

1945 Diploma Graduate (#73)

I graduated from Springfield Hospital School of Nursing¹ in 1945.

That was a very long time ago.

(And if you could you just please tell me just a little bit about what you remember of your school days little about why you went into nursing, why you chose Springfield,)

I did not plan to be a nurse. I really wanted to be a teacher. But remember, this was in the years when there was a great depression going on that I was making plans, and my family had no money. I had a brother who obviously would have priority over anything a daughter would have in education in those days. But I had a cousin who graduated from the Springfield Hospital -- it was my father's cousin many years ago and I had a mother cousin who had been a nurse at the Bishop DeGoesbriand hospital in Burlington. And my mother and dad said, "Oh, she's going to be a nurse." laughs. That's how I got to be a nurse instead of a teacher!

(... I'm not sure why they would say that?)

Why did they say that? I think they wanted something more for me. In those days, most of the women who were graduating, if they didn't come from families with a good deal of money, became stenographers, telephone operators... You know, jobs that were rather uninspiring. And my folks actually, while they had very limited education, were very interesting in education. They were both very bright people. My father... neither of them graduated high school, but my father over the years became a real student of the Civil War, so it was important for them -- and for me -- that we did very well in school, in education. And since I wasn't going to go to college, because we had no money, what they could afford for me? And they could afford for me to go into nursing. I think it cost something like \$100 to go into nursing for a three year period in those days.

(\$100 for all three years?)

¹ Later, Baystate Hospital School of Nursing.

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I believe that was the arrangement.

(And your books and everything else?)

I have no recollection of buying books and yet I had them, obviously. So I'm not quite sure where the books came in. But I arrived at Springfield and I had come out of the state of Vermont. And I was brought up so that when you were going someplace you dressed properly, you wore gloves, you carried your purse, and I wound up with a bunch of kids who obviously were not brought up that way and so I became something of a laughing stock because when they'd say, "do you want to go to the movies?" I said, "that would be nice, yes, I would like to go with you." And I would get into the hose and the heels and the dress and stuff. And they'd look at me and, "we're just going to the movies -- what are you dressing like that for?!" So I was a little bit out of my usual lifestyle when I came here. So it was a bit of an adjustment for me. And because we were probationary students, we were put into part of the nursing residence that was called Pratt Hall. That's where probationary students went. The nursing residence were divided into three different areas: Pratt, oh, I've forgotten the names now, but as you progressed in your training, you moved from one section of the nursing home to the next. And many, many years later, I wound up in a particular room and many beyond that, when they were redoing the Springfield Hospital, my friend, who was secretary to one of the administrators, wound up in the room that I had slept in as a young graduate nurse. That was kind of a fun day.

When we went into nursing, we went in as probationary students. We had a three month probationary period. We wore black hose and black shoes that indicated that you were a probie; you were not a student nurse yet. You had to be patched through these days before you could get into your white...

(Where you capped?)

Oh, you didn't get capped until you passed your probationary period. Then they had a capping ceremony for you but you had no stripe. You didn't get your stripe until

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you graduated. I don't recall that I ever had a stripe until my senior year and then you got a stripe I think, but I'm not quite sure when that came into.... but I do remember the black hose and black shoes. Our uniforms, ugh. They were unbelievable. You had a basic dress, blue and white stripes. You had a collar that was made out of, I believe, just a cotton collar but it was starched so stiff that it was like plastic. And one of my friends had boils on her neck all the time from this collar that ran down her neck. So she was allowed to wear just a handkerchief draped around her neck because... you had long sleeves that had cuffs that were probably six inches long. And you had to roll down your sleeves and put these cuffs on when you went to lunch or dinner in the cafeteria. That was your formal dress. When you were working on the unit, you took those cuffs off and you rolled up your sleeves and you had small cuffs that you put over the rolled up sleeves. And around your waist you had a piece of canvas that your waist and on top of that you then put your apron which had three buttons on the back: stud buttons. And that was the uniform of the day. And you were supposed to send these uniforms to the laundry on a particular day and time. And if you forgot to get your laundry in on time, you then had to do it yourself. And you had, oh, I would forget those aprons and you iron those ... The waist band of the apron was probably four inches wide and had to be starched stiff so it would stand up. Those were our uniforms.

We went to the units fairly early in our probationary period. We learned to take temperatures and that sort of thing first and they introduced us to the hospital a little bit. But primarily we did classroom work those three months. Many of the instructors that we had were young graduates themselves but remember now, this was wartime and a lot of the nurses -- the young nurses -- young graduates who held positions in the hospital as unit supervisors and this sort of thing, they left and they went into service. So the student nurses that were left really had to take over much sooner probably than they ever would have had it been a normal period of time. And I can remember for instance a unit that probably would have had 36 to 40 patients on it on a three to eleven shift, you would have two student nurses. They would be taking care of that unit with 36 to 40 patients on it and those patients

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were really taken care of. You came in at 3 o'clock in the afternoon and you would go around and make rounds on the unit. You would then... the day people would leave and you would start off by taking all the temperatures of the patients that you were assigned to. You would get them ready to have their supper by providing them with a wash-up basin so they could wash their face and hands. You would rub their backs, you would sit them up and pull the pillows down behind them, You would tighten up their sheets and then you would go out and get their supper trays. You would give them any medications that they needed to have. You would see that they were eating properly and if they couldn't feed themselves you fed them. And you would pray that you didn't get more than one patient to feed because it would take so long to feed them. If you got two patients to feed and you have six patients to take care of, you would just be behind the eight ball for hours after that trying to catch up with all those things you had to do. Not only did you have patient assignments, but you had unit assignments. You had rooms like... a linen room, a sterile room, you had a room that unsterile, you had a flower room... all these things on every unit. So you got an assignment of X number of patients and a particular extra duty that would be yours. And in the linen room, for instance, late afternoon they would bring up a linen cart -- just a big old canvass cart on wheels full of linen. And you would.... if you had the linen room assignment, you would have to take the linen out of the cart, fold it and put it on the shelves. Ugh Towels! This is one of the jokes that we have in our house here and have had it for years. Our towels (*in the hospital-editor*) had a blue stripe down the middle of the towel and you had to fold them in thirds with the blue stripe in the middle and you piled them on the shelf, every blue stripe had to be on every other blue stripe. (laughs)

(Is this what you do in the house now? - laughs)

Yes. (laughs) And my children laugh and they say, "Oh Mom!" You know, putting things away like that... they don't have blue stripes on them -- they don't have to worry about it! But that was what we did and of course your assignments contained this as well as your patients and you had someone going around checking before you

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could go off duty to see that everything that was done by you was done properly. "Okay, the linen room was taken care of now. So we go look at the patients to see what kind of work you did with your patient." Well, the first thing that they would do would be to check to see if the wash basin that you provided for the patient had been cleaned after the patient had used it. "Didn't you get all the scum out of..." all the pans, the bed pan, oh yes, they had to be checked. The Venetian blind in the window had to be properly raised.

(No! Laughs)

If there was no sun coming through the window, it had to be in the middle of the window. If, however, there was sun coming through the window, you had to have it at a level where the sun did not shine into your patient's face. Okay, you also had to make sure that the flowers that were delivered to them by friends and relatives were properly cared for and so you would have to take their flowers to the flower room -- one on every unit -- and you would have to take the flowers out, cut the stems; refresh them, put fresh water in and return them to the patient's bedside. And when you went off duty at eleven o'clock that night, before you left, you removed those flowers from the patient's room, put them outside the patient's room on the floor in the hallway so that they wouldn't be in the room at night. Don't ask me why.

(I was going to !)

Don't ask me why. I have no clues. Part of the assignment. I was assigned to the flower room on a private unit that I had rotated to, and at the end of the rotation period you get an evaluation from each unit that you go to, and I remember distinctly my evaluation from this unit, and the unit supervisor was a woman by the name of Jane Todd, a really great woman and I liked her a whole lot, but on my evaluation she wrote that she was somewhat disappointed in my service. Perhaps it was because I had not felt well during the whole month that I was on her unit. The reason I had not felt well was because I have allergies to flowers and I was assigned

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the flower room every day. So for one solid month for the fall on west five at the Springfield Hospital, I walked around with a running nose and dripping eyes and pure misery. And I'm sure Jane Todd was not happy with me and she was right. She could have been disappointed very easily.

But these were the things that we had to do. One of the things that I think is most interesting for me to look back on was, in those days, and remember it was the war. We had no such things as commercial IV solutions. IV solutions were made in the pharmacy and they were put in a liter jug and they had a rubber cap on top of it and these were delivered by the pharmacy to what is called "warming closets" in our utility room and that's where they were kept. And to make sure that this was not contaminated in any way and it still had suction in it, you turned it...

(Suction? In the IV bottle?)

you had to turn it upside down and pound on bottom of the jug...

(What was meant by suction; gravity?)

Well, you had an IV set, but before you put the IV set into it, you had to make sure that it wasn't contaminated. So you turned the jug upside down and hit the bottom of the bottle and you got this rebound sound and that indicated that there had been no contamination by leakage into the bottle.

(Thank you.)

That came up from the pharmacy, that was made down there. Everything that was used on the unit was reused. If you took a catheter out of a patient for instance, it was washed, it was cleaned it was re-sterilized and used over again. Needles and syringes. You had little stylets' that you put through the needles to make sure they were clear so there were no little blood clots or anything in them. And they would be re-sterilized and reused. Nothing was ever purchased...

(Did you do that yourselves?)

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If you were assigned the utility room, there were containers...

(There's the flower room, there's the utility room.)

But you had the utility room, see, every other nurse who was giving a shot would come in, she'd rinse out the syringe just under water, And there would be containers: she would separate the syringe put it in a container, needles in another container. But you, the utility room nurse, would then be responsible for seeing that whatever was in these containers was cleaned and sterilized. And the re-sterilized things would be put on the shelf in the utility room. Unless you were there in those days you would have no idea...

(But you are doing a great job of telling me how it was.)

Oh, it was fantastic! It was absolutely fantastic! If you were assigned to the operating room, for instance. There was no surgery planned on the weekends, so if you were part of the staff for the operating room on the weekend, you tested gloves. Oh yes, I hated the operating room -- with a passion I hated that room. The gloves that were used during the week, you see, could not be replaced. Things like rubber were going to the service people. There was nothing that you could have. You had to test them for leaks and you then had to patch gloves. And what you would patch them with would be a glove that was torn so badly... somebody who had perhaps pulled the top of the glove off and you could not repair it. You would use the rubber from that glove to patch another glove that had a pin prick from a needle, for example.

(How did you patch it?)

You had... you cut the rubber out of the bad glove and you had this glue that you glued the patch on... and you took all these gloves and you put them into water. You filled them with air and put them in water and if there was a leak you would get bubbles and that's how you found a leak!

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(You are telling me why the nurses during the war -- during World War II -- why they were so great because they knew all these...)

Oh absolutely. Absolutely you knew all these things. You patched the sterile sheets that you used to drape a patient for surgery. If there was a rip in it, it got patched. Nothing ever came in new. And I can remember the night... it was late in my training, but it was the night the first vial of penicillin came into the hospital. And it was used on a man on Main Two. I do not know for a fact how this got into the hospital, but the story went that the surgeon who wanted this had some pull with the army and he went down to Ft. Devins and he got a vial of penicillin and brought it back. And it was a 10cc vial, and in the 10cc vial was this yellow powder. And you had to put in the sterile water into the penicillin powder and then you had to figure out how much you were going to withdraw in order to give the proper dose as ordered by the physician. And because you had put in the 10cc of water but there was penicillin powder in there, you had a little more than 10cc in the vial, and so exactly how much of that did you have to pull out? You could not just use 10cc as the basis for your computation. And I can close my eyes and see right now the nursing station on Main Two and the people standing around that night trying to figure out how are we going to figure this out! Amazing stuff.

(And you did! Of course you did.)

Oh yea. Of course we did. This was new medicine because I can recall having learned out of some book -- I don't know if it was Nursing Arts or what it was in, but... cupping. Such a thing as cupping. I don't know if I ever used it; I don't know anybody who did use it, but it was still in our textbook. But that shows how far back in the care of patients and medicine we were.

(Did you have a real text book with a cover?)

Oh yea.

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(In the earlier days they wrote their own procedures. I didn't know if you had at that time.)

We're not talking about a procedure book. I don't recall a procedure book.

(Somebody gave you a book -- you didn't have to write it yourself.)

Oh no. No. I really have no recollection of where our books came from or how we got them.

(You had them.)

We had them, yes.

We had to leave the hospital to go to Classical over on State Street; Classical High School for our chemistry.

(Right. It was still Classical)

It was still Classical High School and we went over there for chemistry. Our other classes were all held either in the nursing home itself -- there were classrooms down on the lower level where we had a tunnel that connected to the hospital. We had a woman who came in... a masseuse to teach us how to... Yes. There was a technique to back care. We had to massage every part of the body and at the end of the course we had to have an examination, and our examination was one that was blind because you walked into the class and she said to you, "I want you to massage the left foot and ankle and foot of this person." or, "I want you to massage the upper arm," or, "Let me see how you massage a back." And there were particular steps. To this day I could give you a back rub (laughs)

(I would accept it!)

I hate back rubs. I think there were six or seven steps to giving a back rub. And this is what we had to go. I'm telling you, unless you were there, you'd have no idea. And then prayer service. It wasn't mandatory, but every morning, down in the

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outpatient department, there was someone there who led a prayer service. You could go to breakfast at any time from six to seven, when you had to be on duty. But if you wanted to go to prayer service, you'd have to eat a little faster because you had to go down to the prayer service to get upstairs to be on duty for seven o'clock. And if you got upstairs on duty for seven o'clock, the night nurse was there to give report to you. You stood around the nurses' station and she had written this report somewhere between five and six in the morning. And it was duplicate writing. It was a tablet kind of thing. And what she did, she'd write down how many patients she had -- "36 patients and in room 215 is Mr. Smith whose temperature went up to 104.6 last night and Dr. Smith was called and ordered antibiotics. And in room 230 was Mr. Jones who started vomiting last night. Somebody else had to go to the operating room. These were major things that had happened to particular patients and put into this report. Then the narcotic count was correct -- that was put into the report. Narcotics were counted at the end of each shift by the medicine nurse. And at six o'clock in the morning the supervisor would come around and she would take the original copy of that report from every single nursing unit and she would bring it down to the nursing office where the director, nursing supervisors for the day would sit and these reports would be read to whoever was covering the units the next day. The copy would stay on the unit so that you kept copies of all reports from every day. I have no idea for how long they were kept or where they were kept. But we had them there.

(I would say they went to the archives. I've been to the archives, some are there -- they didn't throw anything out.)

(May I ask a question? There's a blue bottle on the table and I'd like to know more about it because we're going to take a picture of this particular bottle.)

That particular blue bottle came from what I believed to be the original pharmacy of the original Springfield Hospital.

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(The original, original Springfield Hospital?)

Yes. And I will later show you a picture that shows just a little piece of the building.

(So I'm going to be able to look at your picture book and take a picture of a picture with my camera?)

This was after I had graduated and again, we're getting ahead of ourselves here.

(I apologize.)

That's okay. When I was a new graduate, one of the things the director would do would be to interview us to see what we were interested in doing. And I was interested in two things, which might give you a clue as to why I wanted to be a teacher instead of a nurse. I was interested in education or supervision. And so as a student nurse, before I had even completed my program, I was working as the three to eleven supervisor. Because so many nurses were going; into the service, that they had to use students to fill in a lot of these jobs a graduate would normally have. And since I was interested in administration, I worked as a three to eleven supervisor (laughs). I spent a lot of my time over the years in supervision as it turned out.

There was a time in which they torn down the original Springfield hospital building and before it got torn down, an older woman who was the night supervisor -- the three to eleven supervisor, and we were working together, she was a marvelous, marvelous woman. She in herself is a story. She came out of New York and was one of the nurses when one of the bridges was being built in New York she worked as a public health nurse. The men building the bridge, if they got injured, she would feed them and take care of them. And she did private duty and worked with some of the famous people out of New York. She and I went over to the building before it got torn down and the rooms for patients were little tiny rooms and every room had a tiny fireplace. And we walked through the old building and we got down into the pharmacy part of the building and there were bottles all over the place and I like bottles. So I started picking up bottles and I had a whole bag full. And I brought

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them home and I had them for a number of years and one year my husband decided -- he was going to get rid of a lot of stuff -- and he went down in basement and threw out all my old bottles except for this one. This blue bottle...

(Oh! This blue bottle!)

It surprises me a bit because it doesn't have a pontile on it as you would suspect, if it was a hand-blown bottle. But the blue cobalt is a rare color. But that's where it came from.

(No, and it wasn't hand blown.)

No, it's not hand blown. But I don't know at that time if it was necessarily hand blown. I don't know when they closed that part of the hospital. There is some variation on...

(But it was a long time since they used anything like this, whether it's hand blown or not. But you're probably right that it's from a later period.)



But that's where it came from.

(Thank you.)

What else can I tell you?

(You told me a story that you've not told many people. But it's a true story. Would you care without -- there are no names there -- when you were visiting at the library and you told me this wonderful story.)

Which one of my wonderful stories did I tell you?

(Well... you said it was something... well... I thought maybe you said "hold that good thought." It was a funny story.)

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I probably would get to it in time but... it wasn't a story about the man who died who got stabbed to death

(I don't know but tell me that one.)

Well this was many years after I had graduated and I was working as a three to eleven supervisor and I was working with a woman that I was really fond of and I don't know if he was Latino; I'm not sure what his ethnic background was -- he got stabbed to death and they brought into the hospital and he pronounced and taken down to the morgue. And I was making rounds someplace in the hospital and I got a call from telephone operator and she said the family was here and they want to see the body. And of course this is their privilege and as much as you would like them not to do this, if they want to see the body you have to allow them do it. So I went down to talk to the family and I walked into the lounge where they were and there were 16 people -- it wasn't just one or two people; it was a LOAD of people. And I looked around and they're all pretty emotional and pretty strung out. And I saw one man, he looked relatively okay. And they were saying "we've got see him; we've got to see him..." And I spoke to this man and said I will take you to see him but I am not taking all of you at one time. I will take you two at a time down to see him. In the meantime, I had said to the telephone operator, "call my buddy. I am not going down with these people by myself. The two of us will go." So she called the other supervisor and she came down and she took one look at me and I looked at her and we knew we had trouble on our hands. So we started down to the morgue. I had tried to discourage them but no, it wasn't going to work. The morgue was down one step lower than the rest of the hospital. And of course in the evening there is absolutely nothing down there -- no people, no lights, no nothing. So we started down and this one man who looked pretty good one of the other people and we got almost to the morgue and he said, "I hope he's going to be okay. He's got a knife in his stocking, you know." I and thought "Oh good. Here we are, two stories down nobody around and now we've got two people, one of whom has a knife in his stocking and the other one doesn't appear too stable and we're going to go into this

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room with them." So we take them in and oh, yes. we have a little emotion but no hazard there. And we come back upstairs. Now it's time to take another one down. And we start down with the second one and we get the story, "Oh, I hope we're going to be all right." This one has sense, you know, and he's apt to have a big fit down here (laughs) and at that point, we decided that maybe this was going to be the last trip. My friend and I didn't have to speak to each other, we just looked at each other and we know. So I said, "well, unfortunately we aren't going to be able to bring the rest of the people down because we heard that the undertaker is on his way over. So what you're going to have to do is take the rest of the people to the funeral home and they will let you see him." "No, no. We have one more. You have to take one more down. You absolutely have to take this one down." I said, "Okay, but we have to do this quickly because we have to get you all to the funeral home." So we took the other one down. He had to go down because he wanted to count the stab wounds in the body. So we had to remove the paper shroud so that he could count the stab wounds in the body and I think he counted 37, as I recall. As I recall, that number sticks in my mind. We got him back upstairs and I ran like crazy to the telephone to call the funeral home and said you don't know it but you're on your way over here. (Laughs) And I got a phone call back later during the night from the funeral home. The family had gone over there and they were blessed with the whole 16 or whatever. These are problems that you encounter doing supervision.

(I do remember the story.)

What was it?

(It's the story with the morgue and the diener² who did not show up and the one thing you could not do, you did everything as a supervisor you told me you could do everything but this is the story of the one thing...)

² An attendant who maintains and cleans the hospital morgue, and who may assist in performing autopsies. Segen's Medical Dictionary. © 2012 Farlex, Inc. downloaded from <http://medical-dictionary.thefreedictionary.com/Diener> July 7, 2012

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We had kind of jumped from being a student into graduate work.

(One more story and we'll go back.)

One of the reasons I said we could do everything is because as students we did do everything. We worked in the diet kitchen. We had to figure out diets. We worked every place. But the story that you're asking about was after I graduated and I was again supervising and I was alone in the hospital at that night because our hours were different. And this patient had died. The autopsy had been done. The surgeon called and said we're finished. Call the diener to suture him up. Okay. So I called for the diener, the diener didn't show up. So somebody went to look for the diener for me and they found him under the stairs, passed out. He had been celebrating a little bit. So now I had a dead man in the morgue ready to go to the funeral home and nobody to suture him up. And this is the first time this has happened to me, so I called the assistant director of nurses and explained the situation and asked what she thought I should do. And she said you should go down and sew him up. Oh! I thought "Oh, I'm all by myself here and I have to go down and sew up a body after an autopsy which I have never done. I have not even seen it done because I never did finish an autopsy. We all had to watch one autopsy and I got sick partway through the first one. At that point, a young fellow who was an extern: a medical student who was working with us, came in to the hospital after a date and I said, "Ah! I need you. We have to do something." "Oh, what do we have to do?" "We have to go down to the morgue and sew up a body." " Oh!" He was about as thrilled as I was! So the two of us go down; neither one of us know how to do this. And I found a needle and I found the stuff they use, and we started and we sewed up this "Y" incision, this opening, and we got to a point and we just darned it in and we called the undertaker and said the body is ready, and the undertaker came and took the body away and within a half hour I got a phone call from the undertaker: irate. "Who sewed up this body? who sewed up this body? Before we got to the funeral

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home the sutures were all ripped out! Who sewed up the body?" And I explained to him that I had sewn up the body with one extern who didn't know any more about it than I did. And I guess he forgave us, but at any rate, that was my one experience at autopsy suturing. Never had another one either.

(Never wanted another one, I'll bet. Do you need a break?)

There are so many stories...

(Tell me about... when World War II was here, you had to step into shoes that normally... and when you graduated, did you at that point, were you hired back into the hospital or... When you graduated you went back to work in the hospital? Were you given credit for what you had done is what I'm asking.)

As I recall, and I have not thought about this in so many years. As I recall, it just went on. I was working before my time was up. You had a graduation in June or whatever. But because I had been sick and had some surgery, I had some days and time I had to make up. So while I went through the graduation ceremony in June, I had to work until September to make up for the days that I had lost to sick time. And on those days I was working as a supervisor and when my time was up, I just continued to work as a supervisor only now I'm being paid.

(That was good!)

Yes, that was very good. And thinking about what I was paid, I was paid \$160 a month and out of that \$160, I think it was \$40 for my board and room. And many, many years later when we were having attempts at unionizing the nurses in the hospital, some of them were leaving to go to work at Big Y as cashiers because they were getting more money as cashiers than they did as nurses. And I thought, Hey Ladies, you don't even know -- I thought \$120 was great when I graduated in 1945 and it only cost me \$40 to eat and sleep.

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(It's a matter of comparison as to what your expectations are. If you take a look -- and I'd like your take on this -- you worked at Baystate for how many more years?)

Gosh. I worked as an eleven to seven supervisor too. I probably stayed two, three years and then I left to go to -- oh youth, how stupid we are when we are young. I left the hospital to go to work for an OB/GYN man. I had talked with another girl who had graduated a year or two after I did and she was working for an OB/GYN man and what we did, we were on call 24 hours a day, seven days a week, and the patients of the doctor were told they would be special when they came in in labor and when a patient would be admitted to maternity, I would get a phone call that Mrs. John Jones is in... Okay, so I would get into uniform and go to the maternity hospital and special her through her labor, I would scrub with the surgeon through the delivery and I would get her back into her room and get her settled, then I could go home. Sometimes there would be one patient, sometimes there would be six patients. There was a time one day I remember I started out during the day and I worked the day and the night and there was still a patient in there for the next morning and I said I would really like to get home and take a bath and change my clothes. And he did let me go but was not happy that I was not there. He had to be there all this time. Yea, you have to be there but I'm not making the money you are. And then he went on vacation and of course his patients were covered by another OB/GYN and of course again I had to scrub for him too, for the delivery. And no doctor delivers or scrubs the same way as the previous doctor. And I had always handed by putting my arm over the leg of the patient that was up in stirrups. Well, he didn't like that and he did -- and I have to say he reminded me two or three times, he did not like that -- he didn't want me to do that. But it's his practice. That's the way I did it. He eventually threw a placenta at me (laughs). And I said, Okay, and I spoke to the nurse who was head of the delivery room and said do not call me again. I will not scrub with him again. Well, when the doctor I worked for came back, I got a phone call. "What do you mean you refuse to answer?" I told him I would not go back. He said nothing to me; he never apologized. I never got any kind of apology.

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(Doctors don't apologize. They don't It's a whole other ...)

It was just unreal.

(You nursed until about how... When did you...)

I worked as a temp for a while and in the meantime I had become very friendly with the people who had become my instructors and they became friends. Barbara Bates would come over, she would have supper with us sometimes, that sort of thing. And, let's see. I got married and I did not go back to work until (my son) was six months old and that was in '55 so... let's see, from 1950 until '54 I did not work at all. And then Barbara Bates used to come in and she said, oh, we have a new person head of the emergency room. And this is a story that goes back a ways and you should probably hear about this too. The emergency room was not staffed 24 hours a day. At seven o'clock at night the doors were closed and locked and if there was someone who needed emergency care the supervisor went down and we did what we were supposed to do, we called the intern or whomever we needed to call. There was a sidelight to coming into the emergency room which the general public did not know about and that was a communications system. In the switchboard room which was on the same level as the emergency room, there was a line that went out to the door of the emergency room and it had a microphone outside. So even though the door was locked to the emergency room, as you came up to the door, if you were talking, the switchboard could hear what you were saying outside. And that was a protection thing. It was so that not anybody... but you would hear if you were sitting in the switchboard room which we did. We weren't on the switchboard - as supervisor. I can remember sitting there one night when two guys came up to the door and I guess they had a broken ankle or something like that. And the story was being set up outside the door, "Now remember, when they ask you how did this happen, you tripped on the curb and that's how you broke your ankle." You would hear... the laceration, "yea, you dropped a pitcher and when you went to pick up the broken piece of glass, it cut your arm. That's how you got the cut. That's how you got the cut." So you didn't have to call the police, they faked it. In the meantime of

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course you heard the story and they don't know you heard the story. But that was kind of a fun thing. The supervisor also would sit on the switchboard. You'd make rounds several times during the night: up one side of the hospital across and down the other side and check the emergency room and check the OR... but you'd have a period of time when you weren't terribly busy and so you would go down to the switchboard where the operator was. And it was the old switchboard where you pulled the plugs and stuck them in. You had the little buttons you pushed back and forth. So we decided among ourselves that we had better learn how to do this because if anything happens to her one night -- "if she gets sick or something -- whose gonna run the switchboard?" So we learned how to run the switchboard.

(Good!)

And we'd do down and sit with her and she taught us how to run the switchboard. And the newspaper guys would call. "Anything happening?" And we'd got to be friendly with a couple of them just on the phone calls.... "what's going on up there? Not a thing. What do you mean not a thing?! We were just in the police department." And eventually we got to where they would occasionally stop in at night and bring coffee and donuts for us. We stayed friendly with them for quite a long time.

The interns all lived in the hospital in those days. It was the first floor of the hospital and they each had a room there and of course working nights, we got to be friendly with all of them because that's who you called at night. "Dr. Smith's patient spiked her temp at 106." You called the intern who was working with Dr. Smith and you said this lady ought to be looked at with a temp of 106. And they'd come up and look at the patient and then they'd say, "Um, what's in the cafeteria to eat? Well, the cafeteria's closed. Do you have any keys to the kitchen. Yes, we had keys to the kitchen" We had keys to everything! And we had worked in the kitchen. "Do you suppose they have anything in the kitchen that we could....? Yea, probably they do." So we'd go down in the kitchen and get eggs and bread and what have you. They had a kitchen on their unit where they lived because it was basically a patient unit

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that had been changed over for them. And so we'd go up to their kitchen and make Cunningham Eggs, which is a piece of toast with the center cut out like a biscuit and you dropped the poached egg into the middle of the toast. And they would make coffee and... "OK, we've got eggs and coffee here." We'd do that for them at night and we'd join them occasionally.

I loved my job as supervisor. It was so interesting because you never knew what was coming up. But we had worked in every single department, you see, and we had done jobs that students today wouldn't even think of being part of nursing. Cleaning the utility room and things of that nature.

(Have you had a chance in your lifetime to compare the new grads to...)

Oh, as a patient; just as a patient.

(And what are your thoughts?)

The nurses today I think are much more knowledgeable about the physiology and this sort of thing than we ever were. We were nursing arts people. There is no art in nursing anymore -- it is technical. And I think nurses today are probably much brighter with what's going on inside your body. But they have no idea how to make patients comfortable; how to keep them looking forward to "I'm going to get better." You into the hospital now; you're in pain and in agony. You have surgery; you're in pain and in agony and some nurse comes in and says, "You can get up and go in the bathroom to wash up." And she has no idea how you feel. She doesn't put her hands on you. I had a friend who went in to have knee surgery done and I went in to see her that afternoon. This was hours after she had come back from the operating room. And she had underneath her a pile of linen that had come off the stretcher. She had lain on that. Her leg is up on traction. Nobody has done a thing for her after they put her into that bed. And hours after she was back, I'm there to wash her face and give her a bath. And you have no idea that sort of thing improves the patient.

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(It prevents breakdown of skin.)

It does a lot of things...

(... we have more and more breakdown of the skin)

An interesting sidelight. My daughter in California has a friend who was in the hospital in California in a Kaiser-Permanente hospital. They have a nurse who comes around every two hours because the patient gets turned every two hours. And her job is to come and examine the skin which she records the red area, where it is, how big it is. Two hours later. she comes back to see if there's any change in that. That's her job! Just to look at skin care.

(Because once skin's broken down, then you have...)

All kinds of problems; all kinds of trouble.

I think they're very bright but they have no talent as far as nursing art goes.

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