

PAULINE (PEARL) MACLIED
AND
FLORENCE MELDER LANGE

Interviewed by:
Rachel Foxman

Oral History Project
Latah County Museum Society

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PAULINE (PEARL) MACHLIED
FLORENCE MELDER LANGE

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registered nurse

Mrs. Lange: Moscow; b. 1907
registered nurse

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Pearl Machlief/Florence Lange

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was probably the best lesson that could be learned

with Rachel Foxman

May 1, 1978

II. Transcript

This conversation with Pearl Machlied and Florence Melder Lange took place in Ms. Machlied's home on May 1, 1978 in Ms. Machlied's home. The interviewer is Rachel Foxman

PEARL MACHLIED: Now you want me to go ahead first with this stuff first here.

I think maybe I should.

FLORENCE LANGE: Well what I did I wrote up your, "Encouraged by Dr. Gritman."

PM: As I said, I didn't happen to know, but the year is 1892. Some of these things were not, they were ^{some} that Mrs. Gritman told me when Dr. Gritman, he had gone to England and Vienna and had studied ^{over there}. And these were some of the things that they were using over there which they were not using over here. They were doing major surgery with this type of anesthetic, chloroform, yes. Which isn't the safest thing in the world to use. Now as I said before, I came here in 1918, of course everybody had to wear a mask because that was the time of the flu epidemic we had. And, now Dr. Gritman, he had, when I came here, they had their own cows. And they also had, he also had two teams of horses, two teams. And during this epidemic, he would have drivers, he wouldn't drive, because he ^{would be} so tired, he would be sleeping, because he would make so many country calls. Because there was no room in the hospital for all the patients who were ill. So ...

RACHEL FOXMAN: How large was the hospital at that time?

PM: There was so much space taken up by the people who worked there and lived in there. So I don't think it was any larger, patient beds with the wards and everything, I don't think we had more than thirty beds.

FL: I'd think that would be ample to say that.

PM: ^{Thirty beds} would be sufficient.

RF: How large was the staff?

PM: That was living there? I can't remember how many nurses they had all the time. And some would be there for certain lengths of time, and then they would quit. They decided they didn't want it, even some of them before their three months was up because they had three months probation. You could decide whether you wanted to be a nurse or ^{something else}. And of course, Dr. having

been over there, he had a hard time getting back. It was during the war. But he finally made it back, it was 1914 or long in there. Of course, I came in 1918. And at that time, now the nurses made all the dressings for the offices and the hospital. And at that time we had a steam sterilizer, but it was not under pressure. Similar to a cooker, a double...

FL: Pressure cooker?

PM: Well it wasn't a pressure cooker, there wasn't any, a double boiler. That's what I want to say. It was on that similar, but yet there was steam that came clear up through...

FL: Holes.

PM: Yeah. And this thing was quite large. And the water of course was all in the bottom. And it was made in such a way that the water could come up all around. The whole thing. And then we sterilized, of course we have to make all these things. ^{first} And then we sterilized our materials, they were sterilized, for two days, they were sterilized an hour each day. The third day they were sterilized for three hours. Then they were dried and were ready for use. That was for the whole hospital. And the three hour period was to I guess I'd say, annihilate the germs that were called spore bearing germs. And they were much harder to ^{dispose} of than any other germ. And then in 19, about 1921, Dr. had bought all of this equipment, it was all set up in his surgery, but Washington Water Power had not yet been able to connect it. I don't know if their lines weren't heavy enough or what the problem was. In 1921 it was all connected up and then we could sterilize with 250 pounds of pressure. And you could sterilize about 20 to 30 minutes. Some of the things, some of the materials you didn't need to sterilize quite as long as some of the others. So.

RF: Would this be dressings plus equipment?

PM: This would be dressings for the whole hospital plus ^{the} offices. And all of the materials that we would use in the surgery and anything we had

to use for the maternity cases.

RF: Such as?

PM: Pareneil pads for maternity cases. And you had to have ^{some} pads sometimes to put on the nipples. They get sore nipples. And for that the nurses would make up an ointment of vaseline and bismuth, and you work as much bismuth in this vaseline that you could. Then you would apply that to the nipples. And you always had to take it off before your baby nursed.

FL: That toughened them.

PM: Yes and it helped heal 'em up. 'Cause so many times you had a crack in the nipple there.

RF: What were the dressings?

PM: Well you need sponges of all types in a hospital...

FL: Gauze.

PM: Oh yes, uh huh. We would buy ten bolts of gauze and there would be a hundred yards in each bolt at a time. And cotton and various things. However, now at that time you had no plaster, you didn't have any elastic bandages. And so but Dr. Hild had an X-ray. And he would X-ray his fractures and then the laundry had always on hand three different types of starch. Three different strengths, you might say. So he could tell what strength of this starch he would want for certain fractures to make a cast. If you have a heavy starch, we did have muslin, muslin bandages, but not any fine bandages like they have now. Gauze bandages. They didn't have any of those. And we also used plain cardboard. You cut that any strip you wanted or any size he would want and soak it in water until it was very pliable. And then he would use that and bandage that on arms or for children. And when that dried, you had a good cast. So. And you didn't have any adhesive. Course for casts you don't need adhesive, but some of the dressings you put on, you have to fasten your end down. So he, I never saw anybody who could use just a small stickpin, fasten that end down as well as he did and never came out. (laughs). Those kids didn't

pull it out or anything. They just were real... Now, have we covered everything about the surgery that we need?

FL: Well you didn't tell that you boiled the instruments.

PM: Oh, well at first yes, we did boil the instruments, we boiled the gloves and we boiled a couple of pans that we used.

RF: How long would you have to boil them for?

PM: Oh, twenty minutes. ^{is fine} Especially if you have a cover over them. ~~But~~ if you take one pan and cover it with the other pan, then you can handle it pretty well without. Yes, we didn't dry sterilize our gloves til quite a while after we had the autoclave.

FL: Didn't you?

PM: No, not right at first. It was just, in fact, you know, it was an experiment for all the nurses, they hadn't used anything like that. And but then I guess they had instructions what to do with it. And coming to the food for the patients. Now Mrs. Gritman, she planned the meals. And she also kind of saw did the buying of all the foods and that sort of thing. She took care of all the dairy products, all that and milk. And...

RF: Did the milk come from the cows that they had?

PM: Uh huh. We had a janitor who did the milking. And took care of the teams for Dr. because he would come back, when this epidemic was on, he would come back and he would have to have his medicine bag replenished and they would change teams then. Because I guess one team was tired.

FL: Did you want to add that some of the food came in payment of bills.

PM: Yes, some of the food was...

RL: People who..

PM: People who couldn't pay. But, now as far as the nurses training was concerned, we did not have coffee breaks, we did not have any, there was no smoking, in fact, they didn't take in any nurse who smoked.

RF: Not many women were smoking cigarettes at that time were they?

PM: Not at that time, no. Now, as we get to the obstetrics. The babies were delivered in the patients' rooms. And it wasn't very easy because your beds were kind of low. And then after your baby was delivered it was taken care of, say do you remember, where did we take care of when we had all the babies' rooms full. Where did we give baby's first bath?

FL: Well as I remember, we gave it right in the nursery. We took the baby right to the nursery.

PM: I didn't think we had a nursery right to begin with. But maybe...

FL: You had a nursery by the time I came.

PM: You got there. To me, it seems like we put it, we took it into the little kitchen, diet kitchen we had there on the second floor.

FL: Where it was warm.

PM: Where it was warm. We had a coal stove in there and we always had a teakettle of hot water, for what I don't know. Couldn't make any coffee. And then there was a shelf in this room, ^{in this} little kitchen...

FL: That's right.

PM: And then we laid this baby on the shelf where anybody, the nurses could ^{always} see _^ to it when they got in this, the baby wasn't alone at any time for many, several, at least eight hours after it was born. And then we put it in a plain clothes basket, it had a pillow in it, and put it back in the mother's room. The babies were always with the mother. But they were in the nursery when you came, but at first when I got there, why they were not, they were in the, when I was cleaning rooms I had already told her that, when I had cleaned the rooms and things, they were with the mothers. In there.

RF: Was it just one mother to a room?

PM: Just one mother to a room. ^{Yes.} _^ We only had wards on the third floor. And there we only had two wards.

FL: Well beyond Mrs. Gritman's room, as you would come up there to go ^{out} _^ onto that little porch, there was one room there that had two beds in it. Beyond, as

you went around the stairs there.

PM: On the first floor. On the second floor.

FL: There was two beds in that one room. But we hardly ever used that one. It was kind of away from the nurses station.

PM: I can't figure out now which one that was.

FL: Well you went clear around as if you were going upstairs.

PM: Oh.

FL: But then, that didn't matter at all. And we used it very little, very little for anything.

RF: Did they do the test for syphilis ?

PM: We did that.

RF: Did that too.

PM: Yeah, we put the, at that time all they had for babies eyes was argirall.

And we used that at the time. And of course, at that time, babies had so many more clothes to wear. I mean, we put so many more clothes on.

FL: Put bands and shirts and...

PM: Diaper and then your sleeping gown. But now all they put on them is a diaper and a shirt.

RF: They had bands?

PM: Just a band to keep the navel dressing on. Yeah. Because we didn't have any adhesive to stick it on.

FL: This would be a good time to tell that we had an overload of babies in the nursery and so ^{this} one little fella came along and there wasn't a basket for him, and so, at that time, we had to, ^{did} we opened the dresser drawer, and we made him a little bed in the dresser drawer. And there was a funny in the funny paper that this little KO, his name was, always slept in the dresser drawer, and so we called this little baby KO.

PM: And also, I'll tell about this...

FL: Tell about the little twins there right now too.

RM: This is a long, quite a while afterward that these twins, mother came in and she'd had one baby. But she had developed a very acute heart condition. And she was pregnant. And of course at that time, Dr. Armstrong was here. Dr. Gritman had passed away. And Dr. Armstrong suggested to the mother to have an abortion, because he didn't think that she could live and have another baby because her heart was so bad. Well, the mother-to-be didn't want an abortion and neither did her mother. So Dr. said, "Well, I guess we'll have to do the best we can, watch you very closely." But at seven months, she delivered twins, mind you. And one weighed two and a half pounds, and the other one weighed two and ^{three} quarter pounds. We had no incubators or anything like that. We put these babies in baskets and put hot water bottles around them. And of course, they wouldn't nurse, they were too weak to nurse. And so we inserted a very small tube down in through the stomach and fed 'em that way every two hours. And sometimes we would drop a drop or two of water in their mouths. Sometimes they would swallow it and again they would ^{just} let it run out. And those babies lived. And the mother, when the children were about six years old, the mother died of her heart condition. But the grandmother then took the children.

FL: Do you remember what the name of these people were?

PM: Burts.

FL: Oh, Burts Cafe. That was evidently his first name, I presume. I don't know.

PM: Now the girl that had children, she was married.

FL: Her name was different.

PM: Yes. Her name was Derets. And she was living down here at, they took 'em home down to Clarkston ^{then, they} were living down at Clarkston. And the grandmother brought the children up. After the mother had died. For us to see.

RF: I'm surprised that the doctor advised abortion. I was under the impression that that was never done.

FL: Yes, if the mother's life was in danger, why they would advise abortion. But

it was rare.

PM: It would have been considered a therapeutic abortion. That's what you have to put down there, therapeutic abortion. Or when the mother's life was in danger and it was.

RF: How would they induce an abortion at that time?

PM: It would have been easier at that time than later on.

RF: Did they give a medication?

PM: No. Has to be done surgically.

RF: Was it a technique like they would use today?

FL: It's a curettement, isn't it?

PM: It's a regular curettement, curattage. But I understand, now I haven't been, now remember, I haven't been in the hospital since, since the fall of 1935. That is, I haven't worked in a hospital. But I understand, ^{now} I was talking to a salesman the other day. He just came up to visit me. 'Cause he hadn't seen me for a while, since I had been out at the nursing home. So some way or other, we got on to this abortion thing. And, but he told me that they had regular sets made *up*.

FL: Do they have saline in them?

PM: Yeah, they have a wash and everything in them. He said they get these sets and you do it early and there's nothing to it, you just wash everything out. And of course I didn't know that, because I don't...

FL: I didn't know they had these sets.

PM: Yeah, he said they had sets and they have everything in there. All your stuff was just...

FL: Well, why don't we set up a practice?

PM: And everything was disposable. Now you see, when I was nursing and was in training and everything, now we didn't throw anything away that we could use a second time. Nothing. But the hospital being owned by one person, that person was responsible for everything. And naturally if you worked for one

person, you're going to be saving more. Now I think, you go into some hospitals and some nurses are just terribly wasteful. And that's the reason that it is so expensive. I think that it has become so expensive. You don't hear of any private hospitals anymore. Not at all. And so...

RF: But at that time there were quite a few private hospitals?

PM: Now Moscow had Dr. Gritman's hospital. However he would not let anyone else come in there and work, and practice. If they were in there, he hired them, he put 'em on a salary. However, he had a friend in Pullman, a Dr. McGuire, he let him bring his patients over here. And he was a big help, many times ^{he was} at the hospital in the mornings when the surgery was going on, and he would give the anesthetic. Otherwise they would have a nurse give the anesthetic. Which ^{was,} Dr. Gritman, at first the patient would have to be sedated before he went to the surgery. He wasn't out as much as though he couldn't walk. He walked up the steps, with, you know, a person on each side of him. And then Dr. Gritman himself ^{he} had been scrubbed and could have been ready to operate. Then he himself started an anesthetic like ^{this} chloroform, which acts very fast and ^{is} easier to take than ether.

RF: How was it administered?

PM: Drip.

FL: Mask.

PM: You put a mask and then you just drip. And you have to be careful. In putting a mask over a patient who's going to have chloroform, you have to not let it touch his face and you have to be sure that he's going to get ^{some} air. And don't drip any chloroform anyplace, because it burns, it makes a burn.

FL: They don't even allow, we don't have it at the hospital anymore at all.

PM: No. It isn't used anymore for, but it can be used if you know how to use it.

FL: But then they don't, you know, they used to clean different things with chloroform. But they don't, nor do they have ether.

PM: And just as soon as they had a little of this, enough so's they didn't know what was going on, then Dr. Gritman would start to drip ether. And then he would put the patient practically under and then he would hand it over to whoever was going to give the anesthetic.

RF: So then they administered chloroform and then ether?

PM: Uh huh.

RF: And then another kind of sedative?

PM: No.

RF: Just the two.

PM: No. The patient had a hypo that was very effective. It, they had morphine and cactoid. Hysene and morphine cactoid. That was given before the patient went up to surgery.

RF: Why would they need to use three types of...?

PM: Well, that's one thing. Because in the first place, you don't want to give enough chloroform to do major surgery because it has a bad effect on the liver and that sort of thing. In fact, you can kill a person with this very easily.

FL: Very very easily.

RF: Did many people die?

PM: We didn't have any ^{because} We didn't use enough of it. Just enough so's a person, and because it acted quickly, why, that's the only reason we used it.

RF: Why couldn't you just give them ether?

PM: ^{Because} Ether is not very pleasant if you start out, you could start out with ether, but it's not pleasant to take. This is much more pleasant to take and knocks you out. It's effect is much faster. But you can, but one place you cannot use ether and that's in a home where your lighting is not electric.

RF: You cannot use ether there?

PM: No.

FL: Where there's any fire.

PM: Where you have any kind of flame, you cannot use ether. And now we haven't

gone to the country yet to do deliveries.(chuckles)

FL: No, we haven't gone to the country. But you go ahead and you tell...

PM: Where was I?

FL: You tell about the home deliveries. And you didn't take the patient down the stairs on the collapsable stretcher that frightened us all to death. Explain the collapsable stretcher to her. I don't know, about how many stairs but you understand this patient walked up to the second floor to the surgery. But he was unable, of course, to walk down. So he was loaded on to the stretcher by the doctor and the nurses and whoever was there. If we had a strong man that was with the patient, he would help. The stretchers would collapse if you touched them here in the...

PM: You only had to...

FL: Hold the handle.

PM: Yeah. You only had to hold the handle. ^{to} And the main part of the stretcher where the patient would lie on, it was made of very heavy canvas, it doubled maybe three times. And three layers, you know, of canvas. And then as soon as you put your handles on, which you could, let's see, I don't know much about machinery. They had, they folded up. Here's the center of your, right there. Then your handles came out like that. It opened out. As long as you had ahold of your handles ^{h2r2} at the end, you were safe. But if anybody came along, why...

RF: It would open.

FL: It would collapse. If you took ahold of it in the wrong place...

PM: It would collapse.

FL: With your patient or whatever,

RF: Did that happen many times?

PM: It never happened with us. But it happened with two doctors that came in there afterwards.

FL: They just didn't realize that...

PM: They were doing it too fast. In the first place, you thought they were going to a fire with that patient. And they never did understand it so they just quit using it.

FL: Well it was a burden to carry that down.

PM: I have carried the bend of that, if the patient wasn't too heavy I carried the end of it lots of times.

RF: You would assist in the surgery?

PM: Well, as long as Dr. Gritman was there I was in the surgery and one other nurse would be in there too. However, I usually would handle the instruments and the other girl would take care of the sutures. Dr. didn't always have two nurses. Most of the time, if they were available, you know. Sometimes something else was going on downstairs. And you couldn't have two in the surgery. ^{but} He liked to have two of them, and he always liked to have, after I graduated, he always liked to have one who was still in training. ^{so} She'd be learning all the time.

FL: But you see, by the time I came, well Dr. Armstrong would assist or...

(End of side A)

PM: And, to me, or two him, we had two bags. In one bag there was, a pan was fixed in there with a lid on and everything, and it just slid in the bottom of the bag. And we always boiled our instruments and everything before we knew that we were going out. But the other bag was always ready to go. And you got there, if you thought a patient was ready, why, you set it up and usually we found a pan or something around the kitchen that we would boil in case we need it. Some sterile water or something. And so, the women, there was sometimes always a neighbor woman there. And she had always had baked some, she had made some little squares of muslin, old sheets, you might say, or any old dish towel or whatever you had. And she had taken that, wrapped it in paper and baked it in the oven.

FL: I remember that.

PM: To put a dressing on the navel, when you had your new baby. And of course, she had fixed also some pareneil pads for the mother to wear, you see. Out of these old sheets and she had baked those in the oven. Lots of times they just had kept a warm, now you always had a cookstove in the country. I don't know of any place I ever was they didn't have a cookstove in the kitchen. And they had a pan on the back of the stove which was warm lysol solution. And they would dip their cloth in this lysol^{solution}. And then take the ends of it and wring it real tight. And then put it on the mother. For a pareneil pad. And then put a dry one over it. And ^{course} we cleaned up the baby and dressed it and left everything, left enough medicine for the mother to take. And they always got up, they always had to get up to use the commode. So you see, they got up earlier at that time than they do now.

FL: And they did at my time. They stayed in bed, I was in bed for ten days. ^{And} never let you up.

PM: These ladies in the country, they had to get up.

FL: They got up and used the commodes and some of them we had to let 'em up in the hospital because they absolutely could not void on the commode^s.

RF: Why would women be kept in bed for ten days?

FL: That was just the times. They thought that you were very weak and all your organs must go back into place. And that sort of thing.

PM: You see, we had binders that we would bind, or put on there real tight. So it would get 'em back in shape. And they'd get their girlish figure back. (laughs)

FL: Those binders felt good because they supported their backs too.

PM: And we put binders on our surgical patients too. They were easier to handle in bed. You could grab a binder and help turn it over and things like that.

FL: But you were everlasting, get 'em back into shape and pinning on 'em.

PM: Now this is all taking place, except while just Dr. Gritman was still there. Well, let's see, have I covered everything for him pretty much? Except I wanted...

FL: I wanted you to tell about his proctoclysis equipment.

PM: I want to also to say about this surgery. Now, he had a lot of ruptured appendix because people didn't come to a doctor when they first go sick. They waited until they were really sick. (laughs) So we had many ruptured appendix. Now you didn't have any tetracycline, what do you call, antibiotics. He didn't have any antibiotics. ^{to give} So he put in a lot of drains. Sometimes he would put in ten drains in one person. A drain was made of a material that, at the time, we called it guta percha, which was guaze was wrapped around it and then of course there was pins linking ^{them} together so you wouldn't lose one, you know. But after we took the drains out, some patients started to smell terrible, due to all this infection. Then he let us irrigate that incision with a chlorosene solution, which did away with the smell for several hours. And he had us do that all the time until that patient was well.

RF: I don't think I understand how the drain worked. Would there just be an incision?

PM: Oh yes.

RF: And then it would just flow out?

PM: No, it wouldn't blow out, it would stay in there,

FL: She meant flow out. The drainage would come through this tube onto this dressing.

PM: It would drain through those drains.

RF: What would make it drain? Because there was so much infection there?

FL: Oh yeah. ^{pus} Infection in there. That's what makes the odor.

PM: I have seen on one man especially. He came in there and he was so distended with his infection and everything, he had a ruptured appendix. But he had accumulated so much, actually pus, that he looked like a person about seven months pregnant. You can't imagine how much pus, when we, when he was opened up, how much he took out. And then of course, you have to put in a lot of drains because it keeps coming up. ^{keep} Coming out all the time.

FL: Did Dr. Gritman shorten the drains like every, change the dressings.

PM: No, sometimes he would pull it up to cut it off. And sometimes he would take out one and that's the way it went. Because that patient was there about six weeks. In the hospital. And we lost very few. Very few. We lost patients that had gangrenous appendix, which meant that appendix was...

FL: Gangrene.

PM: Had gangrene. Had already died. Was attached to a live person, but it was dead. And of course, when Dr. Gritman operated, there was no talk going on in the surgery. ^{only what} just had to be.

RF: How many people would he operate on in a day?

PM: Some days you wouldn't have any. And some days you perhaps would have a couple of major surgeries and couple of tonsils, you know. And some days he would do just tonsils. Perhaps would do three or four tonsils. And wouldn't have ^{any} major surgery. And you didn't have a baby every day either. In a hospital that small.

RF: Did he have a practice besides doing surgery?

PM: Oh yes. His office was right downstairs. And he saw office patients all day long ^{ON} til he was needed upstairs for delivery or something of that sort. And course, he was right there in the hospital all the time, ^{he lived} in the hospital. He and Mrs. Gritman both. They had a big apartment in the hospital.

FL: He lived in the hospital til ~~that~~ first night he went away to his home, where they were gonna retired, he died.

PM: Yeah, he was going to quit practicing. ^{Be} Cause he had heart condition. And he had had this heart condition, I think he had it when I came. Because I see him take these little pills. ^{occasionally} So I knew he, later on I knew what he was doing. That he had this heart condition.

Now let me see. Oh yes. X-rays. Now he had an x-ray, and I'm sure it was the only one in town. Have you ever seen an x-ray film? That they use now? You have. Well, you're first x-ray film, ⁵ they were just like a window pane, except they were painted green. And you took your picture on this. And he took his first picture and saw that he had a fracture and everything.

Then he fixed it up and he didn't take any more pictures. ^{Because} He didn't feel ^{it} _{was} necessary. Those older doctors, they could feel their fractures much more so, course, now the doctors, they have to, they have to protect themselves.

RF: Did he have the x-ray machine when you went to work there?

PM: Yes. He had it when I came to the hospital.

RF: Which was what year?

PM: Well I came there in 1918, but I didn't go into nurses training until 1921, 'cause I didn't think I had enough money yet. 'Cause I had to start from scratch. ^{like} A lot of people do. But they don't stay with it. There's quite a number of nurses who came there that started training even ^{while} I was there and then some would stay six months, eight months, and then decide they didn't want it. Didn't want any part of it.

RF: So your first years of coming here in 1918-1921, what was your job in the hospital?

PM: At that time I did cleaning, I cleaned the patients rooms and everybody had long hair at those days. I combed their hair, I took care of their flowers, and anything. And then I also took care of the hall~~s~~, cleaned the halls. And then helped, I helped anyplace ^{where} they needed some help.

RF: Did that job have a title?

PM: Well you might say, now they call it a nurses's aide. But at that time I was nothing. (laughs)

FL: The nurse's aides now, they give baths and do that sort of thing.

PM: Yes. But I didn't do that.

FL: Yours were all non-nursing...

PM: Yes. I gave, I passed wash waters around to the patients in the mornings, could wash their faces and help brush their teeth, you know, and that sort of thing.

RF: Were you in uniform?

PM: I was wearing just a ^{usually} what we used to wear in surgery. Just a gown with a very short sleeve. Just a straight dress. And...

RF: Were they long?

PM: No. No, they weren't long.

FL: Pearl, what were your, then when you started training, what were your dresses?
Were they striped or ^{were they} checked?

PM: They were blue.

FL: But not striped. They were just blue.

PM: Uh uh. We just had blue dresses and white aprons. I'm going to get some
of those pictures. I think she'll get a good idea of the uniforms and stuff.

RF: Then I can ask you some things.

FL: Well I was just going to say that she had done these jobs that she described
to you before, when she came, you see. ^{In} This period of 1918. Then for two years
she did this. So when she had her, Dr. Gritman encouraged her in 1921 to take
nurses' training. So at that time then she started. But now we all had
probationary periods. But she didn't have to have, because she was well
acquainted with ^{all} the duties of a probation nurse, so she started right in
with her nurses' training.

RF: How long would that training last?

FL: Well, she trained from 1921 to 1924.

RF: Three years.

FL: Uh huh. And during that time you went on duty at seven o'clock in the morning,
and then you had your half hour for noon lunch. They served you right down
in the dining room. ^{there} And if of course she would be busy watching a, for instance,
watching an o.b. why, ^{then maybe} she'd have something brought up, she didn't
get to have her lunch. But on her two hours off, that was when she studied.

RF: She still had to read the books.

FL: You still had to study. Shall I go ahead and give her the name of the books?

PM: Okay.

FL : She still had to study. But before this time that she went into her training,

she spent two hours a day up at the ...

PM: Ursuline Academy.

FL: At the Academy for private tutoring to make the equivalent of her high school. ^{subjects} And then, of course, after she was in nurses' training, she entered the nurses' training, why she then took her subjects all at the hospital. And they had their teachers, they had the subjects, they had practical procedures, they were taught by Mrs. Smit. And subjects such as bacteriology, hygiene, dietetics, obstetrics, aseptic surgery, surgical techniques, materia-matica, and ethics for nurses were taught by the late Mrs. Baker. She was a Deaconess graduate. So then after such time as they had taken all of their courses and all, then they of course, prepared for their state boards, just very much as they do now.

RF: What was the ethics for teachers (nurses) class.

FL: Ethics for nurses? Well, she had all her books out here. It's what, you don't pass on any information about a patient, and you don't talk about people to other people in any way, or the doctors.

PM: That's right. You don't talk about the doctors.

FL: If they say, "Well who should I have for such and such a thing? Do you think my doctor is alright?" They teach you how to handle these situations. Answers.

PM: I have this paper here. This gives the ones that I had to take a state board on. I finally found that.

FL: Oh good.

PM: And I took anatomy, nursing sick children, dietetics, physiology, gynecology and obstetrics, urinalysis, bacteriology, materia matica, that is the study of medicine. And infectious diseases, surgical nursing and medical nursing. And hygiene. They split the subjects a little bit I think when they gave the board.

FL: You had these books that you studied.

PM: Uh huh.

FL: But now of course, and she tells me that they did all of their, they had

all of their classes at night. They studied on this two hours off in the afternoon. But the classes were conducted at night time. Besides this 12 hour stint of duty. With the two hours off. Then Pearl, how much time did you have off, did you ever have a day off?

PM: I was gonna say, we had a half a day a week if it could be managed.

FL: That's right. I know because I came in 1931, I worked nights and they had half ^a night off. So you saved your half a night til you could have a whole night off.

PM: Yeah, it was, you were, you went in there to work, it seems like.

FL: Everybody worked then.

PM: And you just, now like now, doesn't make any difference, I don't think, a great deal of difference what ^{the} nurses do. When her coffee break comes, somebody else comes over and takes over and she goes. Lots of times she goes anyway.

FL: Then, we didn't mention that the hospital did provide full maintenance plus an allowance. Five dollars the first year, this is per month. Seven dollars ^{per} month the second year, and nine dollars per month the third year. From that, if you didn't have any one helping to support you from home, why out of that came your uniforms, your books, and all the clothing and any little extras that you required.

PM: That's the money that I used that I earned before I went into training.

RF: And did you live in the hospital?

PM: Yes. I did all the time while I was nursing.

RF: Did you have to live in the hospital?

PM: You didn't have to, but I wanted to because I could save money.

FL: And you had such good food and all that. It really was a very pleasant place to stay.

PM: Now we had a big dining room downstairs, which had two tables. One for Dr. and Mrs. Gritman and the nurses had a table of their own. Now the nurses and the patients and the doctor's family, they all had the same food. They had one cook and she cooked for everybody. Course, some of the patients

couldn't have everything that the nurses could eat, but they had, their food was just as good. Cause what the doctor himself ate. Trying to get you a picture here. Now this is the dress that I wore when I was just doing the cleaning and that sort of thing, this is me right in there. There's two nurses.

RF: Something that was comfortable to work in.

PM: Yes.

RF: Would it get very warm in the summer?

PM: Well it was suprising. The only floor I thought got really warm was the third floor. The first floor was really cool . Very cool.

RF: What was on the first floor?

PM: Well the kitchen was there and the back hall was where the nurses who were in training and I myself and there was another girl that did the same type of work that I was doing at that time. And there was a lavatory there. And then there was a pool hall, pool table and two, a waiting room and quite a spacious hall, and two doctors' offices. Two large offices. And the x-ray room and then another treatment room. Which we had all types of heat lamps. ^{and that sort of thing} Can you think of anything else?

FL: No. In the evenings, the billiard room is what they called it. The doctor and his family or the relatives that were there, Pearl was down there too, weren't you a good bit?

PM: Oh yes. I was.

FL: Why then, that was their living room. And they called it the billiard room.

PM: Course, they had a living room upstairs too, the doctor and Mrs. Gritman.

FL: Where was their living room upstairs, Pearl?

PM: Don't you know they had this hug ^e library with all these books? Now their sleeping room was right across from the diet kitchen.

FL: From the nurses station.

PM: Then they had a room right next to that. It was kind of a small sitting room.

Then they had this huge library where they had this grand piano, 'cause I used to have to dust all those bookcases.

FL: Pearl, would that be the room that I'm trying to tell you that maybe they had two women in at one time? There because that was the bigger room.

PM: That was after...

FL: Yes, but that was probably the room that was the library then.

PM: Yes.

FL: Now we've got our locations right.

PM: You see, after Dr. Gritman left, why then we put four beds in that room.

FL: Was there four in it?

PM: Uh huh. In that big one.

FL: So now you know what I mean and I know what you mean.

PM: And two in the other room. So we enlarged it quite a bit that way.

RF: And that was the first floor?

FL: That's the second floor. You went up these big, big stairs. See this is an old hotel. The stairs were beautiful, weren't they Pearl?

PM: Yes.

FL: The bannisters and all. Lovely.

PM: And the halls, the hall on the second floor had this wainscoting on it. All around and of course, I had to keep that clean too. I was a professional cleaner.

FL: The upstairs didn't have wainscoting?

PM: No. Upstairs didn't. The downstairs hall had it. Yeah, the back hall had it also.

FL: I remember that. That was a lot of work then.

RF: Were there rooms for patients on the second floor?

FL: They were second and third floor. No patients on the first floor.

RF: Third floor's where they had the wards?

FL: Yes, you had a big ward there. You used to put tonsils in there when I was there.

- PM: We had a big ward. I think it took four beds. But we used to keep tonsils
- People would come in and they would have maybe three children, bring 'em all three at the same time to have their tonsils out. So we would use those.
- Many times you'd have two, even if they weren't ⁱⁿ the same family. Had two or three of them.
- RF: Mothers would be on the second floor?
- PM: On one hall, the mothers were down one hall. Surgical patients were down another hall. Some of the medical patients were on third floor. Oh where is that, or did you show her where you can give the patient fluid by not...
- FL: Well of course now you know, we give intravenous, in the vein. Do you suppose Dr. Gritman got this idea when he was in Europe or did he just think this up?
- PM: ^{Well I don't know,} he had it when I...
- FL: Oh. Well, you want to give fluids by drop method. Very slowly to your patient. Well this is the way that they did it in the hospital where ^{this was} I trained. Just an open container that had a cork, fluid, you put it in there warm and hopefully it would stay warm because the patient will expel it if it hits 'em cold. They won't absorb it. So the way we had, ^{this} came down and this hot water bottle was on it. And this went in the patient's rectum and you would regulate it by this. I think it's a 20 drops a something.
- PM: Something like that.
- FL: And if they had the gas escape would come up and back down into here. Well, this was most unsatisfactory actually, so Dr. Gritman invented this, so to speak. He got these, these were a quart I suppose. Were they a quart?
- PM: They were a quart.
- FL: Thermos jug, bottles. So then he had a frame made and this, I can't draw this well, but it had three legs and you could set it like here, while you were getting it hooked up. And of course, this was on one of these hanger things is by the bed. And so then, to let the air out, so this would come down here, here is your air vent. This had special corks in here. Then your tubing came down here. You had the same drip method and the same

rubber rectal tube and all, but you had the same, the water that was coming out of here. You could give any different kinds of solutions. But this as it came out, it was warm, you see. It kept ^{this} same temperature that was up there, so it was a very clever thing that he devised for that.

RF: Were they giving blood at that time?

FL: Just direct, by the direct method. I don't know, you know, patient to patient. And I don't know, did you have any blood transfusions?

PM: Yes, I had seen it done.

FL: But we didn't have blood banks as such when I was there.

PM: No.

FL: Our Nurses Association had asked people to come in and be typed and so that they could be called upon in emergency so that's the way you'd call in the donor. Would be with the direct method.

RF: There wasn't blood storage at that time?

FL: No. Not here. Now I don't know but there was blood storage. It was other places

PM: The closest, we got ours out of Boise.

FL: Uh huh. But this went on for quite a few years, this direct method. 'Cause I remember we had these people, this was our project.

PM: That wasn't the direct though.

FL: From the person to person, that's direct.

PM: Oh yeah. Because I know one time a bunch of us nurses went down to Troy ...

FL: Taking blood?

PM: To take blood from a whole bunch of fellas. And we sent them to Lewiston to have them typed. That was it. And then we kept that on record. And then we called for...

FL: Then you could get it.

PM: Uh huh. Well, you could get blood from Boise, you know. But you have to go through a certain number. But no, this was, I think that's when...

FL: We had that project?

PM: Yeah. As far as I remember, I have only seen one direct blood transfusion , and that was from the man to his wife. That was the only one.

FL: Well there was a man that was, ^{caught} if you remember this, he was a railroad man. He was caught between the car and a building that they went right close to down here. And this man was crushed and I know my husband gave blood to that man. And that was by the direct method. And , you see, then later, why they take the blood and then it would go from the bottle in. That would be fresh blood, though. But the way back, why it was just from patient to patient.

PM: It came from one patient and went through a saline solution. And then to the other patient.

FL: That's so it wouldn't clot.

PM: Now, have we got something else?

(End of side B)

FL: Here they had quite a drug room. And you can tell about the hourly medications and his mixture.

PM: Well, if he'd get a patient that was running quite a fever, why he would ^{have us} make ^{up} he had a lot of small pills that he, and you put so many pills to a certain number of, ounces of water. You dissolved them. And then you had to give one teaspoon of this solution every hour to the patient until the fever came down to practically normal. Sometimes it would take a couple of days. And giving medication every hour is no small thing. When you had a hundred other things to do. But he did have a lot of medications.

FL: Uh huh. And he understood his ^{medicines.}

PM: Oh yes. He bought 'em, many, many medicines you would buy in gallons.

RF: Would he then mix the medicines himself?

PM: He would mix some of 'em and he would tell us how to mix some of them. Sometimes he would show us how to make, when he made the first one. Then if we needed any more, then we made it up. And we had a scale, how much powder to weigh out and everything. So you learned quite a bit about how to make up your medicine for your patients and how to, what type, often you can

^{give}
A certain medications and all that sort of things.

RF: Is that opposed to now, getting the drugs from the pharmacy?

FL: Oh yes.

RF: And giving them because they're already prepared?

FL: They're individually prepared now and given. *The dosages.*

PM: The pharmacy, I don't think they make up too many prescriptions. Because everything comes made up. Now, I don't know how many companies put out your antibiotics. And of course, they're getting out new drugs all the time. And sometimes they don't do enough research on them.

FL: We didn't give people sleeping pills or anything.

PM: Oh no.

FL: We gave very little morphine.

PM: Very little.

FL: Very little. We had to turn this patient and work with them until we got them to some degree comfortable. Not only that, the nausea, we had that ether and you had the nausea, it was inevitable almost that people would be nauseated from the anesthetic. And you'd have vomiting.

RF: I'm not quite clear where the operating room was.

PM: It was on the third floor. And that room was practically heated with what you call our sun heat now.

FL: Solar. You had the skylight.

PM: Yeah, you had your skylight. And one end of the surgery, the whole wall was all windows. ^{It was} _A Acrost it. So you didn't get a glare from it. And that was... And it didn't have anything on, any shades outside or anyplace. You got the sun in there all the time. Which the sun is certain number of, there's some conditions that they feel if they are exposed to the air, which helps much in recovery. Now they used to think, now they definitely know that gonorrhea germ will die if you expose it to the sunlight and to the air.

FL: But now would be the time to mention the maggots. We used the maggots. You want to tell that?

PM: You know what a maggot is, don't you?

RF: Little flies?

PM: Uh huh. Well, I saw those used, I think shortly after I entered training.

RF: How were they used?

PM: Well you have a patient, this patient had an injured ankle. And it became very infectious, became infected. He was in an airplane crash, I believe it was. And you put these maggots on and they will eat all the dead flesh away from this.

FL: It's an awful thing to see.

PM: And of course, after they have eaten all your dead flesh, then you can take them away. They've done their job. And then we had another animal which was, it's called a leech. And they use that to reduce blood pressure. That leech it would just, you put it on the skin and it'd attach itself on both ends. And it take^s the blood from the patient.

RF: When did they quit using these things?

PM: Oh, I've only saw the insects used once. That's all. Now whether they used them a long time before my time, they perhaps did.

FL: Well they used leeches, we read in our history where they used leeches, you know, the kings and queens got bad blood, they put the leeches on them and bleed them. Course, I suppose they were hypertensive and that sort of thing.

RF: Weren't they only supposed to suck the bad blood and leave the good blood behind?

FL: I don't know. That might have been. But they did use them on the royalty, I remember reading this.

PM: Well, your blood changes over, you know, every so often. You get a whole set of new blood vessels.

FL: Blood content, you mean. Your...

PM: Cells.

FL: Blood cells die and are replenished.

RF: Can you remember what was in the operating room, the instruments and so on?

PM: Well of course, we had two cases there of instruments. And of course, some of the anesthesia was kept in there, but not too much. ^{Be} Cause we had storage room across the hall, just a little across the hall, we had a small storage room. ^{To keep} all of our extra supplies. So we had an operating table, a little stool for the anesthetist to sit on and some standards to hold your pans, your instrument tray. You had a standard there which your tray fit in to. And of course you covered it all up with your sterile sheets and things. But the surgery wasn't too large, because we never had anybody in there excepts the persons who were working in there. At the time. People always wanted to watch, but they'd invariably pass out by the time they got in the first room. You see, there was one great big room ^{for up} where we had all of our sterilizers. And our great big sink where we scrubbed up. Where we got cleaned up. And we had an instrument sterilizer which was just boiling. ^{Just boiled these} And we had in there two tanks. One was hot sterile water and the other one was cold sterile water. And then this other huge boiler that you could put ever so many things in if you wanted to boil them. Like pans and trays and anything. If you felt your gowns needed boiling before you sent them to the laundry. But they usually weren't boiled. Laundry took care of that. We had a very good service for laundry.

FL: You didn't tell how Dr. Gritman disposed of the man who fainted in the delivery room.

PM: (laughs) Well, he was not in the delivery room.

FL: In the room.

PM: In the room where the mother, yeah, I was in there with him. I was giving the patient an anesthetic. And Dr. was busy. And this man, this was his first baby and he had to be in there to watch the delivery. So after a few words the doctor said, "Okay, come in." So he went in and he stood up kind of by the head, by his wife. And when Dr. Gritman was just about the busiest trying to

deliver this lady, this fella fell^{right} over on the patient's chest. So Dr. just reached over and grabbed him and let him^{fall} on the floor and pushed him under the bed. He had to get out because he was in my way. (laughs) And then of course, he took time, he had to change gloves. And pretty soon the baby was born and pretty soon this guy woke up. He said, "Where am I? Where am I?" (laughs) Dr. said, "You're under the bed, and stay there til we get through!" Oh dear. There are a lot of things that happened. People don't pay any attention to you. And so they have to find out for themselves. But...

RF: Were the women delivering given anesthesia?

PM: Yeah, I was giving the anesthetic, you see.

RF: Was that the chloroform?

PM: Uh huh. They didn't require very much. They don't require much chloroform in a delivery. They just, and they're not under enough so you can ask them to push when it's time to push and that's the right thing. So, and just about soon as the baby is born, this is stopped. And then the placenta is delivered by itself. There's no pain to that. And unless the mother needs some suturing we give her a little whif of this. That takes care of everything.

RF: Would that anesthesia be passed on to the baby?

PM: ^{very little} , she doesn't get enough of it. Because your babies always come out howling. Because they haven't had any or very little pre-med. The mother. That's what takes hold of your baby. Is the pre-med that the mother gets.

RF: Did many women die in childbirth?

PM: Let's see.

FL: Joann's mother. Had placenta previa and she died

PM: She died.

RF: What is placenta previa?

FL: She'll explain it to you.

PM: You see, your baby is located in, I should have kept some of my books out. Usually the baby is located with your head down. And then the placenta, you

know what a placenta is?

FL: Afterbirth is what they call it.

PM: The spongy stuff for the baby to land on when it takes its jumps up and down. Well this placenta was not in the right spot. It was a little over, where, it wasn't complete.

FL : It tore loose and she hemorrhaged.

PM: It doesn't come when it's like that. When you have a placenta previa, it doesn't come in ^{the} sack like ^{they} usually do. They have torn away from the uterine wall and then that whole thing bleeds. And unless you ^{live} enough, unless the uterus clamps down real firm and real hard, sometimes they're ok. But this one didn't. And she died. And then one lady, she delivered twins. She seemed to be ok during her pregnancy. She delivered twins and after she delivered the twins and the placenta and everything, she went into convulsions. And she never came out of that convulsion.

RF: Just kept convulsing?

PM: She just became unconscious and she didn't die for about three days.

RF: What do you suppose caused it?

PM: Well I think it was toxemia. Very toxic.

FL: People then weren't checked like they are now. The doctor sees you every so often and he keeps abreast of these conditions. But you see, they might come in just before they were ready to deliver.

PM: That's right too.

FL: Never having seen the doctor before. He was not aware of this condition at all, you see.

RF: About how many children would an average family have about that time?

PM: (Laughs) How old are you?

RF: 24.

PM: She's an infant isn't she?(laughs) Are you married or not?

RF: No, I'm not.

- PM: You're not married.
- RF: But I know the facts of life.
- PM: (Laughs) Well, I don't know. My dad, he was married twice. And my mother had thirteen children. She died with the thirteenth. And then he married again, and this lady had seven children. So you see, he actually had 20 children.
- FL: He was very prolific.
- PM: But none of these children lived. You see, they only had maybe three or four at a time. And the others would be dead. ^{be} Cause they died in infancy. However, my stepmother only had one still birth. She had six living children. ^{where} My mother, she had thirteen children and she only had six living children. So you see, there the mortality was over half.
- RF: Looking at the old cemeteries in Latah County , a lot of the early headstones are those of children.
- FL: Oh, a tremendous amount of them.
- RF: What was a factor in that?
- PM: Well, years ago, children didn't get any vitamins, they weren't properly nourished. I think if the mother couldn't nurse them, the food that they gave them, I think that perhaps I was started into ^{feed} to drink tea as soon as I could swallow.
- FL: And then of course, they had a lot of scarlet fever and smallpox.
- PM: They had a lot of diseases they didn't even know about.
- FL: That's right.
- PM: Now one of my sisters had six children, one had four, one had one, and that was all. So I think the one with the six, I think that was a big family. That was plenty big.
- RF: They wanted large families at that time?
- PM: Oh they didn't know...
- FL: They didn't know what to do.
- PM: They didn't know how to prevent it.

- RF: But there were methods around to prevent it?
- PM: No, not when I was born.
- FL: I don't think they knew.
- PM: And in the country I was born, there was no such thing. And no.
- FL: It was a natural event.
- PM: They thought the only prevention they had they thought was alright was if you kept nursing your baby you wouldn't get pregnant.
- FL: And they'd nurse them as long as they could. But that wasn't so, was it?
- PM: Un un. You see, the mother ^{they} would have a baby and this baby would live maybe two or three months and die. Well it wouldn't be any time that that woman would get pregnant again.
- FL: Malnutrition was a good bit.
- PM: Yeah, that malnutrition, that's right. We've got that now in fact, in some of these countries. You've got malnutrition in underdeveloped countries. You see where they always want us to give to CARE? That's, so...
- RF: What year were you taking your nurses training?
- FL: Well, I took my training at Spokane in the Deaconess Hospital, ^{and I trained} from 1926 to 1930. Then I came here, that's why we sort of collaborated a little bit, because I knew not all the things that she knows, but I was aware of some of them.
- RF: Was there much difference in what you were learning in the years you were taking training as when Ms. Machlied took hers?
- FL: Well, I presume that in a great measure she learned more than I did ⁱⁿ that time, because she worked right with the doctor. And you see, our contact, I suppose there was thirty in my class, and doctors gave lectures and we had regular teachers. But she was right at the scene all of the time, and I think that made a great deal of difference. I told her yesterday, we were thinking a lot about boys and dates and you know, a bunch of girls, we lived in a dormitory. Her life was more serious and I know that she absorbed

perhaps more that I wished later I had absorbed when it came time to use it.

PM: Well after I left the hospital, that was '35, and I went to work in Dr. Armstrong's office, well there, ~~I~~ was his first assistant in all the surgery he did. And I gave all his anesthetics for him, he did his tonsils in the office. I gave all the anesthetics for his tonsils. And any other things. He did much of his emergency work and everything in his office. And I managed the whole office. And did all the sterilizing, did all the buying and all that sort of thing. So then, and went out on all of the deliveries with him. Day or night.

RF: Why would some women go to the hospital to have their babies and some stay home?

PM: Because they couldn't afford to go to the hospital.

FL: And then of course, there were several women who had deliveries in their homes and were set up for the delivery and kept the mother, the baby the length of time. And that was a little less expensive too, so then the doctor came when it was time to deliver the baby.

RF: Would you say most of the births in this area were doctor assisted?

PM: I think most of them were. I was caught with a couple of them myself. (laughs)

RF: Did you manage alright?

PM: Fine. This lady, especially this one, she had had three children. And Dr. Armstrong was out there and he examined her, and he said, what he did, ^{he's dead} now he can't beat me (laughs) He ruptured the sac. Well, you know, when you've had three children just one right after the other, and you've got a fourth one and you rupture the sac, you better hang around. Yourself, you better not leave. He ruptured the sac and he said, "I'm going to town for a few minutes and I'm going to the office," or someplace, and "you call me when you need me." Well, he hadn't even gotten to town when I was busy delivering this baby. And there wasn't anybody there to do any telephoning for me. I was there all alone, there was no neighbor or nothing. And this was a great, big baby, with the cord around it's neck twice.

FL: On my goodness!

PM: Well, I managed, but the woman didn't get any anesthetic. I tried to stretch myself.

FL: With the cord around the neck, you didn't have any choice.

PM: I had to use both hands. And she delivered ok and there was quite a little bit of noise when that great, big baby came out. Which, but and the other one was quite a normal delivery.

FL: Tell about when you used to go out and stay with the doctor all day at home.

PM: (laughs) Stay all day!

FL: Practically. We waited hours.

PM: All night. You went out and lots of people didn't know when to call you. They have no idea. So Dr. he would examine the patient and he would leave a nurse there and, "Call me when you're ready." Well, you'd be there all day and then maybe ten o'clock at night the person would deliver. And the next day you really have it. Then perhaps you have to help do a tonsil or two. Something like that, you know. But I enjoyed that work very much, the office work. Because in a surgery, you really can't see what's being done unless you're right there helping. I think. I never could see very much, ^{by standing} _^.

FL: You asked me if I got as much. She had such a diversified training where in the larger hospital, you're in ob for six months, surgery for six months so then you didn't have.

PM: Some nurses come out of training of fairly large hospitals would not have seen a certain type of delivery. Like we had girls come down from Canada and help us. Come to the hospital just to ^{help} _^. And one night I was taking care of an ob case and the doctor, he was around, but he would be in and out of the hospital. And this nurse stayed way after it was time for her to go off duty. And I asked her, I said, "You don't have to stay because I've done this alone many times." I said, "You can go home." And she didn't really say

anything and she kept staying there and ^{pretty} soon I was ready for the doctor and we set up and we delivered a breach. That's when the feet come first. Or the buttocks, one of the two. Breach is buttocks and footling is ^{feet}. And when I got all through and we put the patient back to bed, she stayed and helped us put the patient back to bed and everything. And then she told me, she said, "You know, I have never seen a breach delivery and that's the reason I wanted to stay and watch." And she trained in a large hospital in Calgary, Canada. She'd never seen one. So I supposed she'd had six months...

FL: I suppose she stayed a certain length of time in there.

PM: And just didn't happen while she was on duty.

FL: That's right. So you didn't see it.

PM: Here I was on duty practically, well I was on duty all the time. With Dr. Armstrong, when I was working in his office.

RF: How large was your class at Gritman?

PM: Well the class I was in was only three. So many had dropped out.

RF: How many were in your class?

FL: Thirty.

RF: That's quite a difference.

FL: You see it's an altogether different, different sort of thing.

PM: I think too, when you have a doctor who is very anxious to put out good nurses...

FL: You had a personal relationship and he told you all these things. Where the doctors could have cared less if I learned anything or not. Don't you know? I was just another person in a class.

PM: If he had something, and he knew the nurse on the floor could take time to come up and look at the surgery. He sent for them. He had them come up so's they could observe that. Whatever unusual thing he was doing.

RF: How old were you when you came to Moscow?

PM: Oh now, I'm not going to tell you that. (laughs)

FL: I can tell you how old I was.

RF: How old?

FL: I was 23.

RF: And you had graduated from high school?

FL: And gone to nurses training.

RF: Just out of high school.

FL: Right out of high school. I saw my first baby delivered when I probably was 18. When I saw my first one. Because I was almost 18 when I went in training. They wouldn't take you until you were very near. And so I went in August and I was 18 in September. But oh, I was so thrilled, I was just so thrilled when I saw that baby. We were just observing when I saw this baby born.

PM: The first one I saw born, somebody had the baby down there and then whoever was giving the anesthetic was trying to push, to bring the mother up in bed. Well Dr. Gritman wasn't aware of what that person was doing, 'cause he wasn't quite through with the baby. And it was a heavy baby. And as she pulled this patient up in bed, that severed the cord. And so there was the blood would be flying in all directions and of course, he grabbed an instrument and clamped it right away and neither one of them lost enough blood to do any harm as far as that was, but it just scared me, like we always had a student living at the hospital doing various things. And sometimes some of them would say, "That just scared me to hell!" And when I saw this, it just scared me to hell.

FL: Now you haven't told anything about Dr. Armstrong and his jokes.

PM: I don't remember any.

FL: Can't remember any. Dr. Marineau wanted her to tell, Dr. Armstrong had a weird sense of humor and he wanted her to tell something about that.

PM: I can't remember of any jokes. Of course, he was always playing jokes on us girls in the office. We had a secretary and myself. There was just two of us in the office. And I came there in '35 and she came in April of '36.

But the only thing I can remember doing, he always would pile something on top of the door when we came in on April Fool's Day that would fall on us. Sometimes water or sometimes a box of ^{knives}, or anything. But I think he told his stories, not so much for us as he did to his patients.

FL: Perhaps.

PM: Because I remember we would have to go into his private office and tell him that there were other patients out there to be seen.

FL: He always took a great deal of time. He did a ^{good} deal of hunting and fishing in his office.

PM: Well you know in a way, he should, along with his practice, he should have taken psychology. Because he did more by talking to people than actually doing something for them, when they were just sick and didn't have to be operated or ^{some} thing of that sort. So...

(End of side C)

FL: My experience about going out to Viola. Dr. Armstrong, there wasn't enough work that kept me busy at the hospital. I think I applied and they just took me if they needed me for a day or so. Anyway, this man had come for Thanksgiving dinner to some friends and while he was there, he got pneumonia. He was merely a friend. He was the man who came to dinner and got pneumonia. Well so he was very ill and Dr. Armstrong took me out there to special him. When you specialized, you worked 24 hours a day. You had a little time off in the afternoon, but you worked right round the clock, you looked after this patient. And at that time they put a patient in a very cold room which was uncomfortable for you to try to manage to do for them. And then you would dash in and dash out and just freeze, you know. The patient was very uncooperative. He coughed and spit all over. Anyway, I could have a little cot if there was such. So the people didn't have any and they got an old bed springs and they put on four pieces of stovewood, about ^{the right} height. And in the night I was dozing and the whole thing fell down. ^{With me} And Dr., when I

told him, he thought that was the craziest thing he'd, he just enjoyed anything that happened to you. He loved it. And these people had a boy that was nine years old. So that afternoon, I could go out and the lady of the house watched the patient, and I could go out, maybe for a couple of hours. I went first day, we skated on a little pond. And then another day, he had a pony and I rode the pony and the pony dumped me right in the manure pile. But you were really too tired to almost want to get out and into the air. Anything. And Dr. left me out there for two weeks. And finally he came and pronounced the man better and took me home again. But one of his tricks was, the snow was on the ground. And he was a tall man and he would step as far as he could and ^{then} he'd look over his shoulder. You couldn't possibly step in his footsteps. That just amused him no end. Here you were struggling and wobbling along in the snow and he's just laughing at you. But these people, this man, he stayed all this time and he didn't want to pay for all this, he hadn't ordered this nurse and whatnot, I was ages and ages getting my money, and I think at that time I ^{believe} it was six dollars that you got for this 24 hour stint. Besides of course the people whose home he was at. They had to feed me and that sort of thing. We had to take the bedpan out to the old pump, out in back, to empty the bedpan and wash it out and take care of it.

PM: It's a wonder it didn't freeze.

FL: That was home nursing.

PM: This is the pictures that are the uniform that you wore after you graduated. We wore the same type of uniform, except the dress was blue. The apron was white.

FL: Now, were your sleeves long? Uh huh. And our sleeves were short. And the dress was striped.

PM: We always had long sleeves.

RF: The cap shows where you went to school?

FL: Yeah. My cap has a black band on it, right down around the very rim, it goes up about that much on the rim and then that shows where you go. And also your pin. Did you show her your pin? You get your pin when you graduate.

PM: It's right there on my apron.

FL: You had very pretty pins.

RF: You get capped and then you get a pin?

FL: You get capped in three months, after your probationary period. Then if you pass that successfully, and they feel you're the right temperament and so on, why then you are capped. ^{At our place} They had a capping ceremony and that's quite an event in your life. You're pretty thrilled. ^{cause} You don't know what's going to happen to you up until this time. So then when you graduate, why then you get the black band on your cap, very coveted black band. And...

RF: Is that on all nurses' caps?

FL: No. That was on the Deaconess cap. But you'll find on other caps, they'll be black bands. Maybe they'll be in a little different place, or a little wider, but there is a difference. But now you have a choice. You can wear that, you've seen that little ruffled cap that they wear, little organdy cap. Kind of a dainty little thing. Well, they do at my training school, they could have their choice. They could wear the original Deaconess cap or they can wear those. And I noticed a lot of the nurses wear the little frilly caps.

RF: The cap in three months, and then graduation...

FL: The black band.

RF: And then the pin.

FL: And the pin. The hospital gave you your pin.

RF: What got you interested in nursing?

FL: I went to a, what would you call it? Some sort of a seminar or something and a woman got up, it was over at Bozeman, Montana. And I went to school at St. Ignasius, Monatana and there were about four of us ^{that} went over to Bozeman and this woman got up and she told us what would be open to women.

What should a woman take. We were seniors. What should you plan to do with your life. Well, I had never really thought about much what I would do. And she was very fluent and made a very rosy picture on how you would be very dedicated and it would be a very satisfying life. And so just in that instant I decided I'd be a nurse and my mother was so against it. She thought, she was the old fashioned type. You must not handle the men and do for the men. So but my father thought this was fine, this was it. So I could go. And then I had a doctor, we had a doctor friend that you had to have somebody^{to} vouch that you were of good character and this and that. So I proceeded.

RF: What were the other choices they said you could have?

FL: You could teach. You could, I think teaching seemed to be foremost. But the fact that they said nursing^{you} didn't have to have the money. You got your board and room at this time. And you were really working for your education in nursing school. They just gave you, I got a very similar amount of money per month as Pearl did. And my folks were able, you went there with, I don't know, six uniforms and there were all these great big aprons. Your folks furnished that and they were all sewed. Then after that they furnished^{your} clothes. But this appealed to me because I could make almost, my own way. Teaching, I never cared for teaching so I didn't even consider the teaching. And then I had another friend who was very interested, and at that time I thought she would come down to Spokane and go in with me. And I think that influenced me somewhat.^{to But} She didn't.

RF: Was there a big push to get married?

FL: I never thought, I came from a small town and I would see these girls get married and have a whole batch of children and this seemed to me like this was the end of life. (she and Ms. Machlied laugh) I did not want to do this.

PM: Same here.

FL: This was not for me. It didn't seem a great decision but always, now this

is what my mother would want for me. But this isn't what my father wanted.

PM: I never wanted to get married and wash out some dirty socks all the time.(laughs)

FL: Course, I don't know if you even, I didn't even consider or was ^{never} serious about, you know, some girls at 18 are very serious about marriage, but no, I wasn't.

PM: I never got serious.(laughs)

FL: You missed the boat entirely. I was married when I came to Moscow.

RF: And you never married?

PM: Un un.

FL: But she delivered, I want to tell this on you Pearl.

PM: I like to be independent.

FL: People, the women and everybody that Pearl took care of, Pearl was the 'Angel in White' I can tell you that. And they thought ^{that} ~~there~~ babies could not be born if Pearl wasn't there. And as you came in these stairs, the front door, Pearl was usually at the tip of those stairs. I can remember, she helped deliver my child and I thought that,"I cannot have a baby unless Pearl is there."

PM: Well thank you.

FL: So her name is Machlied, so I named my son Gerald Mac for her. But I suppose that Pearl has helped deliver many many babies.

PM: I wish I'd kept track of the babies I helped deliver.

RF: Have you got an idea of how many it might be?

PM: I have no idea.

RF: Under a thousand?

PM: Well all the years I been, especially the years, but then after Dr. Armstrong died, in 195' I think it was 1957, then we had different doctors in the office. Then I didn't go out on deliveries. And even before he died, ^{for} some time, he wouldn't take any deliveries outside the hospital.

FL: And we had a more sophisticated delivery room and all this at the hospital by that time. So that people felt real safe and secure and most everybody

was coming to the hospital. Now they've had a return again to home deliveries.

PM: It just seems like it goes in cycles. But I have done then, well, being there all the time in the hospital with all the sick people all the time, you had to be with somebody who was sick. (laughs)

FL: You couldn't escape it, could you?

PM: Not at all.

FL: You couldn't escape it. And I worked nights for ^{four} years and so then I could watch the patient up to the point where it was time to get Pearl and the doctor. See, because I had other people to look after. And so then Pearl and the doctor would come and then they would do the delivery.

RF: So your major work was in obstetrics?

PM: Well, obstetrics and surgery. I would say.

FL: You always bathed the babies too when they came.

PM: Oh yes, I bathed the babies.

FL: You did everything about them.

PM: But lots of times if, you know, the other girls had to, they had to get their share in too. But I would have, lots of morning I would be taking care of three or four mothers, ^{giving} their baths and things like that. Somebody else would be bathing the babies. And so that way you got things done.

FL: But I meant at the time, during the night we came...

PM: During, before delivery.

FL: For the deliveries you came during the time I worked there, because you couldn't do a delivery and take care of your operative, ^{or} whatever else was going on. You know, you can watch them up to a point, but you, I was always awfully glad when it was time to have her come. (laughs)

RF: You worked in deliveries?

FL: No, I didn't work in delivery, only just what I did in training. I really just have done general duty. I say that her experiences are so much more than

mine, because in all fields, you see, I did just general duty. Surgical and medical.

PM: I think I preferred surgery though. I think I like surgery better.

FL : But not surgery room. Taking care of surgicals and that.

RF: Why do you say you preferred surgery?

PM: I just liked it better. I liked to see the inside of people.(laughs)

FL: And surgical patients are much more interesting than medical patients. I like to see the advance, the recovery period. It just goes...

PM: There's a challenge there.

FL: It just goes on a ^{plane} . There's the bad days, and all of a sudden, here's and they're going home. I mean, an uneventful. And there's a challenge in making people comfortable.

RF: What's the difference between medical and surgical?

FL: Medical patients, well for instance, if you had a rheumatic or else some anemia or any of the things that have not required a surgical procedure.

PM: Of course, when I was nursing, we still had typhoid patients.

FL: I had scarlet fever down there, do you remember that?

PM: Yes.

RF: Was it epidemics?

FL: No. No one else had it when I was there .

PM: We never had an epidemic of scarlet fever. I mean, of typhoid. But we did have typhoid patients to take care of in the hospital.

FL: Now, didn't Dr. Armstrong's daughter have scarlet fever? When she was a little girl?

PM: If she was, he took care of her at home.

FL: Yes, I think she had it. I think he told me that. I never knew where I got it. I was grown.

PM: And Miss Woole had scarlet fever too.

FL: Did she?

PM: Yeah. We had her isolated.

FL: Now I had small pox when I was in nurses' training. I don't mean smallpox, I mean typhoid fever. They'd never knew, the health people just asked me where I'd been on a picnic, where I'd been drinking water, everywhere I'd been, and they could not find out. This was about 1927.

PM: You're medical nursing is with your sick people who come in.

FL: Anything other than surgery.

PM: Anything that doesn't require surgery.

FL: Headache. Anything other than surgery.

RF: Was there a fear of nursing someone that had something communicable?

FL: No. You don't...

RF: Not much infection?

FL: Well you take very, very good, you've been taught how to handle infections.

PM: You handle people with syphilis, you handle people with gonorrhea. But you know how to handle 'em and not contract it yourself.

FL: I think one of the first patients I ever had had gonorrhea.

PM: And of course, when our typhoid patients, we always had to put on gowns and caps.

FL: That's isolation.

PM: Yes. Before we went in to do anything *for them*.

RF: I wanted to ask you about the flu epidemic. You were in Moscow during that time.

PM: That's the time I came.

RF: What was the situation like at that time?

PM: Well, I'll tell you, everybody was sick. And I had been at home down there and there was flu down there. But and a lot of people, many more people died down there *..*.

FL: Than ^{did} here.

PM: Than they did here, I don't know why. But maybe this place had more doctors.

I don't really know who the doctors were when I came here. I know Dr. Gritman

was here. Dr. Clarke was here. And there was a Dr. Stephenson here. I think. But I really don't know how many doctors were here when I came. But I know Dr. Gritman was on his feet sometimes 24 hours a day. And as I said, in making these country calls, he had a driver and he would sleep until they would get to the place where the sick person was.

RF: He wasn't going in an automobile by that time?

PM: Well in the fall of the year, he perhaps had a car by that time.

FL: He had one of the first cars in Moscow. I've been told.

PM: Yes. But at the fall of the year here, it isn't safe to just start out in a car. And you don't know whether you're going to get there. You knew that you didn't have the roads that you have now.

FL: Mud.

PM: Yes. And only a team could get there.

FL: And I have been told that he did ride a bicycle. When he first came here.

PM: (laughs) I suppose he did.

FL: On little short calls and stuff.

PM: I imagine he had any type of...

FL: Every type of conveyance. I ^{think} that I've been told that his car was red. Have you ever been told that?

PM: No.

FL: A red Ford?

PM: No.

FL: His first car?

PM: The only car that I remember, the first car I remember, we, it was, I think it was a Studebaker. I'm not sure. Anyway, he took us out, ^{took} several of us gals and Mrs. Gritman out for a ride. And this lady came in in labor. And we got a flat. (laughs) And somebody from town came out and took the doctor and brought him in. (laughs) And we were out there until somebody could come out and fix the flat. (laughs)

FL: Now the barn was still there when, in 1930.

PM: Yeah it was...

FL: It had lots of old magazines and stuff in it, I remember that. ^{part} But it wasn't _^ used for horses or anything.

PM: I don't know when they got rid of the team or when they got rid of the cows. I don't remember exactly.

FL: I don't either.

PM: But they did have cows and the horses when I came.

RF: How far would he go to make a home call?

FL: Miles wouldn't they?

PM: They would go miles. They'd go clear out past Viola. Dr. Armstrong and I went to Bovill one time ., we started out sometime during the night. To deliver a baby.

FL: And of course, they had logging accidents, lumbering accidents and that sort of thing. That you couldn't fly 'em out with a 'copter like they do now.

PM: But that's the furthest I have gone for delivery was up to Bovill. But oh, I know I went with Dr. Gritman on some type of emergency and it seems like we went way beyond Troy for miles and miles up into Fernwood or wherever. Of course I'm not very, to remember all those then because they weren't much of a place. It wasn't much of a place.

FL: And people would be ill and they wouldn't, they got along somehow without the doctor ^{best} they could.

PM: Oh yes, sure. They called them when they were really sick.

FL: Isn't that a pretty pin. (Ms. Machlied is showing her nursing pin)

RF: What's this animal?

PM: That's a beaver. That's the untiring working. That was I. That was I.

FL: I always thought your pins were very pretty. Mine was about ^{like} _^ the inside of that. And then, mine has FJS in it and it means "For Jesus' Sake". In the middle of my pin.

RF: Was it started as a ...

FL: That's a Deaconess, Methodist.

PM: Is it Methodist?

FL: Deaconess Hospital is a Methodist institution. The Deaconesses, women, used to have various, oh, one was the treasurer and all that, but now it's all done by business manager now.

PM: This is what I wore when I was working in the office. (looking at pictures)

FL: Is it?

PM: For Dr. Marineau.

FL: I've lost three pins and I think I'd lose them going to the laundry.

PM: Now the hospital had smaller pins then that and they had some type of blue on it, but they still had the beaver on it. And one nurse sent her pin back here to the hospital for them to have and it was a small pin and she also sent a note and Boyd let me read it, but I didn't know ^{the} girl. ^{at all} I didn't know her.

FL: Mine is just about the size of the inside of that and then this the initials are cut out in there and its not as elaborate. You wouldn't notice my pin like you would this one.

PM: ^{I'm going} to look and see. I think I have Mrs. Gritman's pin. If I have it I'll give it to the hospital. And also a cap.

FL: We displayed all our different caps, because over the years then, you see, we get a good many nurses who have come and gone and that sort of thing. One time we collected caps and you were in on that, Pearl. We all did our caps up. It was kind of interesting. It really would be nice if they would do it again. They displayed it at Davids' store. We got quite a few caps there.

PM: It would take an awful lot of space now.

FL: I wouldn't even bother with it now. It was real interesting to people, as I remember, when we had 'em in there. 'Cause they come from all over the country.

RF: I don't mean to imply that nursing isn't an honorable profession in itself,

but what would have been the chances if you wanted to go on to be a doctor?

Would it have been hard for women to become doctors?

PM: I think it was harder years ago. For a doctor. In fact, it wasn't the thing to do. For a woman to be a doctor.

FL: ^{A)} Though we had Dr. Mary Rodney in Spokane. When I went in training, Dr. Mary Rodney ^{was there and} very active.

PM: When I was still working in the hospital, we had a Dr. Gilchrist. Lady doctor who was very good.

RF: Was there a Dr. Wheeler here?

PM: Spokane. Dr. Wheeler was her doctor. (laughs)

FL: That was one of mine, he used to swear at me. He was kind of like Dr. Armstrong. He liked to pull things on you. No, Dr. Wheeler's dead now. But we really did get to know him, 'cause he was always pulling little jokes and things and he was a good surgeon. He could take an appendix out in an awful short time. I don't know how many doctors there were at the Deaconess ^{when I was} there. A lot of them.

PM: I helped a doctor from Tacoma who was here taking Dr. Armstrong's place. Doctor from Tacoma wanted to get a divorce from his wife, so he had to have an Idaho, he established a residence in Idaho for six months. So while he was hanging around here, Dr. Armstrong decided to go someplace. I don't know where he went. ^{So} I helped this fella take out an appendix. He took it out in ten minutes. But I wouldn't want him take mine out.

FL: That's the way Dr. Wheeler was. And he'd be so proud, you know. And then pretty soon, two or three days, they were going back to surgery again.

PM: Dr. Gritman worked, I wouldn't say that he was a real fast operator, but yet it didn't seem any time that he got his work done.

FL: He knew just...

PM: He didn't have to hunt around for anything. He knew where it was located and he said, I would hear him tell some of the doctors that would come in there, and he'd say, "Now you know where the appendix is located. You don't have to

open the whole thing in order to...

FL: Some of them do though.

PM: Some do.

FL: That happened to you, didn't it?

PM: Some, and he said, "All you have to do is make your incision big enough and take a forceps and go down there and pick up that appendix." And he said, "Now you don't have to take your pocket and ^{put} it inside out in order to see what you've got." He said, "You can put your hand in your pocket and feel and you know what you've got." So he would tell these fellas this. (laughs) So...

FL: Well now, when Dr. Gritman went abroad to England and to Germany, was his big interest surgical procedures then?

PM: I think so, yes. And then Mayos. He went back to Mayos several times. 'Cause they were personal friends with Mayos.

FL: Now where did Dr. Gritman take his...?

PM: In Cincinnati, Ohio. I believe it was. I was quite sure it was in... And then he came back to Dayton, Washington and he worked in a doctor's office for a while. Yeah, Cincinnati College of Medicine and Surgery.

RF: What year did he take his degree?

PM: Well it doesn't say.

FL: I suppose no one...

PM: Well this says he came to Moscow directly, but he, I know that he worked for this ^{doctor in} Dayton for a while.

RF: Was Carithers Hospital in operation when you came?

PM: When I came? I think it was. I'm quite sure it was.

RF: It was a private hospital?

PM: It was a private hospital.

RF: Did it handle different cases than Gritman would?

PM: Not that I know of. No.

FL: Pearl, I don't suppose you'd know this either. Was it built for a hospital or had it been an apartment house, or what had it been?

PM: I don't think any of 'em were built for a hospital. Let me see.

FL: Is there a picture of the old hospital in here?

PM: There isn't and I have no idea how to go about it to get my picture. I had a picture of the hospital. Before there was any remodeling done on it. Because they remodeled some on it after I came. But ...

FL: I wasn't there the day they took the picture.

PM: Yes, Carithers Hospital was City Club.

FL: Was it?

PM: Yep. It was City Club. And you see, upstairs, they had these little rooms. There was a great, big space in the center. Great big floor, and that was their dance floor. Then there were all these little rooms around which were the powder rooms. And then now, they had their surgery up on third floor. On second floor. They didn't have any third floor. At first.

FL: I never did look. I was in there, you know, to see somebody, I suppose, at sometime or another, but I never did see around the hospital. Now they paid, during the Depression time, they paid a dollar a day for a nurse.

RF: A dollar a day?

FL: For twelve hour duty.

RF: It wasn't an eight hour day.

FL: No we didn't have eight hour day. Never heard of such a thing for a long time, did we?

PM: Un un. No.

FL: You had these two hours off in this twelve hours.

PM: So it was though it was ...

(End of side D)

PM: And they have never returned it.

FL: That's too bad.

PM: Well you perhaps listen to your tape and throw half of them out.

PM: You may want to come back. You may think of things that you want to come back.

RF: I did want to ask you just a little more about Carithers Hospital.

PM: Well I was wondering if there was any other person that I could think of ^{that} would know more.

FL: Now one would be Abe Goff who is well versed on these things.

RF: We've talked to him some.

FL: He perhaps knows about as much.

PM: Because I never put foot in that house until it was a rooming house. So I know nothing about the hospital facilities.

RF: But it was a hospital when you came here.

PM: It might have been, I don't know for sure.

FL: I could ask Mrs. Hanson about it, or you could, ^{ask her} about the Carithers. She was a good friend of Mrs. Carithers. And she may have told her things about it.

PM: Of the second Mrs. Carithers?

FL: Well you see, then it was Dr. Magee's when I came here. And as I say, I really have just seen inside the door there. Nora worked there, you know.

RF: Did they have an early ambulance service here?

PM: No.

FL: Short's. The mortuary.

PM: The undertaker.

FL: Took care of it for many, many years.

RF: Just when there started to be automobiles? Or horse and wagon?

PM: Well when I came here, when a person died, they came with a horse and a hearse. That's what they had when I first came here. Now whether they took live people in that too or not, I don't know. Because Short didn't have, until 1922, Short bought that establishment. And then it was down on First and Jackson. Not First and Jackson, Third and Jackson. Where the Medical Arts building is. But then they always had their horses and their hearse with the fringe.

FL: When Short's operated it, it was just a community service, is what it was.

It didn't pay in any sense of the word. When Short's sent the...

PM: The ambulance.

FL: No they didn't want it.

PM: But they had to take it for a while I think.

FL: They had it quite a few years.

RF: And you said that what brought you to Moscow was the extra money that you could earn here?

PM: I could get five dollars a month more up here than ^{I could} at Colfax where I had started.

RF: Which was also a hospital.

PM: Yes. It was St. Ignasius Hospital ^{over} there. I don't know how large, but there I didn't have much to do except do the trays and do some of the dishes and set up the trays. I was just ^{worked} in the diet kitchen, that's all.

FL: Did you have a room there?

PM: They had a ^{kind of a} dorm that three of us girls lived in. And of course, its a Catholic hospital. And one of the gals had been there, no doubt, quite a while, and she was so nice to me to come and she said, "Now you're going to work on second place and there's ^{this} Sister Rosalie and she is a devil. Be careful of her." So I got kind of afraid. But she was real nice to me. Not at all what this gal...

FL: The people that were the hardest on you were the ones you got the best instruction and training from.

PM: Well yes. And Sister Rosalie wasn't the only one. Sister Elgies helped me too, or told me what to do. And so she wasn't the only one. But the person, now I had never seen a Catholic priest. And I had to go down and see Sister Superior because you didn't work there unless Sister Superior interviewed you. And I went down and you go down ^{this} dark hall and who would I meet but a priest!(laughs)

FL: You didn't know how to handle that, huh?

PM: I was just shivering in my boots. (laughs) He went his way and I went my way.

We didn't stop to chat or anything. (laughs)

FL: Pearl, how long were you there?

PM: I was just there one summer.

RF: You just got it as a job, or were you particularly interested in working in a hospital?

PM: No, I ^{just} got it as a job and I had a bill there I had to work out.

FL: Was that your appendix?

PM: My appendix.

RF: How much was an appendix at that time?

PM: One hundred and fifty dollars.

RF: That's a lot of money.

FL: Did that take care of the operation and the room?

PM: No, the doctors had nothing to do with the hospital except work there. My room, I was in I think a three bed ward. ^{It} Was two dollars a day. So.

RF: About how much is it now a day?

FL: It's eighty something, maybe ninety now, down here.

PM: It's close to a hundred dollars.

FL: It's very close to a hundred dollars.

PM: When we charge you with medicine, medication and stuff.

FL: There's a lot of extras too, so it's over a hundred.

PM: Yeah, it runs over a hundred dollars. And when I started in training, I think, which were all private rooms, ^{our} maternity rooms, it seems to me ^{that} they were five or six dollars. And of course, our patients didn't get bathed every day. Like they pretend here. Now when we gave a patient a bath, we didn't ask that patient to do any part of that bath at all. Now here, they think they're giving you a bath every day. They come in, they wash your back and say, "Now you can finish the rest of you. And I'll be back a certain time." Sometimes its two hours before they come back. I don't know if you've ever

been in the hospital or not.

FL: We always finished every body we start.

PM: We finished them up. If you started a bath, you finished it. And some of the medical patients who weren't in bed all the time, they didn't get a bath that often. My land, they weren't paying more than two and a half, three dollars a day *either,*

FL: And then we passed the washbowls of water and set out the things to brush your teeth. And your washcloth and everything was right out there. And you got to wash your face and your hands real good before you ate.

PM: Yeah, that's right.

FL: And now they toss a little thing at you, a little piece of paper thing and with some stuff, some wet on it, some disinfectant on it.

PM: And lots of times they'll bring your tray to you and they won't even ask you if you have had your face washed or had your hands washed. And I would always tell them, "Now I haven't had any wash cloth or anything and I'm not ready for breakfast." So then they get a washcloth and give it to me.

FL: ^{*gone places*} They will give you a warm wet washcloth.

PM: Yes.

FL: We used to really have a good splatter, didn't we?

PM: Yes.

FL: We had to pick those all up and clean 'em all out and put 'em all back in the bedside table. Before breakfast.

PM: Yeah. And then after breakfast, a little while after breakfast, you'd have to get it all out again. And give the patient a bath. (laughs)

FL: We had so much more to do with each patient *than what they do now.*

PM: Oh yes. You know, in a way, when I would give a patient a bath, I would get their whole history.

FL: Oh yes. And if you don't, and that's something which has definitely been lost, even now in the later years when I worked at Gritman, it was the maid who cleaned the room who would come to me and say, "Mrs. Smith has a problem,

will you go and talk to her,"because she has talked to the cleaning lady and I had never had that much to do with her that I knew that she had a problem. But you know, they come and say,"She's worried about the children or she's worried about something the doctor said," and then you'd go and talk to her. But if you ^{bathe} a patient, as Pearl said, you get the whole history, don't you?

PM: Sure.

FL: And they feel like they're your friend and they will confide in you.

PM: This hospital, when Dr. Gritman had it, a patient wasn't a number, ^{they were the} person. You called 'em by Mrs. So and Mr. So. You didn't say...

FL: Number 28.

PM: Yeah, you didn't say number 28, or you didn't go around, call everybody by their first names. Children was ok but not any adults. They were all Mr. So and So.

RF: I would think because now that Moscow is so much larger, and more people are using Gritman...

PM: Sure, I realize that. That still doesn't mean...

FL: You don't have the nurse-patient contact...

PM: Now you take your nurses who have their B.S. degree or whatever degree they have. A sick patient who comes in there, they don't give a damn what she has in that field. Because it's the person who takes care of that patient who the patient looks to for help. And not the great, big executive ^{gal} Who comes around.

FL: And says, "Good morning, I'm Mrs. So and So."

PM: And who cares.

FL: ^{Maybe} That's the last you see of her. *You don't see any more of her.*

PM: Last time I was down here, now I suppose they brag on how their surgical, no, medical nurses, when they dispense their medicine, how they're on time and nobody else gets to handle a pill. Well, I was suppose to have this medicine

four times a day. I was suppose to have it on my noon tray. And it was 2:30 and I had not had my medicine. So I called somebody and they went by and they came in the room of course, they said well they would see. ^{about it} She went ^{she would} and she never came back. And I called again and a second person came, ^{do} the same thing. She'd go and see about it. And she left and never came back. And a third person left and never came back.

FL: That's called passing the buck.

PM: I don't know what happened to them. Whether they stepped in a hole or what. Anyway, then, a nurse that I know who is just a practical nurse and is an older person, and I said, "For heaven's sake, don't they trust you with a pill around here?" I said, "I haven't had my pill and it's very important that I have it." And she said, "I'll go out and see what can be done." She goes out there and comes back with a pill. (laughs)

FL: With the pill. They let her bring it.

PM: And that pill nurse that day, I never did see her.

FL: Course, they have an awful lot of meetings that you had to stop. That bothered me at the last. Was you had to go and well we'll say you went ^{at} 1:30 to 2:30. It took the time right out of the time when you were making your rounds, getting your patient comfortable for the next shift and everything, and then you went to this meeting and that was of course ^{more} important, and they are important, but they had so many of them that you never felt you'd taken proper care. You were of the old school, that you'd taken proper care of these people. Because you had... But they do need to have this education.

PM: Course, things have changed so much. And you have so much paperwork. Nobody can...

FL: They've changed the charting again ^{now} ..

PM: They have?

FL: Un huh. I heard that at the last meeting. Doctors didn't care much for it and they asked if they wouldn't bear with it for a while and see if they

would come accustomed to it. *And like it.*

RF: Are you still nursing?

FL: No, I don't nurse anymore, but I still go to the board of directors meetings.

PM: Well now, they do that down here to a certain extent. One person comes along, takes your temperature and another one comes along, washes your back and then maybe she comes back and maybe she doesn't. Maybe somebody else finishes you. And there's a nurse, she graduated in Spokane some place, and she said she went down into Oregon and someplaces in Washington. And especially in Oregon, they had tried out both ways. Giving you full command of one patient or, and they said that one hospital had done that and they had gone back to giving a nurse a certain number of patients and let her do everything. They liked that much better.

FL: In my mind it's much better. Because now at the last one I worked down here, you had, you were team nursing. For instance, I was a team leader and then I had so many people under me and so many patients. Then I would assign these people that were under me to look after these people. I didn't have this personal contact that I like, because I had paperwork and paperwork and meetings and stuff. And this, I know quite a few hospitals, they did this...

PM: And I suppose you weren't real sure ^{whether} the people were getting all the attention.

FL: I didn't know. And lots of time, you know, I would get in, you can't get away from what you've been taught when you're young. You just cannot get away from it. So you would just get in and ^{take} care of people. If you just had the time you would go in and fix 'em up yourself. 'Cause then you'd know. But really some need more attention than others and you just feel like you've neglected some of them.. When some of your aides couldn't care less, you get a different variety of 'em pret'near every day. Some of them are very, very good. They're very good.

RF: It sounds like the approach in the hospitals has changed so much since when you started.

PM: Oh heavens.

FL: I'm sure it has. I'm sure it has. There's no comparison because, well your formal education, of course, you have more of that. But we had practical appliance of what we learned.

PM: Yes some, you take a nurse, if she's not practical she's no good.

FL: We have nurses too, that come out of the two year courses that they don't know how to catheterize and do those things. They learn it after they get out, see, from the ones who have already gone the road. But we learned all that before we ever got out. But now...

RF: Is that because the technology wasn't as advanced?

FL: That's right.

PM: I think the patients got the care they needed at that time of the century.

FL: Yes, I think they did. ^{But} As I say, the formal education, they have much more formal education than what we ever had. But we had practical knowledge. And I think ^{that} the practical nurse of today, not LPNs, about what I had when I was in nurses training. I think their education would ^{you could call it would be} the same.

PM: I know one of the practical nurses out here at Good Samaritan who had a two year training, and she said, "Many many times have I wished that I had had taken three years training." She says, "I feel I have missed so much in just two years."

FL: Course, now you can go on and then get your B.S. degree. You don't have to stop with the two years, because you get credit. And you can just go right along.

RF: Is there a policy that you go back and take classes once you have graduated as a nurse?

FL: Not when we graduated. We did go, finally,...

PM: We went to lectures and things up here at the university.

FL: And then, some of the doctors, some of the doctors, when they came in new, but they soon got tired of that, didn't they, and didn't respond when we'd like a lecture on this or that. I remember when Dr. Valder came here, he was ^{very} good about giving us lectures. And he was the one, they used, he used intervenous so he talke about electrolyte balance and that sort of thing. But we had never, of course, had any of that before. So you do, if the doctors are willing to lecture, you do. And then we had various times up at the university.

RF: You were lectured when you were taking classes there at the hospital?

PM: Yes.

RF: In the evenings?

PM: Oh sometimes in the evenings. And Dr. Gritman would ...

FL: Send for you.

PM: Yeah. Anything, anytime he wanted you to know something was going on in surgery he thought you should see, he would send for you. And many times he was doing things, he was telling you all along what your part in this would be. No...

FL: Now the nurses went out to Whitworth from the Deaconess. And now they didn't do that, you see, when I was in training. You had your teachers that gave you all the materia medica and then you had one for bacteriology. We had more teachers. But we had a great many doctors lecture, but they were all in the evening.

RF: Was there anything that you had written down that we didn't talk about?

FL: No we kind of garbled it up. I think that's about it. The only thing, the story about, every probationer learns to give the man a urinal. And this little probationer, she was pretty shy and so the man said could he have a vase? And she wondered, she looked around, and she didn't know just what he meant and so finally she said to him, "Well mister, how big is your lily?" They were telling this same old story. See, the Deaconess' all changed

since I was there. This nice, modern place. And the one nurse friend of mine said, "Well I'm sure that the only thing that is the same when you were here and all is this same old story they tell about the probationer." And they were telling this when I was there.

PM: Well, I had a nurse who was a patient at the hospital. This is kind of an off-color story. I shouldn't even tell it to you girls...

FL: 'Cause we're so young.

PM: You're so young, just think, compared to this little 24 year old girl. And she was evidently working in one of these small lumbering camps...

FL: Company hospital?

PM: Company hospital. Lumber camp hospital. And the doctor was out, he seemed to be out one whole day. And that morning he had done a hernia on a patient. That's an operation for a rupture, you know. Well, the doctor didn't come and these girls after so many hours, they knew this patient should urinate. So they got and gave him the urinal and tried to place it for him and everything and he was a Swede man. He didn't talk English very much, just a little bit. And these gals couldn't talk Swedish.(laughs) So they had an awful time with this poor, old man. And so finally the old man caught on. He said "Did you want me to throw the water?" And they said, "Yes, yes, yes." And he said, "Well fine, I can do that."(laughs)

FL: Throw the water.

PM: Yes. But he first he told 'em, he said, "Shame on you girls, playing with an old man like me."(laughter) You get in all kinds of positions.

FL: I know it. Well Dr. Gritman wasn't at all well in the days when I was there. And so you remember Albert Johnson.

PM: Oh yes.

FL: I had to catheterize him.

PM: Yeah, I catheterized him too.

FL: But we didn't have in-dwelling catheters, which wasn't that terrible, we let

him get so, and he was paralyzed, he was only 18 and he was in a car accident. He was paralyzed. And here we would wait til he ^{couldn't} wait any longer, and then we were irritating him with this catheter all the time and here the poor thing and all night, so then we catheterized him. One other fella came in one night, he was about forty. And he was so, I don't know why he couldn't void, but he was so uncomfortable and so I went and asked what to do ^{about him} and they said, "Cath him." And so I did and I was 23 then and he was about forty. But that man was so grateful to be relieved that it didn't mean a thing to him nor me either. He was so grateful. But now, the girls, they would no more think of catheterizing anybody than anything.

PM: I had only catheterized Albert once and that was all.

FL: I did some other old men.

PM: I wouldn't have any trouble doing it.

RF: There was no great shyness that you had to overcome?

FL: No, actually because...

PM: The person didn't have any feeling.

FL: You removed yourself from all this. Because you do what you're taught. And your attitude gives them the right attitude.

PM: And Albert, we had in there a long time. He was a nice person.

FL: He lived til just a couple of years ago.

PM: Yeah, he just died. ^{a couple of years ago} He was always so happy to see you anytime.

RF: And he'd been paralyzed since he was 18?

FL: Since he was 18. I remember we would always talk about, I can see it just like it was yesterday when they brought him in. It was Labor Day and they side-swiped a car coming in from the country. They brought him in and I was walking out of his room and he had this projectile vomiting and he vomited all, they'd had a big dinner and stuff. He vomited all down my back. And I had carrots and everything ^{all} undigested down my back.

PM: It's like one fella, he was a surgical person and I was giving him a bath the

next morning and I had kind of turned him over part way, I was going to wash part of his back and then ^{turn him} the other way and turn him towards me and he got sick and he vomited...

FL: Right down your neck, huh?

PM: Right down my neck. (laughs) I had to go and changed uniforms before I could finish.

FL: And the odors that you had to put up with...

PM: And he was a service man, mind you. You know how cute they get sometimes. (laughs)

FL: I never had anybody really too cute. We had that ^{old} man that was the, what was his name? He had the drugstore? It was during your time at the hospital. He'd always take all his clothes off and prance around upstairs there.

PM: Was it Veatch?

FL: No. I don't know. He had the Owl, I think for many years.

RF: Was it Bolles?

PM: No, Charlie had... Was it Hodgins?

FL: No. I had Mrs. Hodgins once. She told me all about the man who came out you know, and did his exercises there every morning alongside the old hospital there.

PM: Say, we didn't tell her about the women that had the pleasure of seeing Anthony.

FL: That's it. Anthony. Mrs. Hodgins told me all about Anthony. Anthony would come out there, but he had shorts on. And he would do his exercises. He had a little walkway.

PM: He slept out there too. He built a, well it looked something like...

FL: Right where Firestone is.

PM: Yeah. It looked like a coffin, but all the maternity women were on this side of the hospital. And unless, if they had their shade up, they could see this old man come out and go to bed. Of course, at that time he was

wearing a long nightshirt.

FL: He had a university degree.

PM: Oh he was smart.

FL: And he had a machine shop.

PM: He he could make anything for you you wanted made. And, but you know his wife died, and at that time they must not have paid much attention, I suppose maybe they embalmed her. But he kept her here for a year until he could go east ^{to} bury her. (laughs)

FL: That's like they did over at Virginia City, Montana. The man died in the winter, or he was shot in the winter and they have these little tin bathtubs and so she put him in this bathtub and she bought enough whiskey to cover him and she pickled him in ^{there} and then she took him in the spring to Salt Lake City and buried him.

PM: Well, some of these women, they would get an awful kick, he would come up and he would put this lid up. He left one end open so he could get ^{the} air.

FL: He was a health nut.

PM: Yes. That's right.

FL: Always took his exercises out there. (laughs) I'd see him when I was getting the women up in the morning.

PM: And then he'd get into bed and some way or other he must have had a string or some kind of thing there. He would take hold, pull this lid over him. And he'd be all put to bed.

RF: It looked like a coffin?

FL: Kind of like a coffin.

PM: It was made similar. It was a bed with a lid over it, you know.

FL: And he was quite an old man when he lived here, wasn't he? He went to Montana to live. ^{He}

PM: But he came back to die.

FL: Did he die here?

PM: Un huh. He came back to Dr. Armstrong. Dr. Armstrong helped him, he never

charged him anything and when he needed anything...

FL: He'd make it for him.

PM: Yeah, he would make it for him. And before, you see, I don't know who made him, apparently he didn't own the ground he had his shop on and he had to move it down here on Third Street, someplace.

FL: That's right. That kind of broke his heart didn't it?

PM: Yes. But Mr. Anthony was a smart man.

(End of side E)

FL: Two late permits a month, and perhaps that was til eleven o'clock.

RF: Were you allowed to date?

FL: No, we went out, but we had to be at that front door at ten minutes of ten and check in.

RF: Or what would happen?

FL: Well they would ground you and you just didn't get any privileges. You were not allowed after you got off duty.

PM: I have been an actual nurse from the day I graduated. 52 years.

FL: And I've got two more years to go.

PM: And I had about two and, it was more than...

FL: Years before that.

PM: Yeah, two years and about...

FL: Fifty four years you've had or plus.

PM: Four months. Well I'd still be working today if I hadn't broken my hip.

FL: Well we've known each other pre'near fifty years, Pearl.

PM: Just about I think.

RF: Sounds like a lot of changes in nursing.

PM: I really don't know the changes because I haven't went in the hospital.

FL: She hasn't, but I have done til eight years ago, I worked.

RF: What do you think made the major change in nursing?

FL: I think when we started our team leader thing. That was one of the...

PM: I wonder whose idea that was?

FL: I wouldn't know. I think it came with probably somebody who ^{had been} someplace else. I don't really know about that. Because that was one of the major changes as far as I was concerned. Of course now, nurses learned a lot more things. They learned how to read EKGs and do many sophisticated things that you see, we ^{were} never . At my age, about the time I quit, well then, this was a hardship on me. It didn't hurry me to quit, but I never learned then to really be sure that I was, here's some of my EKG stuff yet. Some of these things, I just went on about my way and I actually don't think I expected all these changes of me really.

PM: Well , I myself wouldn't be satisfied to have just a nurse read an EKG for me.

FL: I wouldn't want it. I don't know how much they have pursued that, but it was really very difficult for me to take up something like this. And working on it and be worrying about it, if I could interpret this thing. It just, it was too late for me to take, and I don't know how much they push that now.

PM: If I'm going to pay for an EKG, I'd like a doctor, a cardiologist to read it.

FL: You were supposed to be able to tell various things by this EKG of how the patient's condition was. As you say, you'd want somebody that you knew that they knew what they were doing. And I know that most of them, I wouldn't feel that they were qualified to read it. But then of course we took a sample. I knew enough to take off the sample on the chart ^{put it on} and the time and the date and the doctor could look at it when he came in. See what the changes were. And if things looked too bad, too scambly, you could always get somebody that did know how to read 'em. To tell if you should be... But I suppose I really didn't absorb as many different things. But I did not like team nursing.

RF: Two of you would be responsible?

FL: No, just one. I would be the responsible party. I'd maybe have four people under me that I would assign to do all the things that needed doing and you

know, sometimes ^{there were some things} you felt if you could just get your own hand into 'em you could get better results, like a return flow or something. Dr. Marineau used to say, "Well have Mrs. Lange give that enema." (laughs)

PM: There's a lot of nurses don't know how to give an enema properly. Now this hospital here has not, did not graduate any more nurses after 1928.

RF: Why is that?

PM: They just quit turning nurses.

RF: And how long had they been training before that time?

PM: Well from the time he bought the hospital.

FL: Is that right?

PM: 1892.

FL: Mrs. Gritman kept a diary every day of her life. I don't know when she started. But it would have been invaluable ^{but} when she died, it went with her things to her relatives, didn't it Pearl?

PM: Yes.

FL: It was lost. And it would have been invaluable because she kept a very detailed...

PM: I wrote to her nephew one time who I thought, he was the last one living and I thought he would have it. But I never heard from him. He never answered.

FL: Irresponsible individual. But she used to read me like, now for instance, ^{maybe} I'd only have six patients to look at during the night, don't you see, so there would be time and she was a lady that went to bed about one o'clock, didn't she Pearl?

PM: Oh yes.

FL: Always up and maybe she'd been out playing bridge or something. When she came in, ^{often} times she would read from her diary. She told me lots of things about the early times here. She would go back and look in her diary and I knew that she had this wonderful, wonderful diary.

RF: It wasn't just about things going on in the hospital?

FL: No. It was general things and I thought it was just too bad^{that} it was lost because it would have just told so many things. It was detailed.

PM: She would lots of times jot down who was operated that morning.

FL: Goodness, yes.

PM: But she didn't never put down what they were operated for. But they had surgery that morning.

RF: Would she nurse?

PM: No. No, she didn't actually take, give a patient a bath or anything like that. She was always around to greeting them every morning and lots of times in the evening. And she had charge, she planned all the meals. And she had charge of ordering the food.

FL: Did we tell how much canning and stuff they did during the summer at the hospital? When I came there. Lovely lovely fruit and stuff that they canned down there in the kitchen.

RF: They would put up enough food on the premises to feed the hospital.

FL: Well perhaps fruit.

PM: Everybody.

FL: Everybody that ate there. There would be the janitor and they always had a university boy when I was there. He was somebody who was interested in being a doctor, usually. Ryerson from Spokane was the last one I remember. Pete Ryerson. Oh, Pete would tell us the awfulest stories. He just deviled us to death.

PM: He was a rascal.

FL: Is he an obstetrician?

PM: He's an obstetrician.

FL: He was a great one.

PM: I was down in the kitchen too. I^{worked} all over that hospital, as far as that goes. Before I went in training, you know.

FL: Pearl, who put the food on the trays. Now Anna, when I was there, cooked the

food. She didn't serve it.

PM: No, lots of times the food was sent up to second floor and the trays were there and Mrs. Schmidt would serve the tray.^s

FL: I thought when I was there they just came up.

PM: Already served? Well maybe they had changed.

FL: But you see, I don't really, I'm not sure about that.

PM: No we had that stove, you know.

FL: Yes and then we had that dumbwaiter there.

PM: Yes. And the food would come up on the, in the kettle, it was hot. And she would, we would set it on the stove...

FL: And then serve it?

PM: And then it was ^{just} served right on to the tray. And was really got to the patient quite warm.

FL: Sure it would be 'cause it just came right off there.

PM: 'Cause we just had to step across the hall, you know. Down a few rooms into in order to get it to all of 'em. Now, one lady who is still living out at the nursing home, out at Sam's, and she, some other lady was talking to her, she was gonna come to the hospital and have a baby. This lady had ^{already} been there and had three. And this other woman was wondering if she shouldn't plan on having a special nurse. And this lady who already had three children, she said, "You don't need a special nurse, " she said. "The care that you get here, there isn't any room for any special nurse." So she always felt that she got plenty of attention without a special nurse.

FL: ^{of course} The day of special nurses is kind of over too. The doctor would rather have the nurse on the floor who's used to him and what he does. They'd much rather have them than some rusty nurse that just runs in and out once or twice a year to take care of somebody. We have more things go on from somebody that didn't know. So, the ones that work all the time and that sort of really has phased out. Specialty.

PM: You know, we worked with one doctor. It's much easier. I like working with

one or two doctors. I didn't like five or six or ten.

FL: You get so you know the people.

PM: You get so as you know what they want when they want it. And what type of dressing they will want for a certain case that comes in. And all ^{of} those little things *you have to put on*

FL: Now so the poor rusty nurse that just wants to do specialty once in a while, she doesn't know that. She's at a terrible disadvantage.

PM: And another thing that raises your price up here so much, now they have so many things that they buy that is all disposable. That when we were nursing, those things were used and re-used until they were worn out.

FL: They were just as sterile.

PM: Yeah, *they were just as sterile.*
We had a sterilizer, we sterilized them. And now even they have these little scissors and stuff to remove sutures.

FL: Sure, that's all in a pack. You throw the whole works out.

PM: They aren't worth a darn.

FL: *Those scissors are*
terrible.

RF: But they say they're more sterile?

FL: No, it's easier. We don't have to hire somebody to put them up and run 'em and stuff, don't you think?

PM: I suppose that's the story that salesmen give 'em.

FL: Smart salesman.

PM: And he gets ahold of some gal that has no resistance and she buys it.

RF: It sounds with the cost of these throwaways, you could hire someone cheaper to do the work.

FL: Course they look into all this now, Pearl, I even believe that they think, and when I hear 'em talking, if they had the laundry ^{all} sent in and didn't buy it, they just rent the laundry, the sheets and everything.

PM: They have their laundry down there.

FL: They had to equip that at quite an expense. They have four ^{one} in the

PM: Arent't they using the laundry any more?

FL: But I hear them talk about having services. The time will come when you'll even have food service ^{from} outside the hospital.

PM: But, they try to talk that, ^{those} salesmen tried to talk the laundry people, try to talk me into that, getting the doctors coats and the sheets that we used at the office. I wouldn't go for it at all. In the first place, your towels come back all stained. Lots of stains on 'em.

FL: You just get anybody's towels.

PM: You get anybody's towels. And whether you're not promised that you're going to get your own coat. And I told the doctors...

FL: Don't doctors wear nylon coats though?

PM: Yeah.

FL: Well you see, that eliminates the coats. *Starch coats business*

PM: I was glad to get rid of the starching coats. Not that I had to do them. I always thought the doctors looked kind of uncomfortable.

RF: You nursed in Dr. Armstrong's office. Where was that located?

PM: Down here on Third Street. Third and Jackson in the Medical Arts building. Where Dr. Ayers is now. But, and I think they would have the same thing in your hospital laundry, your sheets and towels and stuff would come back all stained up. Especially if they weren't washed out before they were sent.

FL: They have like on second floor in the ob department, they have washing machines and they put those things in there and they're washed first before they go downstairs. The blood ^{and all} was taken out of 'em before they go downstairs. Sheets really looked nice and all our laundry really looked nice. But for a time I don't think they rinsed them good enough and you made your knees and elbows all sore. I don't know if the others would be any better or not. But ^{they say} there will be a time when the food will be all just catered. Perhaps not down here. Now Pearl, you might get a decent piece of meat.

PM: (laughs) No, but when I think of the expense. Is the person going to be able to pay for it?

FL: No. It'll just all be on the

PM: It'll all be, where the government will be feeding us. We're feeding the government now.

(Comment on a news TV show)

RF: What do you think about the malpractice issue?

FL: I don't blame the doctors in a way for complaining about malpractice. Do you Pearl?

PM: They can't practice without it.

RF: Did doctors worry about that before?

FL: People weren't so quick on the trigger of suing.

PM: You didn't have so many crooked lawyers. You didn't have so many lawyers. You didn't have so many lawyers who were unemployed and didn't know it.

FL: And we didn't have the, people were different.

PM: Oh yes.

FL: Now in *California* the malpractice suits are astronomical.

PM: And the premiums you have to pay, its just terrible. And now, a surgeon, a man who does general practice, his is the lowest premium there is. Then an obstetrician has to pay as much as a surgeon. I don't know why that's the way it is.

RF: Is that implying that doctors are doing a shabbier job?

FL: People are quick on the trigger to sue.

PM: They have to protect themselves. They can do the best job in the world and some person will complain. Because they're not going to pay their bill. Now that's usually the thing. The person who sues the doctor never pays their bill.

FL: AND of course, sometimes they set up situationsⁱⁿ which they can sue the doctors too.

PM: Sure. You wouldn't suspect some people, like some people you see. *that sue doctors*
you wouldn't think that they'd ever think of it. But they do.

FL: Course, once in a while if they leave a forceps in...

PM : I think they've got to show the x-rays showing the forcep.

FL: Ray Harder had a needle left in. A curved needle. But he was a good friend of the doctor's. He wouldn't say anything.

PM: Did he go in and take it out?

FL: The doctor went in and took it out.

RF: That seems easier than suing somebody.

FL: I imagine he didn't receive any bill for the service at all, but now somebody else would have been tickled to death to have that happen to them. They would have been right there at his throat. ^{But} Not this man.

PM: It's just terrible the way things are going. And I don't know how much longer we're going to be able to stand up under it.

FL: We always muddle along somehow Pearl. Don't let it worry you. We'll somehow struggle along.

PM: We got through the Depression on twenty five dollars a month and fifty dollars.
(laughs)

RF: Was that hard to do?

FL: Well it seemed like it. ^{It seemed like} During that time we couldn't pay the milk bill, I remember. And we had a little car and we couldn't buy gasoline for it anymore.

PM: No, my salary, I was getting...

FL: If you had your food, you knew you were going to eat.

PM: I knew I was going to eat. But my salary was just cut in two. When we had the Depression.

FL: But I think the Depression ^{probably} is one of the best lessons you can have for life. If it doesn't last too long. (laughs) I mean, you felt, you know the worth of things.

PM: You know, some people don't have to live the way they do. They're too extravagant with everything.

FL: If they want anything, they get it. They don't realize that there can be a crash. And that all these things fade away.

PM: ^{the}
A banks are going to close on you and your mine that you invested in isn't going to come through(laughs) .

(End of tape)