

February 2004

Margaret Allemang Centre
for the History of Nursing

NEWSLETTER

Feature Article

Evelyn Moritz – Student Nurse
by Evelyn Muller

Evelyn Muller is a member of the Allemang Centre for the History of Nursing. Our last Newsletter presented Part I of Evelyn Muller's memoirs in which she recalled her early days in Germany and her immigration to England and then Canada. Part II continues her recollections of training to be a pediatric nurse.

PART II – Training at the Berlin City Hospital for Sick Children

Night duty at the Berlin City Hospital for Sick Children was an unforgettable part of training to be a pediatric nurse. Two weeks straight of night duty was quite a stretch to get through and I always felt rather isolated from my friends and family. I would not go home during this time because I really needed that sleep during the daytime. If I could not sleep during the day I tried to catch up on my reading.

Nights started on a weekday. We would go on duty in the morning and work until 1:00 p.m. Then we were expected to have lunch and go to bed for a few hours sleep before reporting back on duty at 8:00 p.m. to take over from the day staff. There were no scheduled breaks during the night because there was no float or relief nurse scheduled. So when we reported on duty at 8:00 p.m. and got report on our little patients we were in charge for the night.

On nights we were responsible for the entire floor. One staff nurse was on duty and in charge of the entire hospital. We would call her if we needed help or advice and she was available for trouble-shooting. She usually did her rounds of the hospital in the evening and in the early morning hours. At the change of shift she had to leave a written report for matron and also give her a verbal report at that time.

Hopefully the children were asleep when I came on duty. The younger ones usually were. Supper was given at 5:00 p.m. and everybody got settled in bed by 7:00 p.m. The older boys and girls were allowed to talk and read for a while. The nurse who remained on duty for the evening had to make sure everybody was in bed and settled before she gave report to the night nurse.

On my very first night duty I was in charge of Station 5 which was a tuberculosis station. I had to look after a boys' room, a girls' room and a toddler room with about 10 to 12 kids per room. I always hoped that those kids were fast asleep by the time I came on duty. It did not always happen, especially during the summer when the days were longer and the older boys and girls did not feel sleepy. The children were not really tired—but remember *Rest* was one of the main treatments for TB at the time. Sometimes some persuasion was needed to stop the talking. At times maybe one of the children had to be taken out of the room for a while to give the others a chance to go to sleep. Taking the child back to bed once the rest of them were asleep usually solved the problem.

When everybody was sleeping I would sit in the

office and catch up on the daytime charting. Temperatures and pulses had to be transferred from the temperature books to the graphic sheets. I also had to prepare the different report books, temperature books, medicine lists and treatment books for the next day—drawing lines and writing in names and numbers. During the day, temperatures, weights and treatments were recorded in individual books in each room.

At 10:00 p.m. temperatures that had been elevated in the afternoon had to be checked again; the toddlers had to be pottied and changed, and then settled to sleep again. Usually, there were no treatments to be done during the night. I mainly had to do frequent rounds to check if everybody was sleeping. Understandably, although there was not all that much to do during the night, there was not really a chance to relax at any time. After all, these were sick children and anything could happen at any time.

In 1947 we experienced an epidemic of poliomyelitis in Berlin. This was a very scary time for me, in my second year of training. The hospital had an isolation ward separated from the rest of the building by extra doors. All staff had to wear gowns and masks and wash their hands thoroughly before entering and leaving the rooms. There was no way to prevent the infection at that time, apart from cleanliness, of course. The polio vaccine had not yet been discovered and the medical treatment of the acute cases consisted only of intraspinal injections of sulfa. For a period of three months I did not go home to my family for fear of bringing the disease to my younger sister and brother.

The isolation wing had four rooms on the ground floor and three rooms upstairs, each with 10 to 12 cots. We only admitted acute cases there. After passing that stage they would be transferred to a rehabilitation hospital for physiotherapy and further treatment. Our hospital had no iron lung; in fact there was only one iron lung in the entire

city. There was no oxygen in the room and only ONE NURSE on duty in the entire wing at night.

This meant the entire night shift was spent walking from one room to the other, checking to see that each of 86 little charges were still breathing. There was no time for a break.

One night when I was on duty, a toddler began to experience severe dyspnea. There was no oxygen in the room and I carried the child out to the balcony to, hopefully, ease his breathing. When the doctor arrived there was nothing she could do either and the little boy died in my arms. I was the only nurse on duty, so the doctor had to watch over the remaining children while I carried the little boy down to the morgue in the basement. This was well before the advent of intensive care departments which were started in Canada in 1961 and in Germany in 1972.

Day shift on this station involved bathing all of the children and splinting their limbs to prevent deformities. We used simple wooden splints and bandages. Most children got daily injections of sulfonamide into the spinal canal. We had no other available treatment for poliomyelitis in post-war Berlin. Because the infection was thought to be spread through body fluids and secretions all waste had to be dumped into large vats filled with a strong chlorine solution and could not be drained into the city sewer systems.

You can imagine what a pleasant task that would be. Food leftovers also had to be dumped into those vats.

Remarkably, I survived without contracting the disease!

Our hospital did not have a surgical department, so student nurses had to be sent to the nearest women's hospital which was attached to the University of Berlin. This meant walking 40 minutes to get there for 7:00 a.m. As usual two of us were assigned at the same time.

It was in this women's hospital that we were introduced to post-natal and post-operative care.

At the time people were not mobilized as soon after confinement or surgery as they are today.

After giving birth, mothers were kept in bed for 7 to 8 days, and only allowed to dangle their legs over the side of the bed on the 5th or 6th day.

Large abdominal binders were applied after delivery and had to be readjusted during the day to keep them firmly in place. Mother and baby were discharged after one week if everything was normal and no fever occurred. Mothers were not allowed to have a bath for 6 weeks after delivery! Instead the nurse gave them daily douche-swabbings with a douche-can and mild antiseptic or saline solution while sitting on a bedpan. They were swabbed dry with sterile swabs afterwards and given a fresh pad.

In the afternoons we were sent to the post-op room (recovery room) to watch over patients coming out of the anaesthetic. This was not easy either in those days. Open ether anaesthetics were used and people regaining consciousness were often very sick. They were vomiting, thrashing around and quite confused for a while. It was our job to make sure they didn't hurt themselves or fall out of bed while (literally) fighting back to consciousness. Very often it was the nurse who came home full of bruises, obtained while trying to restrain her patient physically.

After abdominal surgery, patients had to put up with having a sandbag under their abdominal binder, on top of the suture line. This was prescribed to prevent post-operative bleeding and must have been very uncomfortable. The sandbags were left on for 24 to 48 hours. Post-op patients were also kept on complete bed rest for 8 days.

This was the only time I saw this kind of practice. I guess by the time I started my general training in England patients were mobilised much earlier after surgery or confinement—almost immediately sitting up in a chair for bed-making! Today, of course, patients are expected to go to the bathroom

and do their own care. How amazing to look back and see such incredible changes in nursing care within the span of one's own career.

NEWS ITEMS

Awards and Special Recognition

TRILLIUM AWARD 2004

We are pleased to announce that the Allemang Centre for the History of Nursing was successful in receiving an award from The Trillium Foundation in the amount of \$6100. The funds are to be used mainly to archive and catalogue the holdings of the Centre in order to make the information more accessible to the public. Paul Gardiner, a student, has been hired and has already begun work on the materials stored at Bridgepoint. A report on our use of the funds must be submitted to Trillium by January 2005.

Our sincere thanks to Elizabeth Kovac for her hard work and determination in resubmitting the original proposal, which was rejected.

ATKINSON CHARITABLE FOUNDATION'S ECONOMIC JUSTICE AWARD

Cathy Crowe, street nurse and Allemang Centre member was presented with this award in recognition of "her tireless and passionate work on behalf of society's most marginalized persons". She is the third recipient of the honour, which provides a stipend, research support and other expenses up to \$100,000 per year for 3 years. She will be based at the Sherbourne Health Centre in Toronto. Her goal is "...to witness and expose some of the problems and issues that I see, translate them so that people understand them, and work to inspire Canadians from across the country to get a national housing program".

MCMASTER FACULTY RECOGNITION

Alma Reid, a long-time director of the McMaster University School of Nursing, was recently inducted into the McMaster *Community of Distinction*. Dr. Andrea Baumann, Associate Dean of Health Sciences (Nursing) presented the nomination stating, “Dr. Reid’s distinguished career exemplifies the vision, innovation and excellence that are the hallmarks of McMaster University”.

Dr. Reid was Director of the McMaster University, School of Nursing from 1949-1970. Due in large part to her recruitment efforts, the enrolment increased from 40 to 190 students. Throughout her career Dr. Reid has contributed to the profession of nursing and education not only within McMaster University, but provincially, nationally and internationally. She has assumed leadership roles in many professional organizations such as the Canadian Nurses Association, The Canadian Nurses Foundation, the Canadian Association of University Schools of Nursing, the College of Nurses of Ontario, the Registered Nurses Association of Ontario (RNAO), and the Victorian Order of Nurses for Canada. Her wisdom, dedication and leadership have been recognized as the recipient of several awards: Honorary Doctorate and Professor Emeritus, McMaster University; Commonwealth Prestige Fellowship, New Zealand University; Honorary Life Membership, Canadian Red Cross; and Honorary Life Membership RNAO.

Perhaps most remarkable about Dr. Reid’s legacy is her reputation for an inclusive, visionary leadership style. Colleagues and students alike will attest to her extraordinary skills in fostering a climate of respect, collaboration, and excellence.

The interdisciplinary collaboration that is the foundation of the Faculty of Health Sciences is a testament to Dr. Reid’s dedication, vision

and leadership. Her outstanding contributions are meritorious of this honour.

Ethel Johns

The recent issue of *The Canadian Journal of Nursing Leadership* (vol.16 #4) features an article on Ethel Johns highlighting her 1925 study for the Rockefeller Foundation on the status of African-American women in nursing in the United States.

Johns had an outstanding career in nursing in Canada notably as the first Director of Nursing at the University of British Columbia (1919-1925) and as editor of *The Canadian Nurse* (1933-1944). The author Sonya J. Grypma of the Faculty of Nursing, University of Edmonton wished to highlight John’s commitment to social equality. Her belief that nursing “should transcend cultural differences” is just as significant for nursing today as in her time.

OBITUARY

Helen Carpenter: Public Health Nurse and Educator

Helen Carpenter, a distinguished public health nurse, and former Director/Dean of the Faculty of Nursing, University of Toronto, died in Toronto on December 21, 2003 in her 92nd year. Helen was a long-time member of the Allemang Centre. She had particular interest in the history of nursing education and published work in this area.

Born in Montreal but raised in Vancouver, Helen was a first year Arts student at the University of British Columbia when, in 1929, her family moved to Toronto. She applied to the Toronto General Nursing School, but was encouraged by Director Jean Gunn to try the University of Toronto’s four year “non-integrated” course. Helen found this “experimental” program, where the university students were fast-tracked into second year at TGH, quite a challenge and she felt a

considerable pressure to succeed. She graduated in 1933 and worked for a year in a Red Cross outpost hospital. She then spent six years with the Victorian Order Nurses in Toronto becoming assistant to Director, Ethel Cryderman. Helen admired Miss Cryderman whom she considered a strong leader and who, like Kathleen Russell at the University of Toronto, had a strong influence on her career. After further experience as a public health nurse consultant in British Columbia, in 1945, Helen was made Superintendent of the East York Leaside Health Unit and received a Rockefeller Foundation fellowship to study for a master's degree at the Johns Hopkins School of Public Health. She was one of two nurses in a class of physicians. The East York Health Unit funded by the Rockefeller Foundation, had been set up in 1938 to serve as a rural field-training unit for the U of T Schools of Nursing and Hygiene (East York was considered rural at the time). As Superintendent, Helen worked closely with the School of Nursing and, in 1948, was asked to join the full-time staff of the school. She remained there for the rest of her career, teaching and engaging in research in public health nursing.

In 1962, Helen was appointed the third Director of the U of T School of Nursing, a position she held for ten years during a time of major change and expansion of the School. At the same time, she was sought as an overseas consultant in nursing education. During her time as Director, her proudest accomplishment was the establishment in 1970, of a master's program, a lengthy, hard-fought struggle with university authorities to gain academic credibility for nursing. She continued teaching following her tenure as Director until retirement. A major task of her retirement years was the publication in 1982 of a monograph on Kathleen Russell (*A Divine Discontent: Edith Kathleen Russell: Reforming Educator*). This is a valuable resource for those interested in the history of university nursing education.

Note: Much of the above information is from interviews Helen gave to Lynn Kirkwood in the early 1980's.

Judith Young

Keep These Dates

April 3, 2004 1500 hours
Next meeting of the Allemang
Centre -RNAO Boardroom

Board meeting 1330 hours

General meeting and presentation 1500 hours

Adeline Falk-Rafael will present "From rhetoric to reality: The changing face of public health nursing in Ontario". Adeline is currently President of RNAO and teaches community health nursing at York University. She has held various nursing positions including staff nurse, administrator, and for the past 11 years, nursing educator.

She has received numerous awards including the Marjorie Stanton award for nursing theory research, D'Youville College, Buffalo, NY; an award for leadership from Sigma Theta Tau, Iota Omicron chapter; and awards for leadership in nursing education and political action from the from RNAO.

May 15, 2004

A Party for Margaret Allemang

Help celebrate Margaret Allemang's 90th Birthday. Further details to follow by invitation.

Membership Renewal 2004

Have you renewed?

If not, please remember to do so. Share this newsletter with a friend and encourage them to join as well. Increased membership can help provide the funds to engage in more projects and retrieval of nursing history

artifacts.

Upcoming Conferences

CANADIAN ASSOCIATION FOR THE HISTORY OF NURSING/ L'ASSOCIATION CANADIENNE POUR L'HISTOIRE DU NURSING will hold its annual conference at **York University, Toronto, Friday 11 June to Sunday 13 June, 2004.** There will be a special student rate, and rooms can be booked in the York residences as well as in the conference hotel. Registration form attached. See: www.ualberta.ca/~jhibberd/CAHN_ACHN

CANADIAN SOCIETY FOR THE HISTORY OF MEDICINE will hold its **Annual Conference** at the University of Manitoba, Winnipeg on June 4-6, 2004. The conference theme will be "Confluence: Ideas, Identity, Place." For further information about the conference please visit the CSHM website at meds.queensu.ca/medicine/histm/ or contact the Conference Chair, Dr. James Hanley at j.hanley@uwinnipeg.ca

Editor Newsletter

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Allemang Website

Please visit our website at: www.allemang.on.ca

History of Nursing Writing Prize

The Allemang Centre is offering a prize of \$300 for the best essay in the history of nursing written by a student in the year September 2003 through August 2004.

Criteria for submissions:

- 1 The paper may deal with any topic in the history of nursing in any period and in any country.
- 2 Papers should be a minimum of 8 pages, and a maximum of 25 pages in length including footnotes.
- 3 Both undergraduate and graduate students may submit.
- 4 The student must be enrolled in a university or community college in Ontario. Students **from any faculty, including nursing, social science, humanities and science,** are invited to apply.

The deadline for submission is August 31 2004. The prize will be awarded on October 1 2004.

Papers may be submitted either by e-mail or in hard copy. Electronic copies should be in either Microsoft Word or Word Perfect and include academic affiliation, address, telephone and fax numbers. Students submitting in hard copy should send three copies. The first copy should have the name, academic affiliation, address, telephone, fax and e-mail. The remaining two copies should have no identification.

Please send papers to the vice-president of Allemang Centre:
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