

KD: Yeah.

ME: So we fulfilled just what he wanted us to, in a sense. I’ve always been attracted to science

KD: Mm hm.

ME: Um, and I guess, when I was in college, my boyfriend and his best friend, who was our best friend, the two of them were going to med- medical school and they actually went to Jefferson a year before me. And I guess there’s just -- their interest propel- propelled me towards that. And then I remember taking a course in Anthropology, which I loved. But I knew I liked physical anthropology and I knew even back then I could not go to the desert and tolerate the heat.

¹ 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

KD: Yeah.

ME: So I thought, what's the closest to that? And I came up with medicine. So at the end of my junior year I decided to take all the pre-requisites to go to medical school. And that's how it came about.

KD: And remind me, what year did you start at Jefferson?

ME: I was in the first class of women.

KD: Oh, nineteen sixty one.

ME: Nineteen sixty one.

KD: Um, so did you know that Jefferson had been only men up until that point?

ME: Sure.

KD: And how did that affect your decision to apply to Jefferson?

ME: I didn't want to leave the city so I just applied to the schools in the city, and that was now one option.

KD: Yeah. Um, so you mentioned that you had support from your father, early on, to go into medicine.

ME: Yup.

KD: Um, what was the rest of your family like? Your friends, family members, were they supportive? Was anybody, you know, questioning the decision?

ME: They were supportive. In my family you know, the, all the issues, and I know they exist, about equality for women and things like that. And we were Jewish, so equality for racial-, for ethnic things.

KD: Mm hm.

ME: It just never was an issue. All the women in my family worked.

KD: Yeah.

ME: I never thought about it. I didn't know women didn't work just as men did. Um, the only one who didn't was my grandmother, but back in those days she worked all day, I think, keeping the house. So I knew that I would have a profession.

KD: Mm hm.

ME: Um. So I, I never met anyone who in -- who opposed my proceeding.

KD: Mm hm. Um, so could you tell me a little bit about your time starting off in medical school, what that was like? Kind of your time in medical school?

ME: Well, there was somewhat of a hullabaloo since we were the first class with women. Um, and predictions of how difficult it would be, but I think none of us found any difficulty whatsoever. If anything, I think we enjoyed the status, the status of being, you know, nine women in a class with a hundred and fifty some men. It was great{LG}.

KD: {LG}

ME: Um, they made an especially huge bathroom for us, with a sitting room, um.

KD: OK.

ME: I think none of -- my whole experience there was one doctor who was, um, viciously hostile, but he was that way, uh, he was an equal opportunity sadist, he didn't like anybody. Men complained about him as much as the women.

KD: Mm hm.

ME: Um, so the experience, I think the experience we had was the same experience that any medical student has, a lot of hard work.

KD: Yeah.

ME: And um, being exposed to a lot of new things. But my own experience was being a woman did not interfere with anything.

KD: Mm hm. Um, let's back up briefly. Where did you go for undergrad?

ME: University of Pennsylvania.

KD: University of Pennsylvania. Um, and when you were applying to medical school, you said you applied just in the city, uh, what other medical schools did you apply to? Or how many did you apply to?

ME: Um, well, let's see, there was Temple, uh, a school that was then called Women's, which I knew I didn't want to 'cause I never wanted to go to a school that wasn't co-ed. Um, Hahnemann.

KD: Mm hm.

ME: And, I think I'm missing one. Temple, Hahnemann, Jefferson, Women's.

KD: Penn?

ME: Penn. Ha.

KD: OK {LG}.

ME: Penn, right. Um, and um, I, I guess the two that I most wanted to go to were Penn and Jefferson.

KD: Mm hm.

ME: And um, you know, I was accepted at Jefferson, and I just went.

KD: Yeah. Um, so when you were a student at Jefferson, were you involved in any organizations, extra-curricular events?

ME: No, I.

KD: Yeah.

ME: I, no. Not connected with medical school. I had my own, personal life.

KD: Of course.

ME: But it wasn't involving, um, things at Jeff.

KD: Mm hm. Um, so you mentioned one professor who gave you a hard time, gave everybody a hard time, um, do you have any other recollections, just generally, being a student at Jefferson as a woman or just, you know, in general?

ME: I think that if anything, the peop- the people, the doctors, the teachers we had contact with, first of all, were excellent. The, the experience was an incredibly thorough learning experience. Um, and I, I think everyone -- and I don't know if they went out of their way for us, because, or maybe they just did it for everyone, there were just no issues, no bumps in the road.

KD: Yeah, yeah.

ME: In terms of being women in the class.

KD: Mm hm. Um, where did you go on for your internship and residency?

ME: I interned at Bryn Mawr Hospital. Um, having no idea what I wanted to specialize in. My two choices were, um, the two things I liked seemed at different ends of the spectrum but in fact I, I know they're not: surgery and, um, psychiatry.

KD: OK.

ME: And I think the two things that led me to choose psychiatry were, one, during my internship, and immediately afterwards, I found myself reading classic psychoanalytic literature and really enjoying it, and being very stimulated by it.

KD: Mm hm.

ME: And I knew that I wanted to have a family, and I thought that would be much easier to manage as a psychiatrist than as a surgeon. So for those two reasons I chose psychiatry.

KD: Um, where did you work after Bryn Mawr?

ME: I had my first year of residency at Einstein, northern. And the rest of it, which means, hm, two more years of adult psychiatry and then one of child psychiatry at Hahnemann. Um, the child psychiatry residency is really two years, but I got married in the middle of it and we went to New York, thinking we were going to live there, we didn't, we came back after six months, and instead of continuing with the residency I started analytic training. So instead of having two years of a child residency I had five and a half years

KD: OK.

ME: Of child analytic treatme- uh, psychiatry, education. Which I think is more than equivalent, {LG}.

KD: Um, how did getting married affect your life, um, as a doctor?

ME: Well first of all, I was married twice.

KD: OK, yeah.

ME: I was married to that first boyfriend, who I followed into medical school.

KD: OK.

ME: Um, and that was just a teenage romance that was, um, we sort of didn't know how to re- how to acknowledge that really a life together wasn't for us, so it was a brief marriage and ended very amicably.

KD: Mm hm.

ME: And then, my second marriage was, as I said, during my residency. How did it affect my life? I don't think being married affect my life, maybe the person I was married to. What made my life possible was a, a wonderful housekeeper.

KD: OK.

ME: A live-in housekeeper who, um, came from Trinidad. And we met her when my, my oldest child was four months old, and she had left three children in, and her husband, in Trinidad. And I thought, you know, "What -- how come she could leave her children?" And I didn't know her at all.

KD: Yeah.

ME: And so when I met her one of the questions I asked her was how, how did she feel to leave her children? They were eight, nine, and ten.

KD: OK.

ME: And she said, "Well, how do you think it feels when your child asks you for a penny for a lead pencil and you can't afford to give it to them." And that just, I knew that this was the right person.

KD: Mm hm.

ME: She lived for the mailman, she, uh, wrote to her children all of the time. And she adored my children. They adored her.

KD: Mm hm.

ME: Um, each time I would come home from the hospital with another child, that day she would say, "When is the next one?" Uh, she was totally honest, wonderful with the kids, great cook.

KD: Mm hm.

ME: Not such a great housekeeper, but I felt that that wasn't so important. There was some dust here and there.

KD: Sure.

ME: Uh, and she was with us essentially until she died.

KD: OK.

ME: And that -- she is the person that made my life as it was possible.

KD: Yeah. Did you have a full-time career your whole life?

ME: Always, yeah. Yeah, I never -- I took a week off when I had my first child.

KD: Wow.

ME: I think I took off two weeks with my second, and with the third I took a few weeks off because I had some bleeding afterwards.

KD: OK.

ME: So I hadn't even planned to take that extra time, but -- and I've never taken a break in my.

KD: That's amazing. Are you still working now?

ME: I am.

KD: OK.

ME: Very full-time.

KD: Um, so, where has your career taken you? Are you still in psychiatry? Where have you worked over the years?

ME: I'm still in psychiatry, and unfortunately I, believe, I know, that the field of psychiatry has drastically changed. It's been degraded, it's been depreciated.

KD: Mm hm.

ME: I'm an analyst, a card-carrying, old-fashioned, using the couch analyst.

KD: Yeah.

ME: Believing that that's how you help people change their lives, with insight. Uh, and until a -- several years ago, I had a full-time analytic, or analytic therapy practice. With the advent of managed care, and uh, the invasiveness of the pharmaceutical industry and insurance -- my son and I were talking about this today. Insurance will not pay me to do therapy in managed care. I do that very well. I'm very good at that. Any- anybody can write a prescription. But that's what they will pay me for.

KD: Mm hm.

ME: Um, so if you want to make a living you now have to sort of follow those dictates. And in all honesty.

KD: Mm hm.

ME: As much as I have loved what I've done, until now, I don't know that I would choose psychiatry anymore because of the change in the field. Not because of the field itself, but because of its.

KD: Sure.

ME: How it's not able to be practiced anymore. I'm not alone in this.

KD: Mm hm.

ME: All the colleagues throughout my life are very dismayed.

KD: Yeah.

ME: Um, we've all had full practices in this kind of therapy we do, and now very few of us can do just that. So I do a lot of managed care along with my own private practice.

KD: OK. When do you feel that shift came?

ME: I guess it started a little in the nineties, with the advent of managed care. And with the invasion of some of the government-funded clinics and the control that insurance companies have -- I was told, for instance, I mean, I could not believe this. I was writing a report, I write reports on every kid I see, everybody I evaluate, I wasn't allowed to use blue ink.

KD: Oh wow.

ME: That's how ridiculous it has become.

KD: Yeah.

ME: Um, so I'm sorry, what was the question? I lost the question?

KD: Oh, just how your career has developed, where you've worked over the years, and how your field has changed, too.

ME: Oh, it's changed. It's changed absolutely for the worse. I don't think that, that what I do is very respected anymore. The media has contributed to this, not all of the media, some of it's very supportive, but it's, it's just not, um, it's not what it was. Um, so I, I would think twice about urging somebody to going into psychiatry. And I know some young people who are.

KD: Yeah.

ME: But -- and I supervise residents, and I've talked to my colleagues, and we've all noticed even the change in attitude. When I was a resident and an analytic candidate, nothing would make me miss a supervisory session, and I paid for supervision. When you're in analysis and analytic training, you pay for it all.

KD: OK.

ME: It was that important. Now residents cancel, "My dog is sick." Literally. "My dog is sick. I can't come to supervision." And I am volunteering my time.

KD: Yeah.

ME: I offer a couple times. "Well, could I make it at such-and-such a time." "Well, shit no, you know. I'm doing you a favor here."

KD: Yeah.

ME: And I know this has to be coming through the residency training directors, you know, that this is way down on the list. The important thing are these fad therapies, cognitive behavioral therapy. I hope you're not in any and I'm not giving.

KD: Oh, no, no, no, no. This, this is fine.

ME: You know, what, what medication are you taking. We're making addicts of people, in a sense.

KD: Mm hm.

ME: Who could change their lives. All the medications do is control symptoms.

KD: Yeah.

ME: They do not, they're not quality of life at all. Other than relieving some initial symptoms. Sometimes.

KD: Mm hm.

ME: Um. Again, I'm straying. I'm not sure where we started.

KD: {LG} Um.

ME: But I actually know surgeons and internists who feel the same.

KD: The same.

ME: The same disgust about.

KD: How the field has changed, how?

ME: Yeah. It's controlled, it's not controlled by doctors anymore.

KD: Mm hm.

ME: We've sold the farm.

KD: Yeah.

ME: Physicians assistants now can do almost everything that doctors can do, interestingly, except they can't do what doctors get sued for.

KD: Oh, OK.

ME: So the institutions protect themselves that way. The doctors still take the brunt of that.

KD: Mm hm.

ME: And you know, if I were sick, I wouldn't want a physician's assistant. I, and I think some, I -- I recently had to get a booster shot and the PA in the ER was lovely.

KD: Mm hm.

ME: But I needed a booster shot.

KD: Yeah, it's a simple thing.

ME: I didn't need something else. So.

KD: So how else has your field changed in, uh, psychiatry? Did you feel that there was a difference from when you started off through now in terms of being a woman in the field? Were you a minority at all in the beginning?

ME: Oh, no. I mean, maybe I was {LG}, I don't know. Um, but again, it was never an issue, it was never a problem. Um, I think maybe -- somebody -- there are so many misperceptions. Somebody once said to me, "I guess all of your patients are women and Jewish." In fact, and I thought about it, my patients are, if anything, more male than female.

KD: Sure.

ME: And I interestingly, they're not Jew-, probably two-thirds, one-third, two-thirds non-Jewish. You know, there's this stereotype that, that tends -- honestly, I think -- and this is going to sound vain -- but, I think one thing that's helped me has not been my gender, but the fact that I look young.

KD: Sure.

ME: And all through um, my career that has been an asset working with, not so much children, but adolescents.

KD: Mm hm. Was it a hindrance starting off though? Maybe, being perceived as too young? That you weren't qualified?

ME: Only as a medical student. When I would walk in and I'd say "I'm here to do a history and a physical." And they'd say, "I'm not talking to you, nurse, get out of here!"

KD: Oh yeah.

ME: And I was so intimidated I would get out of there. But no, only then.

KD: Only then? After that you didn't have any issues with people thinking you were a nurse or an assistant or anything like that?

ME: No.

KD: That's good. Can you think of anything else that you'd like to talk about that we haven't brought up so far?

ME: Mm.

KD: Anything else that, you know, sticks out in your mind?

ME: Well, only that um, you know, going through medical school, it's like sort of being in the army, I think. You have -- even if you weren't very close with everybody, when you meet someone you were in school with, they're like bonds of steel that never go away. Um. Of my three children, my middle child, my daughter, also went to medical school at Jefferson.

KD: OK.

ME: And she's um, she's an ER doctor, and so she does something very different from what I do, you know, I do long, long-term therapy for years and years and she sees people quickly.

KD: Uh huh.

ME: Um, and you know, just her talking to me through medical school, there's so much more information available now.

KD: Yeah.

ME: Which is a good thing. I think medicine is going to change dra- drastically in the next -- not my life-time -- next fifty, seventy-five years.

KD: Mm hm.

ME: Um, so as much as we thought we had to learn, I think there's a lot more now.

KD: Yeah.

ME: Um, and I feel very, you know, I feel a great allegiance to and loyalty to Jefferson.

KD: Yeah.

ME: Um, because, they gave me my, my career.

KD: Yeah, exactly. Are you still in touch with any of the people you graduated with?

ME: Mm hm, I am. Not a lot, but a few. And we're having.

KD: The reunion! Two thousand fifteen, that's right.

ME: Fifty years. Unbelievable.

KD: That is unbelievable.

Me: Next year, yup. So we're -- and I'm on the committee, or whatever you call it, the alumni.

KD: Oh, OK.

ME: Committee.

KD: Are you helping to plan the?

ME: Yeah, and I'm personally in touch with a few of the others.

KD: OK. And staying in the area, that was just because of family? And just because of life events?

ME: Yeah, yeah, um, it was just because of family, and where my life had been. And when we moved to New York because my husband was in law school and going back to law school. {LG} We got there and at, you know, school starts in September and it is Thanksgiving break and he said, "You know, I'm -- I know what -- I've learned about you and what you do and I've met your friends, and I really don't want to be a lawyer, I want to be a psychiatrist."

KD: Oh wow!

ME: And I knew that being able to support us would be much more feasible for me in Philadelphia than New York where I was just getting started and knew nobody. I was in a fellowship there.

KD: Mm hm.

ME: So we came back to Philadelphia so that he could go to medical school.

KD: That's amazing. That's very neat. Anything else? I, I don't mean to rush us or anything.

ME: No, I can't, I mean, no, it's your interview. I don't know what else I can tell you. Um, I think, you know, I'm, I'm in fairly close, regular touch with two of the women in my class and somewhat regular touch with a third. And I think we all feel the same. That we.

KD: Yeah.

ME: Just got a -- had a very good experience, a great learning experience.

KD: Yeah.

ME: Um, great careers. I think only one of the others is still prac- working.

KD: OK.

ME: And she's in research more than clinical medicine. I know Nancy recently retired and Peggy retired a couple of years ago.

KD: OK.

ME: The women in the class of sixty-five, which was mine, were me, Peggy, Nancy, Carol, who's in California, she's the other one who's still working. Um, somebody who started with us, Bette-Lee, Jablow is her married name. She left after our sophomore year and went to California and finished medical school there, but she's not considered part of our class.

KD: Yeah.

ME: Joyce Price.

KD: OK.

ME: Joyce had been a surgical nurse and um.

KD: She was the oldest one in the?

ME: Yes.

KD: In the cohort?

ME: Yes. She was the one who had a horrible experience when we were in medical school.

KD: Oh really?

ME: She was assaulted in her home.

KD: Oh, wow.

ME: Yeah, it was horrible.

KD: That's awful.

ME: Um, and there was a question as to whether she'd be able to work 'cause she -- her hands her bound and the nerves were damaged, but she became a surgeon.

KD: Wow. Good for her.

ME: Carolyn Price. I forget her maiden name, her married name. And Mary Knepp, who I think is not living anymore. I think Joyce and Mary are both dead.

KD: Mm hm.

ME: So those are the women in my class. That's easy to remember.

KD: Yeah.

ME: We were, you know, like a little unit.

KD: Mm hm.

[Recording paused]

ME: {NS} So, um, I was saying, I think that I, I imagine it's still true because, I really do, 'cause I know a lot of younger doctors through my daughter.

KD: Yeah.

ME: I think those of us who choose medicine do not choose it frivolously, that we all, virtually all, to my knowledge, follow through and practice. Um, I have a friend, she's a, these are friends, uh, he's an analyst, as I am, she was I think a social worker, and I think she retired when she had children.

KD: Mm hm.

ME: And I, love them.

KD: Yes.

ME: However, one night we were having dinner and actually an- a- somebody I was in medical school with, um, Joe Dwoskin happened to be in Philadelphia, he lives out West, but he happened to be here. So the four of us had dinner.

KD: Mm hm.

ME: And after dinner we came back here and the conversation came up from my fr-, the woman, the female friend, about, she has three daughters, one of them is a doctor who doesn't practice.

KD: OK.

ME: Which is unusual, and I think she is now practicing part-time.

KD: Mm hm.

ME: At any rate, she was saying that her daughter had a hard time because when her daughter was pregnant they wouldn't accommodate her pregnancy. And I think Joe's and my ears both, all four ears pricked up, perked up.

KD: Yeah.

ME: "What does that mean?" "Well, you know, they should have given her time off, uh, she should have had a half-time residency." Blah, blah. And I felt just as Joe did, so there was no gender difference here.

KD: Mm hm.

ME: No. If you take this path, you recognize that there are sacrifices you're going to make.

KD: Yeah.

ME: And you don't expect special privileges because you're a woman. Maybe you do need time, well then you pay it back. You don't expect them to accommodate the program to you. Um, and I feel very strongly about that, and I think it's not true today. I think there are a lot of residency training programs. I don't know about medical school, where they just turn them inside, inside out to, to themselves inside out to make these special accommodations, and I think that is an abuse of gender equality. It is not gender equality. When I was in medical -- oh my gosh. I forgot Amilu. She was in my class too.

KD: OK.

ME: Amilu is a surgeon. She also lives out West. Amilu, I, I don't know how -- she has four kids. I think they're all boys. A couple of them are doctors, and she had at least the first two when we were medical students.

KD: Oh wow.

ME: And she did not lose time, and she did not lose the year. We did what we had to do.

KD: Yeah.

ME: We wouldn't have even thought of saying, "Well, can you accommodate this?"

KD: Mm hm.

ME: I think there's such a change in attitude. And I don't think -- I don't admire it.

KD: Mm hm.

ME: I can't say it's good or bad, I don't know. It is what it is. Uh, I like it the way it was when I was there.

KD: Talking to your daughter, has she noticed a lot of differences going through medical school and in her career since? Comparing experiences?

ME: No, I don't think so. No, I think Lizzy's had a great career. Lizzy started at Jefferson in wilderness medicine program. So she's just had a terrific career. She recently moved to San Diego where she's not doing much teaching and very limited wilderness medicine, it's more clinical ER stuff, and she misses the teaching at Jefferson.

KD: OK.

ME: And the uh -- she thought she wouldn't miss it but she does.

KD: Yeah.

ME: Uh, so she's very invested, very involved and um, and I don't know that she's noticed any changes.

KD: Mm hm.

ME: She grew up with this.

KD: Yeah. Did she always want to be a doctor?

ME: I don't think so. But in so—in college she was always, again, following, I think her major was neurosciences or something, so she was always attracted to that.

KD: Mm hm.

ME: Um, I'm not sure, it was right after college, she, she did take a year or two off and she worked for a drug company.

KD: OK.

ME: As a drug rep. And um, she, you know, applied to medical school. I think she sort of grew into just wanting to do it. I can't say in high school she.

KD: Sure.

ME: Interestingly, if you saw my high school yearbook, which I will not show you.

KD: It's OK {LG}.

ME: It says in the caption?

KD: Yeah.

ME: She wants to be a psychiatrist.

KD: Oh really?

ME: And I do not remember that.

KD: You don't remember that?

ME: But somebody must have known that.

KD: Wow. That's crazy.

ME: And I was sixteen. I was graduated from high school at sixteen. Sixteen years old and I said that.

KD: That's incredible.

ME: As far as I knew just saying to my father, "No, I'm not going to medical school."

KD: {LG} Wow. But you don't remember at all, kind of, before college wanting to be a doctor? Or really...?

ME: Well, it was always in my mind because my father.

KD: Yeah, because your father kept bringing it up.

ME: Um, and I can't say I wanted to or didn't want to, I was just arguing with my father.

KD: Sure {LG}

ME: That's what it was about. So.

KD: Alright.

ME: Somebody was very perceptive when they wrote those captions on our high school yearbook pictures.

KD: Definitely. Any last thoughts, comments?

ME: I don't think so.

KD: OK.

[End of recording]