



The *Great* Canadian
Catholic Hospital History Project

Documenting the legacy and contribution of the
Congregations of Religious Women in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.



Projet de la *Grande* Histoire
des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

Recollections of a Woman in White

Recollections of the nursing school of Holy Family Hospital, Prince Albert

by
Alice M. Lalonde

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**RECOLLECTIONS
OF
A WOMAN IN WHITE**



**by
Alice M. Lalonde, R.N.**

Some things (events) crystallize in your memory, and stay forever.

This book is filled with such memories.

RECOLLECTIONS
OF
A WOMAN IN WHITE



Dedication, hard work, tears, fears
and
not without humor.

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Thanks to Sandra Mangatal for untangling my photos and pages of manuscript, for typing and putting it all together to bring forth this book.

DEDICATION

- To the Sisters of Charity of the Immaculate Conception of Holy Family Hospital Training School,
 - To all women and men in the nursing profession,
 - Especially to the Class of '46
- and
- Most of all to my husband Vic, my son Giles, and my daughter Vicki who made do without mom when mom worked in the "hospital", I humbly dedicate this book in affection and gratitude.

Alice M. Lalonde R.N.
(Inactive #005360)

OUR MOTTO:

"Semper fidelis" (always faithful)

OUR COLORS

Dark Blue
Pale Blue

OUR FLOWER:

The Rose

OUR INSPIRATIONAL SCRIPTURE:

"Whatever you do to the least of these, My brothers and sisters, you do also unto Me".

Matthew 25:36-40

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FOREWARD

May 19, 1994: I deliberately chose this day to begin writing my nursing recollections because it was on this day, forty eight years ago that the Class of '46 (of which I was one) graduated from the Holy Family Hospital School of Nursing in Prince Albert (almost half a century ago). Since I did not keep a diary, I am going to have to dig deep into my memory trunk to bring these recollections to the surface.

I am going to begin with the day I made my final decision regarding selection of a nursing school and take you through my "Probation Period", my Junior, Intermediate and Senior Year, Graduation, Registration, History of The Nursing School and my Life after Nursing School.

Working in a profession that deals with life and death on a daily basis changed me profoundly and I learned very early in my nursing career that nothing in this world is for certain, least of all forever and because of this I became spiritually very close to God.

Where else but in a hospital ward are the joyful dramas of birth and life and the sorrowful dramas of death and dying witnessed very often simultaneously. I will therefore attempt to unfold this very extraordinary period in my life of sometimes chilling, frightening, sorrowful and sometimes laughable kaleidoscope of events that were part of my life as a hospital nurse. I only hope that I can disentangle them in my memory so that my story will evolve clearly and precisely as the events occurred and that the reader will journey with me through a span of thirty years or so and learn something of the many strands from which a nurse's life is woven and interwoven with the lives of those entrusted to her care.

All patient's names are fictitious. Where necessary to protect confidentiality doctors' and nurses' names have been changed.

Alice M. Lalonde, R.N.
May 19, 1994
Prince Albert

I SELECT A NURSING SCHOOL

Every evening after work at Adilman's Department Store in Saskatoon, I would study the brochures I obtained from the various nursing schools in Saskatchewan - mainly St. Paul's (Saskatoon), Grey Nuns (Regina), Providence (Moose Jaw) and Holy Family (Prince Albert) I narrowed these down to St. Paul's and Holy Family. Because I made so many wonderful friends amongst my coworkers in the department store, my social life in Saskatoon was a full one - parties, dancing, dates and movies. I knew that I had to distance myself from this very happy part of my life in order to apply myself whole heartedly to my studies. I therefore filled out an application form to the Holy Family Hospital Nursing School in Prince Albert, enclosed the required photo of myself (I wish I could see it today) and without further delay, ran out and mailed it.

Shortly after, I received a letter of acceptance from Sister Symphorosa, the then Director of the Nursing School. As I unfolded her letter, a small card fell out. I picked it up and this is what I read:

"Whatever you do to the least of these, My brothers and sisters,
you do also unto Me".

Matthew 25:36-40

In silence I re-read these scriptural words until their meaning became embedded deep within my 18 year-old-heart and they were to become my inspiration throughout my entire nursing career and indeed throughout the rest of my life.

FAREWELL TO FAMILY AND FRIENDS

So it came to pass that on a cold and frosty day in January 1943, I bade farewell to my friends in Saskatoon and boarded a train for home (Vonda) to pack my belongings and prepare for nursing school. To this day, my most painful memory is of my roommate Rose, standing on the station platform in Saskatoon. Tears were streaming down her face as she waved goodbye and as the train lurched forward and started to move away, I watched her from my window and waved back until I could no longer see her. I did not know then that I would not see her again. Years later, when news of her death reached me, I was sorry that I never told her how much I loved her for being such a wonderful friend. (A LESSON TO ALL)

Rose was very dear to me - a real friend. We both came from the same small town and after graduating from high school we left for the "BIG" City of Saskatoon (to us it was a bustling metropolis). Hand in hand we walked to familiarize ourselves with the city's streets and avenues looking for a job.

We washed dishes, we waitressed in hopes that something better would soon come along. It was during World War II and restaurants were doing a booming business what with all the service personnel coming and going. These were the days when every eating establishment in the city had a juke box and it was playing all day long and in some places all night long. All one had to do was to select one's favourite record, insert a coin and the machine would automatically oblige. Frequent selections were "Roll Out The Barrel", "Don't Sit Under The Apple Tree", "Now Is The Hour", "Underneath The Lamp Light", and "The White Cliffs of Dover" a song that Vera Lynn sang so well and made famous. Of course these were all war songs suited to the occasion and it was not unusual to see a group of young servicemen holding hands with their girlfriends plugging nickels into the juke box. I would come home from some Greek restaurant where I worked to our tiny apartment with these songs reverberating in my ears.

While working in the restaurant during the day, I went to "night school" and took a typing course. I have always had a poor sense of direction and especially in the dark. One night, after school I took the wrong turn and got lost. Fortunately, a nice old gentleman guided me in the right direction. I came home later than usual that night and my roommate Rose was "worried sick" about me. After that I was very cautious.

One day, on impulse, I walked into Adilman's cool department store (it was a hot day), talked to the manager and got a job as sales clerk effective the following day. Because I could speak more than one language I was an asset to the store. Moe Adilman was my boss. He was a wonderful person and very considerate of his staff. I worked with a large group of girls (most of them were my age), it was delightful. I enjoyed working at the store so much that I was anxious to get up in the mornings just to go to work. We all became like one big happy family.

Six months later, when I told Moe that I was leaving for nursing school, he offered me higher wages but I was determined to go. I still remember him saying, "Alice, if things don't work out for you - you will be welcomed back anytime". I was very touched. By this time Rose was doing well and earning good wages. We were both happy and content and our parting was very traumatic. I have had many friends since but Rose was the best friend a girl could ever wish for.

I saved enough money to replenish my sparse wardrobe with some casual clothes and a few pretty dresses but I was no where near the \$65.00 I needed for my tuition fee to enter nursing school. Today, this amount is a drop in the bucket - in those days it was a lot of money. Needless to say I had to have financial help which I did and to this day I am thankful to those in our family circle who made it possible for me to realize my dreams come true. We were of modest means financially and it was only when I became a parent myself that I realized how my mother must have scrimped and saved to put me through school.

I ARRIVE AT THE NURSING SCHOOL (January 10, 1943)

Once again I said goodbye to my parents and to my remaining siblings still at home. I did not know then that I was also saying goodbye to a life style as I had known it thus far.

January 10, 1943, suitcases in hand, I boarded a train in Vonda which was to take me to Prince Albert. It was a bitterly cold day but I was so excited I did not feel the cold. It was my first trip to this city.

During the train ride I made a mental check-list of items that I as a potential student nurse was required to bring - white nursing shoes with silent soles, white lyle or cotton hose (nylon stockings were a rare commodity during the war years - they made parachutes instead), name tapes to identify my clothing and later my uniforms, face, hand and bath towels, various personal toiletries and money.

I was wearing a short (styles were knee length) black and white checkered wool skirt, a red wool pullover sweater, black high heeled shoes and a black fur coat. To this day I do not know if the fur was fake or real since it belonged to my sister Mary. Whatever it was, the coat looked luxurious and I suspect the girls at the residence thought I was "Miss Rich". My hair was done up Shirley Temple style, my nails were polished a glossy red (a no-no for nurses I was soon to learn).

A taxi brought me to the entrance door of the nurses' residence. I looked at the building -it was not what I had expected. It was a modest three storey (four with the attic) frame structure painted white with a green roof. By todays standards it would be considered a fire hazard, however it served us well and was home to us for the next three years.

I cannot remember what thoughts went through my mind as I stood there facing the closed door of the old residence. With a great deal of determination, I raised my red tipped forefinger and pressed the door bell. As I waited for the door to open I had absolutely no concept of how profoundly altered my life was to become. When the door opened I was looking into the kind, smiling, tired face of Sr. Symphorosa, the Director of the Nursing School. She appeared to be about 50 years old, of medium height with a small frame and was dressed in the white work habit of the Sisters of Charity of the Immaculate Conception. She invited me into her office and I had my first face to face interview. Sister spoke with a thick French accent and every now and then her loose dentures would wobble and click as little bits of spittle formed in the corners of her mouth and inadvertently sprayed the space between us as she spoke momentarily distracting me. I was to love this kind nun as did all my classmates. She was almost like a mother to us.

Following the interview we toured the residence. I was introduced to Miss Zakus who was to be our instructress in Anatomy and Physiology, Practical Nursing and Drugs and Solutions. She was a very good teacher and a gifted artist. Her illustrations on the black board were perfect and she could bring it all across to us in such a way that it stayed in our memory. In other words we understood our teacher well. Miss Zakus was a slender white uniformed young woman with a charming smile. Her complexion and teeth had that "tell-tale" tinge of a heavy smoker.

I was then introduced to my first classmate who arrived that morning. Her name was Miss Olson (we later nick named her "Ollie" and it stuck). She was a cheerful, somewhat chubby girl about my age, very friendly and I liked her immediately. We became, and still are the best of friends. The remainder of students arrived at different times throughout the day. Students were enrolled twice a year. The January enrolment was always small (my class), the September class was always large. The two classes merged academically at a later date and graduated as one class. Graduation was always held in May.

Back to touring the residence. Sister Symphorosa's office was on the first floor as was the general reception room. The walls of this room were lined with pictures of previous graduates dating as far back as 1921, thus I could see the evolution of the nursing uniform and the nursing cap.

We descended a narrow stairway to the basement floor which was the main residence for students. It was like descending into an entirely different world - a world of WHITE. I was facing a long rectangular room painted white. There were 2 long rows of white porcelain sinks (back to back). Above each sink was a long mirror. Beneath was a drawer for personal toiletries. To the right, each side of the wall was lined with rows of white lockers. This is where I was to unpack and hang my clothes. My trunk was taken to the storage room. Each locker was already marked with the incoming student's name. When enrolment was heavy, locker space was shared between two students. At the end of the room was a huge trolley piled high with freshly laundered and starched nurses' bibs, aprons, belts and basic uniforms. These uniforms had blue stripes running vertically on a white background (the blue was predominant) and I later learned these basic uniforms were called "our blues". Next stood another large trolley, this one piled high with ready to use Kotex pads (free)!!!

I looked around me. White uniformed student nurses were either ascending (going on duty) or descending (coming off duty) the narrow stairway. Their stiffly starched uniforms made a rustling sound as they walked leaving behind them a faint smell of ether and disinfectant which immediately invaded my nostrils. Indeed, the entire residence seemed to be impregnated with this so called "hospital smell". But it was the "whiteness" of it all that overwhelmed me. It was almost hypnotic and in a way frightening and for a moment I felt like I was in an alien world - a world of white, inhabited by women in white. An acute feeling of homesickness flooded every pore of my being and the need to see a familiar face was overpowering. I became aware of Sr. Symphorosa standing beside me. She was smiling and prompting me to follow her to the nurses' lounge.

Hospitals have long since abandoned the "whiteness of it all". Hospital wards today are wall papered or painted in warm homey colours. Patient's bedspreads and nurses' uniforms are in pastel pink, blue, yellow, etc. Operating room linen and indeed the entire operating room staff are now dressed in green. Research has shown that white has an undesirable psychological effect on patients and especially on children. With regards to my initiation into the world of white, I sincerely believe this to be true.

We entered the nurses' lounge. Here the whiteness was broken by the cozy, colourful sofas, chairs, furnishings and the street clothes of students off duty. They were in various forms of activity — writing letters, reading, listening to radio (there were no T.V.'s in those days). Others were just lounging around resting - one was sound asleep. Some students obviously just off duty were still in uniform. One girl was aimlessly picking a tune on the piano. At once (as if on cue) all students stood up as Sr. Symphorosa entered. I was later to learn that this gesture of respect was done routinely.

We left the lounge area and ascended the same narrow stairway back to the first floor and into the dormitory where rows and rows of narrow metal framed white beds were squeezed in all along the perimeter not unlike an army barracks. The headboard of each bed was covered with pretty pink heavy cotton material sewn to display a large pocket for storing books, magazines, letters etc. I also used this pocket to store my metal curlers and after curfew (9:30 p.m.) and lights out I became expert at rolling my hair in curlers in complete darkness.



Student Nurses' Dormitory

I noticed that some beds were neatly made while the linen on other beds were neatly fan-folded towards the foot of the bed. I was later to learn that this was done routinely immediately upon arising to air out the linen and at the first opportunity (usually after breakfast or lunch) they were neatly made up. Unbeknownst to us, these beds were periodically inspected and if found "sloppy" or if the corners were not "just so" the offender was brought in to remake her bed. Even putting on a pillow slip was an art in itself. I was called back once. (To this day, all beds in my home are made up with utmost precision and with neat hospital corners). Beside each bed was a standard size window. I was later to learn that in the winter time they could become drafty and cold. Many mornings I found ice crystals in my glass of drinking water which I kept on my window sill. These windows also came in very handy during summer time when some of the more daring students used them to climb out and go on prearranged dates.

We toured the kitchen and dining areas. There were rows of long rectangular tables covered with white tablecloths and at each seating rested a large napkin in a napkin holder. The dining room was silent except for voices and pleasant cooking smells coming from the kitchen. It made my mouth water and I realized I was becoming hungry. At the end of the dining room was an enclosed area containing several small round dining tables. This is where the registered nurses ate (as if eating with us students would somehow diminish their stature). For meals we stood in line (cafeteria style) took our tablespoon of cod-liver oil (if it was breakfast) sucked on a piece of lemon and went on to receive our platter of food which we carried to our allotted place at the table. Meals were generally fairly good although a bit heavy on starches. At bedtime, however, I was often hungry. I remember snacking on dry crackers long after "lights out". It was a real treat to receive a "care package" from home. Led by Sr. Symphorosa grace was said before each meal. Sister would then leave to take her meal at the convent. We said grace after meals by ourselves.

Nurses' training, I was to learn was regimental, rigid and strict. Through the years it has undergone many changes one of which was the closing of training schools in hospitals thus ending the three year program and replacing it with a two year program at Kelsey Institute in Saskatoon.

Back to the tour - it was soon to be supper time and I was to experience my first meal at the nurses' residence - unfortunately I remember nothing of it except that it was then that I met Miss Jacobson and Miss Dewey who were to be in my class and who along with Miss Olson were to become my best friends. Among the student body we became known as the "foursome". To this day we keep in touch.

After supper it was chapel time, benediction and recitation of the rosary. It was a long and somewhat bewildering day. That night in the dormitory, I slept the sleep of the exhausted.

I AM A PROBATIONER

(January 12, 1944 to April 12, 1944)

All new comers, for the first three months of training were called "Probationers".

The next morning we were all scheduled for complete physicals. This was done notwithstanding the fact that our family physicians back home had already examined us as a prerequisite for entrance into Nursing School. No doubt they wanted to double check and make certain that we were in tip-top shape for this demanding career. Sister Symphorosa accompanied us to the examining rooms. We were told to strip completely and were given those "open-back" hospital gowns. I covered my behind with the flap of the gown and waited my turn. The wait seemed interminable. At last my name was called. All went well until I was told to stand erect - feet slightly apart and my back to the doctor. I didn't think I was hearing right when he told me to bend over and touch my toes but of course I did and as I bent forward my gown fell away and completely exposed my private anatomy. Being naturally modest and shy I found this extremely embarrassing and it was a real blow to my dignity. Later on I had difficulty facing this man who was physician to the entire nursing personnel. It was all in a days work for the doctor, but for me, a new recruit, it was one of the most demoralizing moments of my life.

The next few days we were so pre-occupied with our new environment and daily routine that we all but forgot our physicals until one day Sister called us into her office and told us we all passed (we were a healthy lot). We were very jubilant and that evening enjoyed the initiation party the Senior students held for us. Thus we were welcomed to the fold.

As probationers our daily routine was somewhat as follows:

6:00 a.m.	Wake up time - fan fold bed linen - go downstairs - wash, dress get ready for morning mass
6:30 a.m.	Attend mass in hospital chapel (Catholic students)
7:00 a.m.	Breakfast
7:30 a.m.	Run upstairs and make up bed
8:00 a.m.	Classroom instructions with recess in between
12:00 noon	Dinner
12:30 - 1:30 p.m.	Relaxation period
2:00 - 6:00 p.m.	Classroom instruction and lectures with recesses between
6:00 p.m.	Supper
6:30 p.m.	Rosary recitation in hospital chapel (on feast days we attended Benediction as well)
7:00 p.m.	Evening class
8:00 - 9:00 p.m.	Study period
9:00 p.m.	Prepare for bed
9:30 p.m.	Lights out

When we started going on hospital wards, this routine, to some extent, altered.

Often I didn't have time to curl my hair before "lights out", so I did it in the dorm in bed in the dark. When I combed it out in the morning it looked just fine. We all had to wear our hair short enough so that it did not touch our collars. When my hair grew too long and I didn't want to cut it I styled it in a "rat". The young women of today will not know what I am talking about but most women who were in the military during World War II and who also had to wear their hair above the collar are well acquainted with the "rat". It was simply a soft roll approximately 8-12 inches in length made of "hairlike" material over which we rolled our hair up (to the desired length). Thus we could have short hair without cutting our long tresses. It was a life saver especially when I was just too tired to curl my hair.

As probationers, the majority of our time was spent in the classroom. One of the first subjects taught were the principles and practice of nursing. We were told to keep in mind that the basic idea of nursing is to help the patient to attain and maintain health or to secure freedom from pain and discomfort when return to health is not possible. Not only were we taught to attend to the patient's physical needs but their spiritual needs as well.

As we all know, the nursing activities of the nurse of the 1990's are far different from the activities of the nurse of the 1940's but the basic principles remain the same.

In the main classroom we had a life size "dummy". We called her Peggy Ann. She was used in teaching the various nursing procedures and we practised on her almost constantly. Peggy Ann must have been relieved when night came and she was rid of us. We gave her hypodermics, baths, mustard plasters, hot water bottles, back rubs, changed her linen etc. We used each other to learn how to take temperatures and pulses for obvious reasons - Peggy Ann had no pulse.

One day we were taught how to give a "soap suds" enema. In those days there were no "Fleets", in fact there were no short cuts to anything. We would fill a quart size enamel enema can with tepid water and with a pair of tongs swoosh a bar of green soap around until the water became "sudsy". After many supervised practices on wards our instructress was confident that we knew this procedure well and were capable to do it on our own. This is a narration of one student's experience:

"I approached my patient and after explaining what I was about to do, I positioned her the way we were taught. I was nervous and as luck would have it I gave the enema into the wrong hole (she laughs). To be sure, my patient had a clean vagina, but it did nothing for her constipation. Later on, I had to prepare another enema and this time my supervisor made sure that I gave it in the right orifice."

As probationers, we often went on wards to give bed baths, change patient's linen, and frequently just to rub patient's backs. Excited with our new learned skills, we would hurry to the elevator with our little baskets flung over our arms (like "Little White Riding Hoods"). Besides rubbing alcohol, our baskets contained a small whisk broom which we used to sweep

the crumbs off patient's draw sheets. We rubbed many backs. Indeed, rubbing backs was so important that one student who failed to do so whenever she got too busy, was promptly expelled from the training school.

Soon we were measured for our blue striped uniforms "the blues" which we wore for the remainder of our probation period. Prior to this, whenever we went on wards we simply wore a white hospital gown over our street clothes. Our "blues" had stiffly starched white cuffs, sewn in self belts at the waistline and very stiff detachable white collars. Like an ill fitting shoe rubbing on a heel, these stiff collars rubbed the sides of our necks. Our skin turned red, thickened and hardened eventually producing a brownish discoloration. At this stage the skin became insensitive to the friction. I had this brownish patch on my neck long after I no longer wore the collar.

All our classrooms were located in the hospital basement, one was right across from the morgue. To get to class from the residence we went through a long, dark, poorly ventilated tunnel. However it was more convenient and took less time than the outdoor route, especially in the winter time.

Sr. Irene taught us Bacteriology (Sr. Irene was one of my favourite nuns). She was young with a pretty face, clear skin and had a sad, pensive, far away look in her wide apart large blue eyes. Her dimples were invisible but surely there when she smiled. She told me (long after I came to the school) that the first day she saw me in class, I reminded her of her sister - I so much resembled her. One day she called me into her office and showed me an 8x10 photo of a very pretty girl (the sister) - I saw no resemblance to me whatsoever.

During Bacteriology class we were sometimes taken to the Lab to see samples of blood, urine etc under the microscope. We learned to identify red blood cells, white blood cells, certain bacteria etc. One day, just out of curiosity I pulled a hair from my head and was astonished to see what a hair follicle actually looks like.

One day Sr. Irene asked three students to scrub their hands thoroughly with soap and water and one student to leave her hands unwashed. Then they were each given a petri dish containing a culture media. All four students (I was one of them) were instructed to touch the culture media with their fingers. Sister meant to demonstrate that clean hands carry no bacteria, however this experiment somehow "back fired". In a day or so we checked the petri dishes - lo and behold the petri dishes that were touched with clean hands grew numerous bacteria, while the one that was touched with unwashed hands grew no bacteria whatsoever. Although this puzzled us we had a good laugh - we did not repeat the experiment.

All our classrooms were heated by steam (long pipes running parallel to the ceiling and walls). Very often these pipes would suddenly "spit" and rattle and make earth shattering noises. When this happened, the lecturer had to stop (in mid sentence) and wait until the pipes "piped down".

Probationers - February 1943



In Hospital Gowns

(l-r me, Miss Dewey (Louise), Miss Olson (Ollie), Miss Jacobson (Gladys))



In our basic uniforms (the "blues") with the stiff collars and cuffs

One of our classrooms was home to an authentic human skeleton. It was completely intact and hung from a peg in a corner closet. The closet doors were opened only during Anatomy and Physiology classes. Before an exam I often came here alone at the end of the day to study. Holding hands with the skeleton I memorized all the bones - I knew them like my ABC's. I remember them to this day (well - most of them). Anatomy and Physiology was one of my favourite subjects. The skeleton had a name but it escapes me now.

One day my dear mother came to visit me. I was so happy to see her. Sister Symphorosa embraced her, then told me to take her on a tour of the hospital and residence. I must have been in a mischievous mood as I led my unsuspecting mom to the classroom that contained the skeleton. In a non-chalant manner I opened the closet door. My mother gasped and backed away. Naughty me burst out laughing and by this time mother recovered and was laughing too albeit half heartedly.

I was always curious as to how the school acquired this human skeleton. Via the student grape vine it was supposedly that of a young female - probably age eighteen. I was always aware that at one time this skeleton was a living human being. At times, as I sat in the classroom gazing at the skeleton I would picture it as a young pretty teenager. I often wondered what her future would have been had she lived.

Gradually, we were exposed to more ward work. We worked a 12 hour split-shift with no days off. One day, two of us were assigned to linen. This meant that we had to unload a huge trolley of freshly laundered hospital linen and stack them neatly on shelves in the linen closet. By the end of the shift I would be so bored and tired I felt like crawling into the trolley, close my eyes and blissfully go to sleep.

Some days we were assigned to the central dressing room. This is where we were taught how to roll bandages, make gauze sponges, gauze squares etc. We were taught how to sharpen hypodermic needles, clean syringes and how to mend surgeons gloves (mended gloves were never used in the operating rooms). In the 1940's disposables were unheard of - we did a lot of "recycling". As probationers we were given a variety of odd jobs and some of the seniors made sure that we were kept busy "or else".

The "hi-lite" in our lives at this time was the corner confectionery store. It was only a couple of blocks away and often after work we would run out for a Sweet Marie or an Oh Henry. At that time the bars were large and cost a dime. The store has long since gone and a nice house stands in its place.

I RECEIVE MY NURSING CAP

At the end of our three months probation period, we received our gleaming white nursing caps. It was a solemn, impressive candle-lit ceremony. This very important occasion somehow remains hazy in my memory - perhaps because at the time I was so overwhelmed by the excitement of it all. However I do remember we were each given a "big sister" (a student one year senior to us). Mine was Miss Cecilia Hancherow. From that evening on she was my "big sister" and I her "protegee".

I met Miss Hancherow summer of '92. She took a vacation from her job as office nurse for a doctor in Brantford Ontario and came to visit in Prince Albert. A group of nurses and especially those who were her classmates got together at Mary Trent's (Swaffield) place and had a party in her honour. In the course of conversation I said to her, "Celia, I feel so sorry I didn't bring my photo album so that we could look back on our nursing days in training school". She replied, "I don't want to look back, I want to look forward". How ironic! She died shortly after she returned to Brantford.

Back to the Capping Ceremony - Sr. Symphorosa our nursing director pinned the cap on each of our heads simultaneously reciting a prayer. We knelt to recite the Florence Nightingale Pledge - each holding a lit candle.

When the Capping Ceremony was over we were all congratulated - I couldn't wait to get to a mirror (as if I expected some magic transformation had occurred once the cap was placed on my head). I was almost disappointed. Except for the stars in my eyes, I looked very much the same.

The cap was our most strategic acquisition because now our uniforms were complete. It gave us a boost and a whole lot of confidence. I smiled with anticipation at this new milestone although at this stage I still had an enormous amount of learning to do. Nevertheless, I left the ceremony room with cap on head, head erect (one would think I was wearing the queen's tiara. I was so proud of my cap I was loathe to take it off - but I did have to get ready for bed - tomorrow was another busy work day and with my new cap I was looking forward to it. That night, as I lay in my narrow bed, I felt so proud to be here and vowed with determination to work hard for good marks.

Our student uniforms were very attractive. Over the blue striped basic uniform (the blues) with the stiff cuffs and collars (that irritated our necks without mercy) we wore stiffly starched bibs - next came the apron which was yards wide and had to be threaded in advance because it took up so much time. When the draw string was finally pulled through the apron, it fell in a gather of folds which we wrapped around our waists. Over this we wore a very stiff wide belt. The overall result was an extremely smart, neat appearance - especially if one was slim, if one was fat - tough luck.

Just below the collar, pinned unto our bibs, we always wore our hospital pin. The pins were oval in shape with silver lettering (H.F.H.) on a dark blue background. I still have mine. The joke going amongst the student body was that the letters H.F.H. stood for "HEAVEN FROM HERE". One of the students came out with another one — "HUNTING FOR A HUSBAND".

To maintain our nursing caps and collars gleaming white and starched, we took them regularly to a small Chinese laundry situated a short distance from the hospital. We always went in pairs (never alone). The reason for this was because each one of us had an incredible sense of fear once we entered the tiny establishment. The place looked "SPOOKY". It was dimly lit and perpetually filled with steam. The smell of wet laundry and soap permeated the entire room. Strange sing-song language reached us from somewhere in the semi-darkness.

We rang a bell and in no time, from a thick cloud of steam, a very old, stooped, white haired and wrinkled Chinese man appeared before us and we made our transaction; 25 cents for cap and 10 cents per collar. They were done to PERFECTION. We couldn't get out of there fast enough.

RECOLLECTIONS OF MY FIRST YEAR (1943)

During our first year in training we were known as "Junior" nurses and were now earning \$10 per month from which accidental breakages e.g., thermometers, syringes were deducted. My friend Ollie had bad luck. Her breakages sometimes exceeded her monthly wage.

As before, our day began at 6 a.m. We showered and dressed and those of us who were of the Catholic faith attended mass at the hospital chapel. After mass we came down for breakfast which was usually over in 20 minutes. After breakfast, up the elevator we went, each to our respective floor. Whether one was relaxed or tense depended entirely on who your supervisor was. Generally, they were a kindly lot. However, we had one nun (I will refer to her as Sister X) who was much different from her peers (personality wise). Some students feared her (I was one of them). We nick named her "The Holy Terror". No one knew Sr. X's paradoxical personality as well as the nursing students. She was just as ruthless and mean as she was beautiful. If at all possible, I avoided her. Whenever I heard her rosary beads rattle (no other beads rattled like hers) I knew that it was her and that she was approaching our work area so I would simply hide until she left. This often happened when she was night supervisor.

Sister X frightened and intimidated those she chose to "pick" on (I was one of them) and thought nothing of slapping us around.

Whenever she confronted and got through with me, I felt absolutely worthless, and an overwhelming sense of failure seemed to drag me down which was unfortunate because during our first year we really needed guidance, support and above all self confidence (a belief in ourselves). In these areas I felt Sister X was destructive. To me, she was the only obstacle in an otherwise smooth training period and to this day remains a bad memory.

Long after I completed my training, the then instructor of student nurses reported Sr. X to her superior after which she was promptly transferred to a rest home. She has long since died - may she rest in peace.

Shortly after our Junior year began, we were all measured for nursing capes. These were made of dark blue melton cloth (with a certain percentage of wool) and lined with a pale blue flannel fabric. (Dark blue and pale blue were our school colors). Each shoulder bore a military type tab and the collar with the gold H.F.H. lettering was somewhat similar to that of a military officer. When the capes arrived they were too long (they touched our ankles) and although practical and warm I found the length unattractive. After I graduated I shortened mine to knee length. It looked much smarter. Whenever we went to hospital chapel or to the cathedral we wore a matching "beanie" (skull cap). I still have my cape. It is exactly half a century old. My "beanie" died a natural death (it wore out). The capes plus all our text books were paid for by the student.

We needed some diversion from work and studies so infrequently we were allowed late passes to see a show or whatever as long as we were back on time. If our record was good we could even get an all night pass.

Our den mother at that time was a cheerful middle aged woman with a Hungarian accent. Every evening she would sit behind her small desk in the centre of the entrance hall with the pass book in front of her. She watched us as we signed "out" and signed "in" and woe to anyone who came in late for no justifiable reason. Many were the times as we hurried back to the residence we would run so fast we would trip, fall, skin our knees, get up, run and get there just on time.

Our first den mother (the Hungarian lady) I can't recall her name, left to get married and was replaced by an elderly spinster. She was a tall, very erect, slim woman with an unchanging hairdo. Her long gray hair was perfectly waved and caught up in a large bun at the nape of her neck. Her face wore a perpetual frown so that when she did smile, her entire face lit up like an unexpected ray of sunlight. There seemed to be an aura of mystery around her and I often thought she would do well in an English movie filmed in London where the fog is thick and heavy and the rain is constantly drizzling. Miss Slattery dressed in sombre clothes - grey, black, and brown. Her neck was always adorned by a strand of pearls (real?) and on the finger of her left hand she wore a huge diamond ring. Via the student grapevine I learned that she was once engaged to be married and just before the wedding her sweetheart died. She never married and the sparkling engagement ring remained on her hand for the rest of her life.

Miss Slattery was a very conscientious and devoted den mother. Every night after we were all in bed she would come tip-toeing into our dorm and do a head count (to make certain we were all in). She carried with her a large flashlight and it never ceased to annoy me when she would shine it directly on my sleeping face, which of course woke me up.

At the end of each month, Sr. Symphorosa (our director) would post the roster on the bulletin board. As soon as she left we would all scramble up the stairs to see who worked where and with whom. We were now doing shift work - (no days off) days (7 a.m. to 3 p.m.) - evenings (3 p.m. to 11 p.m.) and nights (11 p.m. to 7 a.m.). We also attended daily classes with the exception of Saturdays and Sundays. Night duty was particularly inconvenient academically. We would go to bed about 9 a.m. and frequently we had to get up for a 2 p.m. class. We would catch a few more winks after class and wake up again for an evening class. I often went to sleep following the evening class and asked someone to wake me up to get ready for duty at 11 p.m.

All the night duty nurses slept upstairs in the "Bishop's Palace" which was located near the Sacred Heart Cathedral. We slept there because it was "so quiet". The Bishop's Palace might have had a tin roof and in the summer time our one huge bedroom became an oven. We would then kick off our sheets and blankets and sleep in our pyjamas. One of the students, Miss Liska, had a better idea. She slept in the nude. One day Sr. Symphorosa unexpectedly paid us

sleeping nurses a visit. Silently she surveyed each sleeping form and was a little taken aback when she came to Miss Liska's bedside. If Liska's nudity bothered Sister, it certainly didn't bother Liska who slept through the entire inspection.

After graduation, Liska went to California and worked in the maternity ward in a hospital that serviced movie people. Some of her patients were famous stars such as Lana Turner, Joan Crawford etc. She kept in touch with Sister Symphorosa by mail. Her letters were so interesting that Sister had them read out loud at our alumnae meetings. Secretly, I envied her but by the time my graduation rolled around I forgot all about California and Hollywood stars.

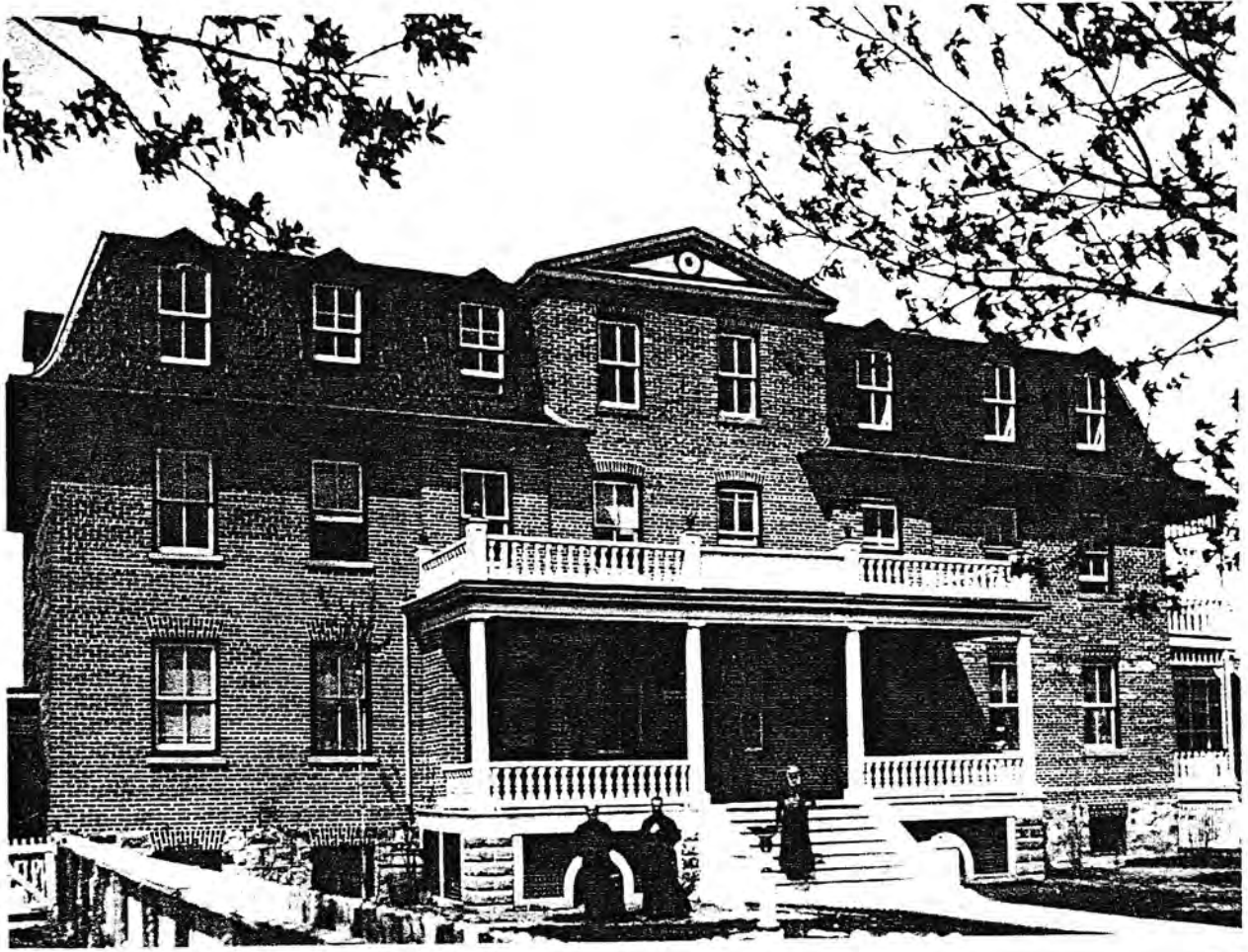
Back to my first year - we continued studying Anatomy and Physiology, Principles and Practice of Nursing to which were added Drugs and Solutions and Essentials of Medicine. We also attended lectures given by various doctors (most of whom were on staff). Dr. M. Connell (dentist) lectured on dental aspects of nursing. Rev. Fr. Chartiez taught the three ethics - Religious, General and Professional plus he held classes in Conversational French (French lessons were on a voluntary basis) I took them.

Dr. Andrews (E.N.T.) specialist was a rather tubby, round headed man with balding black hair. He wore a small moustache not unlike Adolph Hitler's (but there the similarity ended). He had a cheerful personality and we all liked him and his lectures which consisted of the anatomy and diseases of the eye, ear, nose and throat. One day he brought to class a real eye but because it was so huge, we were certain it belonged to some large animal.

Dr. Young, who was very handsome and shy, gave us lectures on the heart and circulatory system. On his desk stood a plastic model of the real thing, I found this subject extremely complex and spent many long hours probing the plastic model, studying its chambers, valves and what not. (What an amazing organ!) The heart muscle acts as a pump. Think about what it does: The average heart beats 72 times each minute - more than 38 million times each year and pumps about 5 litres of blood each minute - more than 2 million litres each year and it is only the size of your fist.

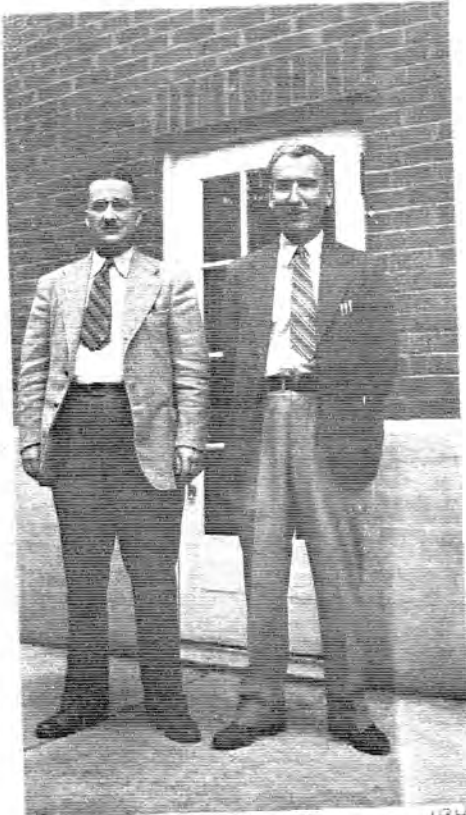
The physiology of the heart beat alone is a very complicated function although it requires only about 27 beats of the heart to effect a complete circulation and although the circulatory system is quite short (about 23 seconds are required for a particle of blood to start from one point, traverse both the systemic and pulmonary circuit and arrive again at the original spot) the study of this phenomenon involves an entire chapter.

Studying the human body and its various systems - skeletal, muscular, nervous, metabolic, circulatory, respiratory, digestive, excretory, glandular, and reproductive suddenly made me realize how very complex our bodies are. (I never thought of my body in this way before, I simply took it for granted). It dawned on me how miraculously each part is put together to maintain its function for the benefit of the body as a whole. Indeed, our bodies are so cleverly contrived that I am in awe with the creation of it all and to think that the starting point of this very complex human body is a single cell, the fertilized ovum.

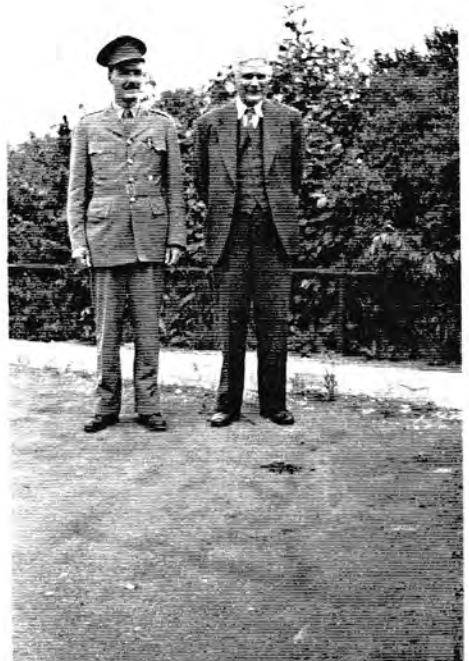


L'Evêché de Prince Albert (the
Bishop's Palace). Built in 1894.

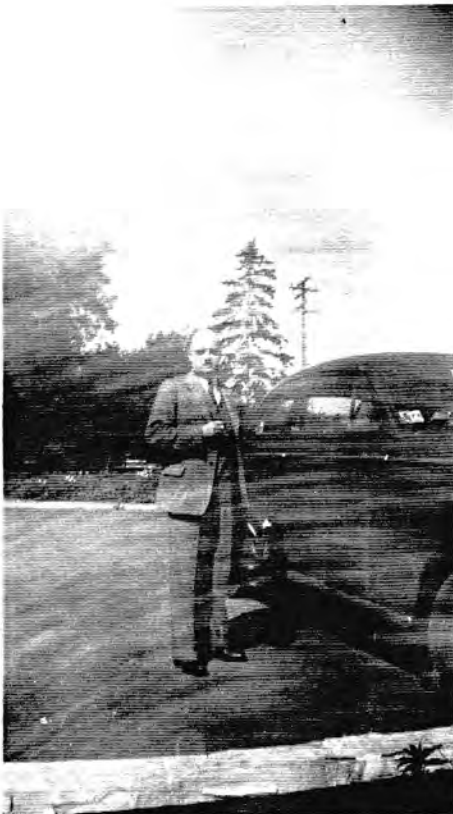
The Bishop's Palace where night nurses slept.



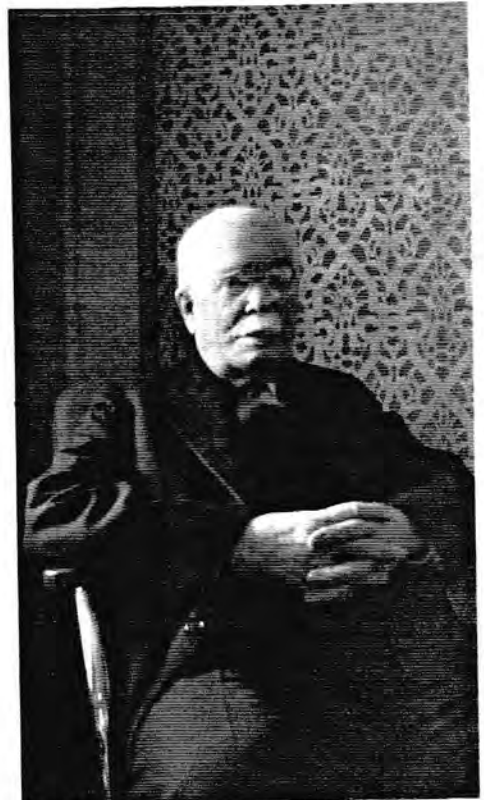
DR. HYMES, DR. TISDALE 1945



DR. DYKER, DR. HUMPHRIES 1945



DR. ANDREWS (E.N.T. SPECIALIST) 1945



DR. REED 1945

DR. HAYES, MORROW, FINLAYSON



DR. FINLAYSON WAS OUR UROLOGIST.



DR. MILLAR (DEPT. PUBLIC HEALTH)



DR. SETKA - WE THOUGHT HE WAS SO FRIENDLY



DR. MORROW (WORKED 2 NATIVES) 1915

I began to revere the doctors for their super knowledge of the human anatomy and physiology and for their treatment of its various ills and dysfunctions. In fact, I used to regard doctors as something akin to God (a step below God Almighty) and it was not until I grew older in my nursing career that I came to the realization that doctors were only human and certainly not infallible.

In cases where death was due to an unknown or questionable cause a consent for a post mortem was obtained and signed by the next of kin. (If they refused to sign, an autopsy was not done).

Nursing students attended these on a voluntary basis. Because valuable medical knowledge was gained by students observing a dissection of a cadaver, the majority of us attended (I was one of them). Post mortems were performed in the morgue which was a small room in the basement of the hospital and I might add poorly ventilated. They were always done by two staff doctors - one on each side of the cadaver. Using an extra long scalpel handle and a large scalpel, with one swift stroke the cadaver was opened. They then removed each organ, examined it and in a teaching fashion made it possible for each of us to view it. We could actually see, touch and feel each organ as they were removed - thus we studied the heart, lungs, spleen, liver, pancreas, stomach etc. When the autopsy was completed the organs were replaced into the abdominal cavity in no specific order - then the long incision was rapidly closed with extra heavy sutures.

During the first autopsy that I observed the room was crowded, the air in the small morgue soon got heavy and invariably one by one some of the students walked out. The odour (smell of guts) as I called it quite repelled me but I managed to maintain my observations to the end. However, long after I left the morgue this "smell" would linger in my nostrils - sometimes I imagined I could smell it on my clothes so that I showered vigorously and changed clothes as soon as possible. At times, however, we didn't have time to do this. Once after studying the human liver in the autopsy room it was 12 noon and time to eat. Guess what we had for dinner!

I observed a total of three autopsies. The third one was performed on a young woman possibly about 35 years old. She apparently contracted syphilis and when I saw her in her private room she was suffering complications from this highly contagious and tragic disease. She died. An autopsy was performed under separate technique and all precautions were observed. As she lay on the cold slab the doctors gently pulled back her beautiful long hair. They then picked up a bone saw and started sawing an area on her skull in order to expose the brain. No sooner had the saw touched the skull and I heard the sound of saw against bone, I bolted out of the morgue like a flash of lightning. This was just too much for me. That night, in the dormitory, I crawled into bed, closed my eyes and her face was there before me. Needless to say, my attendance at autopsies came to an abrupt end. I never did get to see the human brain. To make up for this, I devoted a lot of my time studying about it in my text book. What an enormously complex and amazing organ!!!

Soon I was to experience my first death bed vigil. In our hospital, not only were the physical needs of a dying patient met but their spiritual needs as well. A Sister would come in to each patient's room carrying a small bottle of Holy Water which she used to sprinkle the dying patient making the sign of the cross and reciting a special prayer. A hospital chaplain was always available to administer the "Last Rites" to those who were of the Catholic faith. The patient was never left alone. A nurse was constantly in attendance.

One day as I was going about my duties in the private wing of third floor, Sr. Aloysius approached me. She told me to go to ward #? in the old wing of the hospital to attend to a small boy who was dying of Leukemia. I was to look after him until he died. He was in the last stage of the disease - there was no cure. Quietly and with some apprehension I entered the small white room. On the cot lay a male child about 6 or 7 years old. His eyes were closed and he appeared comatose. I sat in a chair next to his bed and put his small hand in mine. I studied his face in all its childhood innocence. His short, dark, curly hair was moist and small beads of perspiration dotted his forehead. His long lashes touched his pale cheeks and his small tilted nose was sprinkled with freckles - such a beautiful child! He was also an orphan and came to us from St. Patrick's Orphanage which was situated not too far from the hospital. I did whatever I could to make him comfortable - sponge baths, back rubs, cool cloths to his forehead but mostly I sat beside his bed holding his little hand and watched him slip away. Every so often Sister would come in to sprinkle the dying child with Holy Water and to say a prayer. I felt that this innocent little boy was already an angel on his way to heaven hardly in need of any mortal assistance to get him there. When she left, I resumed my vigil. Several hours passed when suddenly he opened his eyes and I found myself looking into two large pools of dark brown. Then as he closed them for the last time a large tear drop trickled down each little cheek leaving a wet trail along the sides of his face. It broke my heart completely and I sobbed uncontrollably for this little orphan child whom I knew for such a short time and who had no mommy or daddy - no one but me (a nineteen year old student nurse) to hold his little hand as his soul took flight to join the throng of little angels that were waiting for him. Such were the thoughts going through my mind as the door opened and Sister came in. Gently she put her arms around me but I was inconsolable. The death of this little orphan boy is scorched in my memory and however long I will live, I will always remember him. I was nineteen then, I am seventy now and I still see him clearly as if illuminated in the slanting rays of time. When I wrote my book of poems in 1990, I wrote a poem in his memory, I called it "The Last Tear Drops".

St. Patricks Orphanage (which was home to my little patient) was built around 1900. It was administered by the Oblates. The local orphans were cared for by the Daughters of Providence (a religious order of mostly French speaking nuns). However, in 1903, Bishop Pascal having accepted to welcome some 60 British orphans (sponsored by the Catholic Rescue Society) Fr. Bruck (I met Fr. Bruck in 1945) deemed it necessary to entrust the care of these British youngsters to an English speaking religious order and so it was that three Sisters of Charity of the Immaculate Conception left St. John, New Brunswick and on July 30, 1906 arrived in Prince Albert to take up what to them was a foreign mission.



Meal time at St. Patrick's Orphanage



REVEREND FATHER WILLIAM BRUCK. O.M.I.

Reverend Father William Bruck, OMI
(administrator of St. Patrick's Orphanage
until his death on January 9, 1947)

A fire at the orphanage on February 1, 1947 destroyed all the buildings and claimed the lives of Sister Celeste Marie (Pilikowski) and six children, two of whom were the only children of one of our nursing assistants at H.F.H. She was separated from her husband at the time and while working at the hospital, left her two preschoolers at St. Patrick's. The shock of losing both her children was more than she could endure. She suffered a severe breakdown from which she slowly recovered and went back to work - with a hole in her heart that will never be filled. Some months later I visited Sr. Irene (I was then employed by St. Michael's Hospital in Cudworth) and this is what she told me:

"On charred remains of a wall of the orphanage was a distinct image of a nun as if painted with a brush dipped in ashes (it was presumed that this is where she died trying to save children who out of fear locked themselves in the bathrooms."

After the fire, the children were sheltered in the old Army Barracks (where my brother and his platoon had once been stationed) until a new orphanage was built in 1951 where the Sisters of Charity continued their work of caring and teaching until the doors were closed in 1973.

Not too far from the orphanage and the hospital was the convent for the Sisters of the Precious Blood of Jesus. Sr. Symphorosa (the then Director of Nursing) on occasion would ask me to deliver small parcels or written messages to this convent. The sisters were a cloistered order. They spent their time in prayer, praying for world peace and various religious activities such as making hosts for Holy Communion, making rosary beads etc. The Sisters made a beautiful rosary for me using the rose petals from my graduation bouquet. The beads were rose in colour and actually retained the scent of roses. It became one of my cherished possessions, unfortunately, years later, I lost my rosary beads in a fire which completely destroyed our home.

The Convent of The Precious Blood of Jesus was a huge building, entirely surrounded by a high wooden fence. With Sr. Symphorosa's message tucked in my pocket, I walked into the convent parlour. The silence was overwhelming. The parlour was a cool, dimly lit room featuring a grille (latticed screen) with a curtain behind it. I rang a bell. Quietly I heard a door open and someone pulled back the curtain. A veiled nun approached but I could hardly see her through the latticed screen. I placed the message in a revolving latticed wicket and waited for a reply which came to me via the revolving wicket.

Sometime later, two nuns from this convent became ill and were admitted to our hospital. I was one of the nurses caring for them. They were very young and extremely attractive but oh! so shy and modest. They appeared out of place in a world outside their convent. It was about this time that I secretly entertained thoughts of becoming a nun but fate had other plans for me.

The Convent of the Precious Blood of Jesus has long since been demolished and as far as I know there are no cloistered order of nuns remaining.

During my Junior year, my brother Peter, who was temporarily stationed in Prince Albert was sent overseas. While in Prince Albert, he would on occasion, visit me and bring a friend and I would arrange a date for him with one of the students - so we double dated, went to a movie and ate in a nice restaurant which was a change from hospital food. I missed him alot. We kept in touch by mail. Peter was an avid photographer. In one of his letters, while in England, he enclosed a picture of the White Cliffs of Dover which reminded me of the song Vera Lynn made famous during World War II.

Invariably, he would enclose some money with his letters which I frugally saved to buy my books and supplies. Peter's buddy, the soldier I dated went overseas as well. He wrote beautiful letters declaring how he missed me. I was not romantically involved with him, however I answered all his letters because he was Peter's friend and like most soldiers overseas he was also lonely. Before I sealed the envelope I would leave an imprint of my "lipsticked" lips on a kleenex tissue, fold it neatly and enclose it with my letter. In World War II this is what us girls used to do. We thought it was the least we could do to warm a soldier's heart and boost his moral.

It was a time when the streets of Prince Albert (and all cities for that matter) were filled with soldiers, sailors and airmen (of both sexes) on leave or on pass. There were very few young men not in uniform.

One day, after receiving a letter from my brother with the usual few dollars, I decided to treat my friend Louise (who was a classmate of mine) to a dinner at the P.O. cafe. The dinner cost every penny I had taken with me. Lo and behold a Salvation Army lady comes along with her token basket. For a long interval (it seemed like forever) she held it in front of us. Louise and I, still sitting in our booth with the scrumptious meal before us just looked at each other totally embarrassed. I had to tell her we had no money. She looked at us with some scepticism and said, "If you have enough money to eat in restaurants, you should have a few pennies to give to the poor." She made us feel so guilty! I wished she would just disappear. It was unbelievable — here we were counting our pennies to meet our expenses in training school — we splurge once and are admonished by some one collecting for the poor. What irony!!

My friend Louise needed a good steak. She was always so pale. One morning during mass (we always went to hospital chapel together) standing beside me she suddenly fainted. There was a commotion as the Sisters got her into a wheelchair and wheeled her to a hospital ward. Dr. Tisdale examined her and ordered blood work. Apparently her haemoglobin (Hgb) was very low almost to the point of requiring a blood transfusion. She was put on iron tablets and foods rich in iron and was soon back on wards. As a precautionary measure - (after Louises's fainting episode) we were all put on iron pills.



My brother Peter and I in 1943.

One day, I went to the mailroom. There was a letter from my brother who was still overseas. Excited as can be I opened it. This time he enclosed a \$90 war bond. I felt like a millionaire. How very thoughtful of him! I put it away for graduation expenses. Later on when I earned my own money, I was able to pay him back.

During my first year I spent alot of time working on third (men's floor). One month I was assigned to the urology ward. It was a large multiple bed ward and all patients here belonged to Dr. Finlayson - our only Urologist.

As soon as I entered the ward the smell of urine assaulted my nostrils. All these elderly patients had transurethral resections of the prostate. This surgery was developed in the 1930's for benign prostate hyperplasia and this is the surgery Dr. Finalyson performed on his patients. This was also the domain of our orderly "George" who went around irrigating patients tubings and emptying their drainage bottles.

Years later, other surgical techniques were developed for this condition as well as drugs that control or lessen the symptoms. Even though the smell of urine followed me wherever I went, I enjoyed working in the Urology Ward. The men were good patients, easy to please and grateful for any attention given them be it big or small. Besides, I liked Sister Aloysuis, a tall, stern looking woman with a heart large as life. She supervised the entire third floor for years and I could never imagine it being run by anyone else.

After leaving the Urology Ward, I was assigned to general duty on the same floor (Medical Ward). One day I admitted a young native male from a nearby reserve. After giving him a routine tub bath, shampoo and all, I got him settled in bed. Upon returning to take his temperature, I noticed that the white linen was peppered with lice - they were crawling in all directions. How could I have not noticed these parasites when I bathed him and shampooed his hair? I ran for the delousing liquid, I can't remember what we used in those days but it had such a potent smell it stung our eyes. The treatment was repeated daily for the next two days. It worked very well. This was routine procedure for lice infested patients (native or white). On occasion I would somehow inherit some of these lice in my own hair and had to promptly treat myself as soon as I went off duty. This was one of the hazards working in this ward and I can honestly say it was the most "creepy" experience.

The private wing on third floor contained a special ward which was reserved for penitentiary patients. As we all know Prince Albert has a maximum security prison which the "locals" call the "P.A. Pen". Within its walls are some of the worlds most hardened, dangerous criminals. If an inmate became ill and required hospitalization, the hospital was notified well in advance and the prisoner was admitted to this special 2 bed unit. It was like any other ward except for the windows - they were covered with iron bars (escape proof) spaced so that enough sunlight filtered through and the prisoner could get some view of the outside world if he so desired. This room was entirely devoid of articles that the patient could use to harm himself or others, for example "coat hangers". A uniformed guard (and I presume armed) sat just outside the always open door of the ward giving him a clear view of the patient. Guards changed every

8 hours covering a 24 hour period for as long as the prisoner remained in the hospital. Invariably, the guard would read, knit or just sit and watch. Most prisoners were docile and no problem whatsoever - the guard then could knit away without losing a stitch. However he would become extremely alert when a nurse entered the ward to do treatment, medicate, etc. This didn't stop me from being just a bit apprehensive especially on "night duty".

One day, we admitted a middle aged male prisoner. Apparently, in the penitentiary, he attempted to commit suicide by slitting his throat but didn't go deep enough. At the time of admission his neck wound was neatly taped and he appeared quite docile. At this time I was the "medicine nurse" which meant I distributed medications to patients in all the wards including the patient with the bandaid on his throat in the room with the iron barred windows. I was amazed that he could identify each pill I gave him and seemed to know alot about pharmaceuticals. It stirred my curiosity as to who this guy really was. Except for his name, I knew nothing more.

One evening this is what happened:

At about 7 p.m. I left third floor to go to class. Dr. Kirkby was giving a lecture on "Tuberculosis". About halfway into the lecture we heard an unusual commotion coming from upstairs (the hospital area). Apparently the patient in our special unit with the barred windows had gone "berserk". He overpowered the unsuspecting guard and knocked him unconscious. He then stripped his hospital gown and with nothing on but the band-aid on his neck he proceeded to chase a nurse and a Sister who happened to be in his view. He pursued them down a back stairway which led to the maternity floor where several men who were visiting their wives seized him and held him until official help arrived. In the meantime the nurse and the Sister were still running down the remaining flights of stairs without glancing back. The nurse was my "big sister". She said that she just about had a heart attack. It was a horrific experience for her, one that she didn't soon forget. From then on the guards were constantly on the alert and to my knowledge nothing of this nature happened again.

I continued my training on third (mens) floor as general duty nurse. I remember a very special patient in a private room in the new wing (one of our own staff doctors) I shall call him Dr. Leland. Dr. Leland was a picture of elegance. When he came to do his hospital rounds (patient visits) he was always perfectly groomed. He walked with an air of confidence and exuberance and always the perfect gentleman. We all liked him. Although only in his 50's, he was dying of cancer. At night his agonizing screams would break the silence in the hospital and during the day they could be heard as far down as our class rooms. I learned from one of the

senior nurses that he had been on pain killers (narcotics) for so long that his body built a tolerance towards them and they were no longer effective. After a prolonged period of suffering this very gentle person died. We all missed him.

Towards the end of my 1st year, I was assigned to the women's medical ward. I have but a few memories of my experiences here although I am sure I must have had plenty. I cannot explain why some events stand out in my mind and others are completely lost.

I remember a young woman who was admitted with cardiac arrhythmia. The doctors explained that since her soldier husband was sent overseas, the constant anxiety, stress and worry caused her heart to beat irregularly. They treated her with quinidine and eventually her heart resumed its normal rhythm. Nevertheless her eyes remained dull and sad and she seldom smiled. After her discharge from hospital I often thought of this young woman. I hoped and prayed that her husband would return to her safely and in good health but had no way of knowing if indeed he came back at all. He well may have been one of the many casualties of WW II.

My next experience is almost unbelievable. While still on womens medical ward, we admitted a young girl who was a replica of Judy Garland, who in the 1940's was a young girl and gaining fame at MGM studios along with Mickey Rooney. News of Judy's double spread amongst the health care workers like wild fire. Doctors and nurses would walk past her bed just to get a glimpse of her. The young girl was completely unaware of her resemblance to Judy, unaware also of the interest she created, and entirely unaware of her beauty which of course was part of her charm.

From women's medical ward, I was transferred to women's surgical. One morning I entered a 4-bed ward and who did I see lying in one of the beds? My childhood friend Cecile Grimard. We started school together and were inseparable until her family moved away. We were both about 10 years old. Losing my very best friend in school was a traumatic experience for me and I didn't see her until I walked into this ward. I was happy to see her but I was no longer a school kid and had long since ceased to miss her.

Sulpha drugs and antibiotics were developed during the Second World War, so when I was taking my nurses training Penicillin* was the "Wonder Drug" and very new. In those days patients treated with injectable penicillin were injected intramuscularly every 4 hours. Each student had to spend a certain amount of time being "Penicillin nurse". I remember going from ward to ward with my basket of penicillin vials, syringes, needles, alcohol and sponges. Penicillin is a painful injection in itself - add to that a recycled needle - "OUCH". In the 1940's disposable needles and syringes were unheard of.

* Penicillin was discovered in 1939, then was more or less ignored until WW II, when a great effort got underway to produce the drug for the wounds and infections soldiers were suffering.

Days went by - we worked and studied and studied and worked.

One day my brother Tony visited me. I was delighted when Sr. Symphorosa gave me an overnight pass. We saw a movie and dined with friends in a nice restaurant. The next morning, I had to return to my world (the world of white).

Before the year ended I also had a visit from a school chum whom I hadn't seen since grade school. He was waiting for me in the reception area of the hospital - no longer a kid but a full grown handsome man in soldiers uniform. Since I was on duty, we spoke briefly but I thought it was so nice of Leo Marcotte to drop in, say hello and wish me well. I too wished him good luck and "Bon Voyage" as his next assignment was overseas. I think Leo had a school boy crush on me from way back (grade school).

It was a busy year for me - working and learning new things daily. The seasons seemed to go by almost unnoticed. The entire face of the hospital and residence was beginning to take on a festive look and it dawned on me that Christmas was almost here. Nostalgia filled my pre Christmas days as I thought of my childhood Christmases at home. However, the Sisters made our first Christmas away from home extra special. They decorated the hospital chapel beautifully and the nativity scene was almost life like. The choir at Christmas mass was made up of sisters and nursing students with good singing voices (I was not one of them) but my close friend Gladys Jacobson had a marvellous voice (alto) and although of the Lutheran faith she joined our choir for all special occasions. Miss Jacobson was from rural Prince Albert and I remember the delicious chicken dinners her mom invited us to.

Christmas mass in the hospital chapel is unforgettable. All the Sisters wore their holiday habit which was black except for the white wimple around their faces. I can still see the black robed Sisters kneeling at the communion rail with their heads bowed reverently, waiting to receive the "Host". There was something almost ethereal about them. I never stopped wondering what their lives were like once they returned to their tiny, sparsely furnished rooms in the silent convent.

The nurses residence was decorated with wreaths and holly and we had a big tree but we didn't roast chestnuts on an open fire - we went to work as usual. However, back in the nurses's lounge we had plenty of nuts, fruits and candy.

On Christmas Eve a choir of off duty nurses went from ward to ward singing Christmas Carols and I saw many patients drying their eyes. I was on duty and had a hard time holding back my own tears.

Christmas dinner was traditional - turkey with all the trimmings, for us first year students it truly was a good Christmas.

Christmas came and went and soon we were into the New Year (1944), and I entered my second year of nurses' training, another milestone.

RECOLLECTIONS OF MY SECOND YEAR (1944)

During our second year of training we were known as "Intermediate nurses". The year was 1944. It was marked by a very important historical event and it is coincidental that today, June 6, 1994, as I continue to write my "Nursing Recollections", it is the 50th Anniversary of D-Day when the allied troops landed on the beaches of Normandy and began the final campaign in the liberation of France and German occupied Europe. This campaign resulted in massive casualties and loss of life of Canadian boys - amongst them boys I went to school with and boys I loved to dance with. Today, while watching a special D-Day Memorial Service on television, I heard the bugler play "The Last Post". The familiar notes transported me back in time to an evening in July 1944 when a Memorial Service was held in the Sacred Heart Cathedral in Prince Albert, for men who lost their lives on the beaches of Normandy and once again as the bugler played "The Last Post", I heard the anguished sobs of Miss Forest - a student nurse who lost her brother in this battle. I will never forget it.

Every morning, just before breakfast in our large dining room World War II was a reality to us as Sr. Symphorosa led us in prayer for the men and women in the military services. I still have a faded typed copy of that prayer and here it is:

O God, we beseech Thee, watch over those exposed to the horrors of war, and the spiritual dangers of a soldier's, sailor's, or an airman's life. Give them such a strong faith that no human respect may ever lead them to deny it, or fear to practice it. Do Thou, by Thy Grace, fortify them against the contagion of bad example, that being preserved from vice and serving Thee faithfully, they may be ready to meet death wherever it may happen, through Christ Our Lord, Amen.

Sacred Heart, inspire them with sorrow for sin and grant them pardon. Mother of God, be with them on the battlefield and if they should be called to make the supreme sacrifice obtain for them that they may die in the Grace of Thine Divine Son. Amen.

May their Guardian Angels protect them. Amen

Mary, Queen of Peace, pray for them. Amen

Time came when we all knew this prayer by memory. Although far away from the war zone we were very much aware of World War II.

During the war years, telegrams that arrived to students in residence, were always received and opened by Sr. Symphorosa. If the news was bad she would call the student to her private office where she would personally break the news as gently as was possible and then in a motherly way, do all she could to console the grieving student. I remember one

student nurse, after given the news that her brother was killed overseas, went into a deep depression. She refused to go to class, she was unable to go to work, she couldn't eat, her sleep was disturbed - she just curled up in a fetal position and stayed in bed with her head buried deep under the covers. It took a lot of tender loving care and understanding from the nurses, doctors, Sisters and her family. Eventually she was able to snap out of her depression and continued with her life as student nurse, graduated and became an R.N.

Worry for loved ones overseas was our constant companion. We hated to see a telegram delivered - we would look at one another thinking - WHO IS IT THIS TIME?

Because student nurses were not allowed to marry while in training, several of the senior (third year) students did so secretly before their sweethearts sailed overseas. One senior who had only 3 months to complete her training was discovered and was immediately expelled. Luckily she was accepted at another less rigid training school and was able to complete her nurses training, graduate and receive her Diploma.

A good number of students that graduated during the war years joined the military services and became nursing Sisters. A registered nurse automatically receives the title of Lieutenant. On duty, they wore bright blue uniforms with white collars and cuffs and short white veils. Almost all of them were sent overseas. Some of the graduates went into entirely different directions like Miss Rose Marie Lier who joined the Missionary Sisters and nursed in a leper colony somewhere in Africa. She wrote interesting letters of her humanitarian work amongst the lepers which were always read aloud at our alumnae meetings. (A 1940's Mother Theresa).

We continued our academic studies and shift work on wards. We still had no days off (unless we were ill) however we were given 3 weeks summer vacation each year, and our earnings remained at \$10 per month.

During this time our studies included Pediatrics, Surgical Nursing, Dietetics (our pretty petite blonde dietitian, Miss Bohar was our Dietetic teacher), Geriatrics, Orthopedic Nursing, Gynaecology and Obstetrical nursing plus lectures by various staff doctors. We also had to learn public speaking - our public being doctors, Sisters and nurses. I was not a good public speaker and never will be but I got by. I do admire anyone who can stand in front of an audience and deliver a speech.

Anatomy and Physiology being a lengthy subject overlapped into our second year.

Sister Symphorosa taught us First Aid with the help of St. John Ambulance people. She also taught us how to bandage wounds, splint broken bone, how to massage and how to do percussion and postural drainage. At the conclusion of this course Dr. Hynes presided over an oral and practical exam. He warned us that if we accidentally dropped a bandage, he would automatically deduct marks. Wouldn't you guess, I dropped mine halfway through bandaging a supposedly injured arm. I felt awful as I retrieved the bandage and continued. Nevertheless,



Sacred Heart Cathedral where off duty nurses attended mass and Memorial Services for those killed in action in World War II.

The St. John Ambulance Association & The Canadian Red Cross Society



This Certificate in
First Aid to the Injured

is awarded to

ALICE CHUBACK

*who has attended a course of instruction held under the auspices
of The Saskatchewan Provincial Branch, at Prince Albert
and having been examined is found proficient in the said subject*

E. Shaw M.D. LECTURER

INSTRUCTOR

A. P. Jones M.D. EXAMINER

*Issued by authority of the
St. John - Red Cross Joint Board*

DATE: March 29, 1944

Certificate No. 52852

I obtained a St. John First Aid Certificate and First Aid Book. Recently (June 1994) I attended a First Aid and C.P.R. Instruction course and when I returned home I realized I owned a relic (my 1944 S. John First Aid Book).

One evening Sister Irene lectured on the Reproductive System. She went through the female system in great detail, however, when it came to the male reproductive system she told us to study it and go over the diagrams in our textbooks and be able to identify each part (Funny, I should think of Marina Bobbitt at this time!!)

One day as I was in the Nurses' lounge writing one of my monthly letters to my parents, I received an urgent phone call. I was to go to third (men's) floor immediately where my brother was admitted in critical condition - would I please come and stay at his bedside. In haste, I ran for the elevator, my adrenalin overflowing as my mind concocted the worst scenarios. When I entered the ward, I saw my cousin Bohdan (obviously an error somewhere). He was breathing laboriously and was unconscious. Bohdan was a severe diabetic. His illness started with an ear infection. Diabetics cannot fight infection on their own and his spread to the meninges which is the membrane lining the brain and spinal cord - giving symptoms not unlike meningitis. I stayed at his bedside although he was unaware of my presence. Dear God, he was only 14 or 15 years old. Sympathy for this young kin of mine gripped my heart. At intervals he would open his unfocussed eyes, his face would contort so that it resembled that of a wrinkled little old man, then he would scream and the sound of his screams was like no other I had heard. Dr. Swaffield came to me and said he was so sorry, it was too late to save him. He died. I felt completely helpless. The memory of it still distresses me. I will always remember the death of this unfortunate cousin of mine whom I did not know all that well but loved him nevertheless for we were first cousins. If there is a heaven, Bohdan is surely there if only through his suffering.

It so happened that I was scheduled to work on third (men's) floor again. I remember a young ex-service man who had recently returned from overseas, where, as so many other servicemen, had contracted malaria. He had frequent bouts of high fever and delirium after which he would be seized by chills which made his entire body shake so violently that after the attack was over his bed looked like Hurricane Hazel had just blown over it. I used to feel so sorry for him especially when during his delirium he would cry out for his mother. I often wondered if in his delirium, he was back at the front in some damp trench ducking bullets. In his confused state of mind, he sometimes called me mother and I would speak to him softly and dry his forehead and pretend that I was. He was treated with quinine and after long intensive nursing care his attacks gradually subsided and eventually he was well enough to go home.

Mr. Nivin (I shall call him) was in his early 50's and was almost a permanent fixture on third floor. He was a patient with severe debilitating arthritis and almost completely immobile and therefore had to be fed and lifted on to a bed pan when nature called. In spite of excessive weight loss, he was heavy because of his large bone structure and his height so that when it came time to lift him, I always had to run for help. Mr. Nivin preferred big strong nurses to attend to his needs (I was not one of them). One day I came by and found him crying. His

favourite "big nurse" was graduating and soon would be leaving for good. He was hospitalized for so long that he could recall several graduations and each time he would lose his favourite nurse. Mr. Nivin's medications were simple and consisted of aspirin and cod liver oil. He required a lot of nursing care. Each time I gave him a bed bath, I was intrigued by a scapular hanging from a cord that was tied around his waist. The cord was soiled. One day I asked him if I could remove the cord and wash it. He adamantly refused and I did not pressure him however I was curious as to why he wore it and so he explained that the cord was called "The Cord of St. Ann" (the patron saint of the sick). Not even for a second would he remove it. So through the years the Cord of St. Ann remained as was.

Some years later, after I graduated and left the training school, I met Mr. Nivin in the P.O. Cafe in Prince Albert. He was eating his dinner. There was no trace of the crippling arthritis as I had remembered it. When he stood up he was tall and erect. He recognized me and walked towards me with a sure and confident gait. We shook hands (his grip was strong). Mr. Nivin was completely cured and back in his Insurance business. It was nothing short of a miracle and then I remembered "The Cord of St. Ann". COULD IT REALLY BE?

Never did I have a genuine fur trader for a patient - that is not until 1944 (my intermediate year). I will call him Mr. Field. The Northwest Territories was home to Mr. Field where he transacted his fur business in the various trading posts. He came to us with life threatening advanced infection of his right hand. For two days he was in a state of delirium. His healing was an extremely long process (months). Being an active young man he found the hospital stay interminable until he met pretty nurse Edwards who at that time was working in the C.D.R. (central dressing room) and so it was one of her duties to come to Mr. Field's bedside every 4 hours to give him hot saline hand soaks and apply hot compresses to the wound. In time he began to look forward to her coming. I was his general duty nurse and I sensed a change in him each time Miss Edwards came to do his dressings. His eyes would light up and for a while he would forget the tediousness of his situation. To make a long story short, they fell in love.

On October 26, 1994, I visited Mrs. Field who is now widowed and living in Prince Albert. Over tea and delicious cookies we talked about her life in the N.W.T. and with her permission here is her story:

"After my graduation in 1945, Mr. Field and I got married aboard ship in a place called Pond Inlet which is part of Baffin Island in the N.W.T. We lived 4 years in Pond Inlet. Then, over a period of 15 years we lived in various Arctic posts and visited many others while travelling from post to post. I was the only white woman there. I was also the only nurse. There was no nursing station. The few nursing supplies and medicines were stored in a small clinic room in our house. News that there was a Registered Nurse amongst them spread far and wide across the Eskimo communities. They came to me with a variety of illnesses. I

treated them all. I routinely kept critically ill children in my home and nursed them until they recovered because no way could they survive in their own environment. At that time, the Eskimos were a nomadic tribe - they had to go where the fur was. In summer they lived in tents and in the winter they made themselves comfortable in igloos. Of course, today, they all have fully modern housing and their lives are entirely different to when I lived amongst them.

In the event of critical illness or if I had to deliver a baby, I went to their camps. In winter, I went by dog team and in summer I went by boat. At "ship time" which came once a year, I would go by helicopter and make my visits to the various posts and bring back natives for their T.B. X-rays. In the 1940's this disease was rampant amongst the Eskimo population.

I delivered babies in igloos and tents. An Eskimo woman in labour was always in a kneeling position. Under her was a generous piece of deerskin to catch all the products of birthing. After the baby was born the placenta was thrown out to the dogs. The dogs ate the afterbirth including the deerskin. During labour, there was always an Eskimo woman (usually a friend) kneeling behind the labouring woman to provide support as she leaned backwards. They had no sanitary pads - instead they used seal skin or ptarmigan skin. Ptarmigan is an arctic bird closely resembling our prairie chicken. The families remained small - no more than 3 or 4 children.

A dentist taught me how to inject local anaesthetic into the gum area so I pulled teeth as well. Sometimes when the tooth held fast and was hard to pull my husband had to do the extracting and he became very good at it. I would also do temporary fillings that would last until a dentist arrived and put in permanent ones.

I also sutured various types of lacerations. Watching surgeons in the operating room during my student days I never dreamed that someday I would become just as skilful.

The Eskimos were wonderful people, friendly and trustworthy. We loved them and they loved us.

Our first child (a daughter) was born in Pond Inlet. Her playmates naturally were Eskimo children so it was not surprising that she became fluent in their language at a very young age. She always

served as my interpreter when I made house calls or delivered babies.

I taught my daughter Lily for 4 years at home with the help of a correspondence course which was supplied by the Hudson Bay Company. At age 9, she went to a private boarding school in Winnipeg. I was now minus an interpreter. Eventually I too learned some of their language.

They loved our pretty curly headed blonde daughter and would want to rub noses with her (their way of expressing affection). I worried about this close contact for obvious reasons - the biggest of which was the dreaded "Tubercle Bacillus".

We also lived in Eskimo Point for 3 years and in Sugluk (in Northern Quebec) for 1 year. I didn't like living in Sugluk.

We spent 6 years in Southampton. While there an epidemic of measles broke out. Enough gamma globulin was shipped in by special air express from Churchill to immunize close to 250 people that lived there. With the help of the local school teacher we spent an entire night administering the serum.

The following day, one doctor and two registered nurses arrived from Winnipeg and took over the medical work while I prepared meals etc. for them.

Only one 18 month old baby died during this epidemic, which was miraculous really when you consider the poor housing and poor sanitation.

We lived in the N.W.T. over a period of 15 years (1945-1960). Every 3 to 4 years the company had us come out for a thorough medical exam, dental check up and a vacation after which we returned to the N.W.T.

A ship arrived only once a year at which time we purchased our year's supply of groceries.

In 1960, we left N.W.T. for the last time. We made our home in Winnipeg where I joined the Manitoba Rehabilitation Hospital now part of the Health Sciences Centre.

Looking back, my husband and I had a very good life. Together with our 2 children we knew the meaning of "real happiness". When my husband died, I placed my white fox fur neckpiece (his first gift to me) over his cremated remains. I felt it was appropriate to his memory."

Before I left, Mrs. Field showed me a map of the North West Territories and the following are places she and her family had been to and knew well.

Povunnituk
Port Harrisson
Great Whale River
Clyde River
Pangnirtung
Frobisher Bay
Lake Harbour
Cape Doret

Coral Harbour on Southampton Island which is one of the big islands in North Hudson Bay. She then leafed through a 1950 National Geographic Magazine to show me a picture of her young daughter and her Eskimo playmate. They were both smiling happily (Childhood friends).

When I returned home, my thoughts drifted back to Mrs. Field (the student nurse who was a year ahead of my class). What an extraordinary person! What a life time of experiences!

How uniquely valuable she was to the people of that vast isolated territory! I hope she will one day write a book - she has so much more to tell. *W*

Back to my second year, I was now working on womens medical floor. I was not the attending nurse in this bizarre scenario but a petite, brown-eyed nurse who spoke with a French accent was. I will call her Miss Lovette. The following is Miss Lovette's very unusual experience in the woman's medical ward.

There were these two elderly sisters - one was widowed and I will call her Mrs. Brown - the other was a spinster and I will call her Miss Foster. One day, Mrs. Brown (the widow) was admitted to hospital (Miss Lovette's ward). She was very ill. After several days of medication and treatment she showed no improvement - in fact she was steadily getting worse until one day she suddenly ceased to breathe. After stethoscoping her chest the doctor ordered an injection of coramine (a heart stimulant). In those days we did not do CPR but depended heavily on cardiac and respiratory stimulants. Mrs. Brown's heart beat did not return and the doctor pronounced her dead. Miss Foster (her sister) was immediately notified. Miss Lavette pulled the sheet over the patient's face and left the room. The sisters taught us to leave a dead patient

alone for at least 20 minutes because this was the time the soul took leave of the body. We respected the sacredness of it all. Miss Lovette closed the door quietly and left the body in peace.

Meanwhile Miss Foster comes along to see her dead sister. She removes her sister's gold rings including her wedding band and returns home. When Miss Lovette returned to the ward to prepare Mrs. Brown's body for the morgue she was frightfully surprised to find Mrs. Brown alive and pondering over the absence of her rings. She wanted them back. Apparently the Coramine administered to Mrs. Brown had a "delayed" action and her heart started to beat again - but not for long. She died some hours later!

What a horrific experience! Miss Lovette was endowed with an enormous sense of humour and had the capacity of perceiving comedy in the most unusual of situations. When she related this event to me she couldn't contain her laughter. Had I been in her shoes I know I would be real "shook up".

↓ While still on women's floor, I had an extremely embarrassing experience. It happened like this:

Every evening on the 3-11 shift I would pour out pre-ordered laxatives. I measured them carefully into 1 oz glass medicine cups and placed them on a large medication tray and passed them around like cocktails. In those days the favourites were cascara (the colour and consistency of molasses) and magnolox (the colour and consistency of thick white cream). Sometimes the two were combined. All set to go I first distributed them to patients in the old wing and as I turned the corner to enter the new wing I slipped on the highly polished floor, fell and landed ignominiously on my derriere. My uniform was splattered with the sticky brown and white glue. The medicine cups rolled in all directions leaving sticky brown and white trails behind them. For a second or two I just sat there stunned and when I looked up a doctor who was doing his evening rounds, was coming towards me. He helped me up and enquired as to my injury. To fall unseen is tolerable (albeit painful) to fall in front of someone is totally embarrassing and I was more embarrassed than hurt.

All work and no play makes Jenny a dull girl - so one warm, calm, hazy, summer Saturday afternoon five of us off duty nurses piled into Miss Forest's old car (the Green Hornet). We didn't even look back as she took her place behind the wheel and the car took off. We enjoyed scenic Prince Albert with its sprawling green lawns and tree lined streets. It felt SO GOOD to be out in the fresh air. As we drove along River Street, I happened to look down on the North Saskatchewan River - it was so still, so perfectly calm that it was like a floating mirror. As we neared the "Little Red" (the then P.A.'s favourite picnic spot) tall majestic pines

and busy squirrels greeted us. The girls scampered around like little children on the loose - laughing and frolicking, rousing the woodland from sleep. Somewhere, not too far the frogs in a pond were croaking in piercing chorus. After a while, someone brought out the picnic basket and as if on cue we gathered dry twigs and wood and made a bonfire. As we roasted wieners and marshmallows we sang "silly" songs and all the while we knew there was something missing - "boys". Nevertheless, I was hoping that the afternoon would never end but Sr. Symphorosa had given us a special leave and we were expected back at the residence at a specified time. Reluctantly we gathered our picnic "stuff", carefully put out the fire and headed back. We drove along without a care in the world. It felt good to be young, healthy and alive. Suddenly, just as Miss Forest was driving over a railway crossing her car failed and the Green Hornet with the now frightened nurses was stuck between the railway tracks. Our fears changed swiftly to overwhelming panic when we saw a freight train approaching. The train's whistle was roaring in our ears - one of the train crew was frantically flailing his arms in an attempt to signal us off the track. We froze - we were unable to move - we were unable to utter a sound - we became like statues. I remember my hand clutching a medal of St. Christopher which I always carried in my right hand pocket. After what seemed like an eternity, Miss Forest, in desperation made another frantic attempt. She floored the accelerator, the old car jolted into motion and over the tracks not a minute too soon. With the realization that we narrowly escaped death - hysteria set in. When we finally got back to the Residence we headed straight for the dormitory and comforted one another as best we could. We also kept the near tragic event a secret for fear Sr. Symphorosa would certainly deny us another leave.

That the car moved off the track when it did was nothing short of a miracle and then I remembered the medal of St. Christopher (the patron saint of travellers). **COULD IT REALLY BE!!** Yes, Miss Forest got her car fixed.

To this day I panic when I have to wait at a railway crossing for the train to go by and especially if the car I am in is the first one waiting to cross. A half century has gone by and yet occasionally in my dreams I find myself on a railroad track with trains coming at me from every direction and I cannot move. I wake up in a cold sweat, my heart pounding.

Another event that almost ended in tragedy involved four students who were one year behind my class (Class of '47). Miss Katz was a pretty girl with expressive dark brown eyes and raven black hair. Her parents lived in the city of Prince Albert so that whenever she went home to visit she brought back "goodies" which she generously shared with her best friends. On this particular occasion she brought a jar of home canned chicken and invited three of her classmates to share it with her. Whatever was left of the chicken was stored in her locker. There was no refrigeration in our lockers and the four girls ended up in hospital with food poisoning. For a while their condition was critical - one girl almost died. Sr. Symphorosa (our D.O.N.) was extremely distressed and worried. She prayed incessantly for her sick girls. I cannot remember how long they were hospitalized but on discharge they were still quite weak. After a period of rest in the residence they returned to classes and went back to work a lot thinner and a lot wiser.

Halfway through our intermediate year Sr. Symphorosa, our motherly Director of Nursing was transferred to Vancouver to take new duties as Director of an orphanage. She was replaced by young Sr. Irene (with the sad blue eyes and the pretty dimples). Years later, I was employed in a Vancouver hospital and visited with Sr. Symphorosa in the orphanage. I was appalled at the large number of infants and toddlers she had in her care. Most babies belonged to single moms. Some of the moms remained in the orphanage to take care of their infants and help with the chores. Some time later an epidemic of dysentery reached this orphanage and many tiny souls departed for heaven.

During Sr. Irene's tutelage, nurses' training tended to include more social activity for the students. The majority of the sisters were Irish so she would organize a St. Patrick's Day party with Irish music and songs. All day we wore green Shamrocks - even on duty. On another occasion she organized a small concert and I remember doing a Scottish dance (The Highland Fling) with a classmate of mine. During the hopping and arm raising I got tangled up in some streamers that were used to decorate the stage. I found this very disconcerting but it did create a lot of laughter from the audience.

Before Christmas Sr. Irene organized sleigh rides for students off duty. She made arrangements with the lay brothers at St. Patrick's Orphanage. They would come for us in a big sleigh and team of horses and we would all hop in bursting with excitement. The sleigh ride I was on was a mild, starry winter's eve. Sleigh bells jingled - Christmas was in the air. The moon shone in all its glory making the atmosphere so romantic - however we were secure in the knowledge that alas the lay brothers from St. Patrick's were a religious order and like priests remained celibate. We sang songs and enjoyed the smell of the hay we sat on and the cozy warm blankets that covered our limbs. The fresh air was exhilarating. We were famished when we returned and were more than pleasantly surprised that Sr. Irene had hot baked beans, toast and hot cocoa waiting for us. She was a dear. We all loved her.

Another Christmas (our second as nursing students) was fast approaching and with the New Year (1945) the beginning of my third year in nurses' training - another milestone.

RECOLLECTIONS OF MY THIRD YEAR (1945)

During our third (final) year we were known as Senior Nurses. We were earning \$10 per month as before, and continued to work every day of the month (no days off).

Three historical events marked our third year as student nurses. They were as follows:

V.E. Day - May 8, 1945

Victory in Europe was celebrated by emotion packed people everywhere. It signalled the end of five years of incredible bloodshed and suffering. More than 40,000 Canadians died. The streets in Prince Albert were lined with people of all ages. There were marching bands and banners waving. People marched, walked, hugged, laughed and shouted with joy. All off duty nurses, in full uniform, joined the marchers (I was one of them). Someone took our picture (I still have it). The war was over. As we continued to march through the streets of Prince Albert I pondered thus:

Peace at last - but at what an exorbitant price!

Federal Election - June 1945

The Liberals won the election but William Lloyn Mackenzie King (Canada's 11th Prime Minister) lost his seat (which was Prince Albert). When he made his election visit to his home constituency that year, he visited the hospitals and that is where I met the Rt. Honourable gentleman.

I am not at all politically inclined and it is ironic that I married a man who lives and breathes politics. My husband's library consists of biographies of men in politics and especially those of the Prime Ministers of Canada and that is how I came upon the biography of Wm. Lloyn Mackenzie King. Because he was the first Prime Minister of Canada that I could remember (I was too young to remember his predecessors), I became interested in his biography. I learned that it was he who introduced "Old Age Pension in 1927 (on a means test basis). Conscription in World War II and in 1944 introduced Family Allowances and Unemployment Insurance.

I found it interesting to note that he spent more time in office than any prime minister in the British Commonwealth. His biographers called him "The Incredible Canadian" and rightly so - while directing the destinies of Canada he also dabbled in "Spiritualism" - thus our first mystic Prime Minister.

V.J. Day - August 14, 1945 - Marked the American victory in Japan following atomic bomb attacks on Hiroshima and Nagasaki.

And now, back to nursing Because we were seniors we were given more responsibility, for example, we were often scheduled to work with Juniors and were there to help if and when they encountered any problems.

We were now taught to administer intravenous infusions as well as blood transfusions. There was always help from Sister in charge if we struck a difficult vein. In time I became quite adept at finding and entering a good vein. In those days (in emergency cases) it was not uncommon to give direct transfusions (performed by a physician). In this method the blood was removed from a suitable and compatible donor and immediately injected into the vein of the patient. In non emergency situations, the indirect method was used when blood was removed from a suitable donor, collected in a vessel containing sodium citrate which with agitation of the mixture prevented the blood from clotting. Of course the physician always decided whether he wished to use the direct or indirect method.

One day, as I was working in minor O.R. where collecting of blood usually took place, a big, tall young gentleman came in to donate. He was neatly dressed in civilian clothes (he'd been in the air force) I watched as he strutted in so confidently and I was still watching as he fainted when he saw his own blood. Strange, it was always the "big guys" that passed out. No problem. It didn't take long to revive them - a little brandy, a hot cup of coffee and they left feeling better and perhaps a little embarrassed.

Today, there are blood banks in all large cities so that blood is available on short notice and sent out in special refrigerated units even to most remote rural hospitals. In the 1940's I worked in one rural hospital where in emergency situations a box of refrigerated blood was dropped by a mercy plane and we would dash out to the air strip to pick it up. Also an air ambulance plane with a registered nurse on board would pick up our patients requiring transfer to a larger centre.

In order to accommodate all students, Departmental training started at the beginning of our Intermediate year and continued into our final year. On a rotation basis we had to spend 4 to 6 weeks in each department such as the Operating Room, Out Patient, Emergency, Paediatrics, Obstetrics (Delivery Room), Nursery and Dietary - not necessarily in that order. I am sure I had numerous experiences as I rotated from one department to another. So much time has elapsed that I can now remember only those experiences that hurt, saddened, embarrassed, surprised or delighted me. These stand out in my memory very clearly.

I will begin with my student days in the Operating Room. We had a minor O.R. where small surgeries such as T&A's (tonsillectomies and adenoidectomies) hernias etc were performed. Training in minor O.R. was relatively easy. In major O.R. heavy surgery such as hysterectomies, cholecystectomies, C-sections etc were done. Training in major O.R. was hard work (mentally and physically). Miss Noonan was the O.R. supervisor. Miss Menard was her assistant. Miss Noonan was a small, delicate, middle aged woman with very expressive blue eyes and skin that even a teenager would envy. She appeared so delicate that her actual strength and endurance never ceased to amaze me. Miss Menard was a direct contrast with dark brown eyes, black hair and dark complexion. She was of medium height and somewhat overweight. Miss Menard was a happy person and laughed alot. She was good for our moral.



V.E. DAY (VICTORY IN EUROPE) MAY 8, 1945. P.A.



V.E. DAY - OFF DUTY NURSES ON PARADE P.A.

I IDENTIFIED MYSELF WITH AN X.



V.E. DAY, MAY 8, 1945. PARADE IN P.A.

V.E. Day (Victory in Europe) May 8, 1945
Street Parades



Operating Room Scene

In the O.R. we studied simply by "observing" akin to "on the job training". I found myself memorizing the various types of sutures, needles, scalpels, instruments and the step by step surgical procedures. Observing some surgeons do "their stuff" and trying to learn something from them was for me an exercise in futility. Their nimble fingers and experienced hands worked with such speed that I simply couldn't take it all in. Some surgeons however, took time to explain the procedures step by step. This had to be stored in our minds - there was no "note taking" in the O.R. We learned by trial and error. It was all very gradual - from the bottom of the ladder (circulating nurse) to the very top (Instrument nurse). After about 30 minor and 60 major scrubs we were ready to leave the O.R. and go on to another department.

The following is my own personal experience in major O.R. After a certain period of observations in major O.R. I was given the duties of "Circulating Nurse". In this capacity I was to make available any additional items that were required during the course of surgery such as extra sutures, needles, instruments, sponges etc. I was also to keep a keen eye on the blood soaked sponges that the surgeons discarded into a special stainless steel basin. With a long forcep I would fish these out one by one and hang them on a special "sponge rack" where they were readily visible and I could count them quickly. Before the surgeon closed the peritoneum (lining of the abdomen) the instrument nurse and I would do a sponge count. Her count and my count had to be the same. In the event of a missing sponge the surgeon was not allowed to close the abdomen until the missing sponge was accounted for. The count was always correct. During surgery it was also my duty to wipe the perspiration from the surgeon's forehead. With gentle hands and with almost maternal instinct I wiped the brows of many hard working perspiring surgeons. In the 1940's in our hospital, whenever a surgeon happened to get blood on his shoes during surgery it was my duty as circulating nurse to get down on my knees and clean their shoes.

One day after cleaning several pairs of shoes, I told Miss Noonan (our O.R. supervisor) that I found this getting down on my knees demeaning and servile and "why couldn't they wipe their own shoes?" (some surgeons did). Her answer was: "It teaches you humility." I accepted this but it did not soothe my annoyance to see a surgeon point his blood splattered shoes at me and as if on cue I would go down on my knees and become the "shoe shine girl".

The next step up the O.R. ladder was being "Suture Nurse". From observing, I learned which sutures were used on which needles, the correct way to thread them, how to hand them over to the Instrument nurse and at what stage of surgery the various sutures were required. With time, I became a very skilful suture nurse, so much so that I actually enjoyed it. Of course, through the entire operation, Miss Noonan or Miss Menard was there observing each and every one of us.

I cannot remember how many "Suture Scrubs" I had before I was promoted to the very top and final step of the O.R. ladder (that of being Instrument Nurse). I now had to stand next to the main surgeon, anticipate his needs and expertly and correctly hand him the required instruments. My first experience as "Instrument Nurse" was a complete disaster. Unfortunately, I did not have the surgeons that would slow down and explain as they went along

- instead I had the clinic doctors who were noted for their speed - their long fingers were flitting around like a concert pianist's. I couldn't match their dexterity and got so far behind that finally I just stood there as they helped themselves to my neatly set up instrument tray, throwing instruments back helter, skelter and all I could do was wipe the bloody things, reclamp and place them in proper order. I couldn't wipe the tears that were burning my eyes because my hands were sterile. I felt so humiliated! My first "major scrub" - I will never forget it. Gradually I learned the system and became quite proficient but I didn't really enjoy being "Instrument Nurse".

Many years later, I took a short refresher course and with the help of an R.N. who had post grad training in O.R., I became surgical nurse in a 32 bed rural hospital and enjoyed it immensely. (Thank you Shirley T.). At that time major surgery was allowed in rural hospitals.

Working in the Operating Room with ether fumes all day sometimes made us very thirsty. The O.R. was located on second floor which was Sr. X's (The Holy Terror) domain. It was also the floor that had the refrigerator that held the pitcher of water that the O.R. nurses drank. What happened to me during my first trip for a drink of water, to this day, is almost unbelievable. I no sooner raised the glass of cold water to my lips when Sr. X walked in. She pounced on me like an eagle on a little field mouse. "Miss Chuback", she asked (her eyes blazing) "What are you doing here?"

I answered, "I am thirsty, Sister, I came for a drink of water".

"You are NOT thirsty, Miss Chuback, you are LAZY - you just want to get away from your duties in the O.R. - go back where you belong - I don't want to see you in this kitchenette again" - and with that she quickly turned her back and walked away her white veil trailing after her.

Without a word, I put down the glass and with shoulders sagging and eyes brimming with tears I blindly made my way back. By the time I reached the operating room I was crying so bitterly that the nurses and doctors who gathered around me became alarmed. "Are you sick?" - "What is wrong?" - "Did your brother get killed?" (remember this was war time) "Tell us what happened".

Because my sobs were almost choking me, I could not answer any of them. Then Miss Noonan put her arms around me and held me until I was able to calm down. Finally, I told her what happened. Immediately she left to have a talk with Sr. X. When she returned, she brought with her a tray with glasses and a large pitcher of ice cubes and water. She said to me, "As long as you are in my department and under my supervision Sr. X will not intimidate you - I promise".

Several days later we were scheduled for a cesarean section. The patient was from second floor (Sr. X's domain). She therefore came into the O.R. to stand by. My only function for this major surgery was to scrub and receive the newborn in a sterile blanket, place it in an incubator and observe it until surgery was completed. I felt Sr. X's critical gaze following my

every move. After it was all over and I was going off duty Sr. X stopped me in the hallway. "Miss Chuback", she said, "if my patient dies it will be your fault."

I stared at her in stunned dismay. I was totally horrified. I felt my knees go weak as she continued her tirade.

"I watched you", she said, "you contaminated the surgeon who because of you contaminated the patient" - and off she went her rosary beads rattling in my unbelieving ears. My legs felt like rubber as I walked back to the O.R. and again relayed this scenario to my supervisor. Miss Noonan's lovely blue eyes turned cold as steel.

"Miss Chuback", she said, "I am your supervisor, I am responsible for what goes on in my O.R. I watched you and believe me - you did nothing wrong - you did not contaminate anyone."

I left the O.R. feeling as if a huge weight had been lifted from my shoulders and I knew that within a few minutes there would be another confrontation between my supervisor and Sr. X. There was no doubt in my mind that this beautiful holy woman, a sister of charity, was my nemesis. I was happy when my O.R. training was completed and I was scheduled for the Emergency Department - away from second floor and Sr. X.

✓ Today I have two vivid memories of my student days in "Emergency". The first was an event that brought a sigh to my heart. It was that of a farmer admitted to emergency one beautiful sunny day during the harvest season. He was totally covered with black dirt and his trousers were shredded so that they hardly covered his mangled, bleeding body. He was obviously in shock. We cleaned him up as best we could in the short time we had before he was rushed to the Operating Room for immediate surgery. In spite of skilful surgeons and blood transfusions, he did not survive. This is what caused his accident:

He was harvesting with binder and horses as was the norm in those days (few farmer owned tractors). Something spooked his horses and he found himself on a bumpy binder with a frightened run away team. He lost control of the reins, fell off and was dragged underneath the binder until the horses came to an abrupt halt at a fence where a neighbour found him and brought him in. Although I was filled with compassion for this unfortunate man, I was becoming more acquainted at seeing the suffering and the dying and was in better control of my emotions. Nevertheless, situations such as this tugged at my heart. I would think thus: a hard working farmer, probably with a wife and children to feed, will come home no more. How unfair! Death is a cheat and a thief.

My next vivid memory of my student days in Emergency is that of an ordinary suture case. The doctor was O.K. Hjertaas. He was one of a group of three new young doctors who at that time established a practice in Prince Albert. I was moved and more than mildly surprised when after finishing the suturing he smiled and said, "Thank you nurse". In those days doctor-nurse relationships were seldom that courteous and that is why to this day I remember those appreciative but seldom spoken words, "Thank you Nurse".

In the Pediatric Department (children's ward) I have very sad memories of an outbreak of dysentery when babies and young children were being admitted daily. If we got them on time we could save them with intravenous infusions and medicine but a lot of the patients were brought in too late and died hours, sometimes minutes following admission. I remember a baby died in my arms as I carried it in. I cannot think of anything more heart breaking than a life taken before it had hardly begun.

One day pretty Sr. Agnes Patricia (the Pediatric supervisor) - we called her Sr. Pat for short - said to me, "Did you know that if you whisper a wish in a dying baby's ear, your wish will come true?" No, I didn't know this. Every young girl has a secret wish of some kind but I could never bring myself to whisper into a dying baby's ear, perhaps because deep down I didn't really believe it. So my memories of my student days in the children's ward are not of convalescing children - they are that of little children's and baby's faces as innocent in death as in life with their half closed eyelids and always "The Last Tear Drops".

My favourite department was the Delivery Room (Obstetrics) and the maternity wards where most patients radiated happiness and joy. I never ceased to marvel at the miracle of birth.

In the 1940's post partum patients remained in bed for 7 days as did surgical patients - 7 to 10 days depending on what type of surgery was done - so it is no wonder that some patients developed an embolus (a blood clot carried by the blood current and obstructing circulation at the point of lodgement). Today, all post partum and surgical patients are up on their feet on the first day if even for a few minutes.

One sad incident (in the maternity ward) that remains in my memory is that of a young mother who delivered a stillborn baby during the night. Towards morning she asked to see her dead baby. I bundled the little body in a fluffy white blanket and I will never forget the mother's eyes as she memorized her baby's face.

From Obstetrics I was sent to the Nursery. The newborns were either all sleeping or all crying as if in chorus - especially before feedings. The majority were breastfed and I will never forget the day I brought the wrong baby to a mother who after feeding the infant realized that it was not her baby and immediately went into hysterics. By now I was aware of my error and hastened to her room with her baby in my arms. Apologizing profusely I soothed her as best I could until she finally calmed down. To be sure, it never happened again.

After four weeks in the nursery I went to the Dietary Department. Miss Bohar (the dietitian) was a very pretty, petite girl with a ready smile and soft blue eyes. She didn't seem to be much older than her students. Miss Bohar taught us practical dietary as well as theory. We worked in the diet kitchen prepared meals, set up trays with diets from regular to special. The diabetic diet was especially time consuming for each morsel of food had to be carefully weighed. We took turns cooking and baking and preparing desserts. Miss Bohar had loads of good recipes.

One day she brought in a chef to teach us how to eviscerate a turkey. We were each given a turkey and told to "go ahead". I didn't know whether I should laugh or cry when the chef demonstrated how to properly carve a roasted turkey. He chose the turkey I eviscerated and prepared for the oven. He found the "crop" in the bird's gullet still intact. My classmates didn't let me forget about that one for a long time.

I AFFILIATE AT FORT QU'APPELLE SANATORIUM (June 1945)

On June 30, 1945 (I remember the date because it snowed - large fluffy flakes that vanished as if by magic the moment they hit the ground). I left Holy Family Hospital Nurses' Residence and took a train to For San (a sanatorium for T.B. patients) located in the beautiful Qu'Appelle Valley in Southern Saskatchewan. A new programme had been established whereby one or two students from each hospital (depending on size of hospital) were to affiliate at this sanatorium for a period of two months - thereby relieve the acute nursing shortage in the San and at the same time receive training in nursing patients with the then common, dreaded and highly contagious disease called "Tuberculosis". (I was chosen as the first affiliate to represent our hospital). This specific bacillus could invade any part of the body - lungs, bones, kidneys and glands. It was often fatal. It also appeared in all age groups.

Meeting nurses from all the hospital training schools in Saskatchewan was most exciting. My interest was particularly drawn to the different types of uniforms and nursing caps. To my surprise some students wore black shoes and stockings as part of their uniforms. It was quite a contrast to those of us who wore white.

The sanatorium, with its variety of infirmaries looked like a little village nestled in a beautiful green valley lush with flowering apple trees and shrubs and acres of sprawling green lawns. The nurses' residence was a tall, spacious, comfortable, well furnished building, which until now was home to a number of middle aged nurses and their director. It was also equipped with a kitchenette which, before bed time, became the hub of activity as all us young students gathered for a snack, a cup of coffee or an occasional cigarette. The two bed bedrooms were cozy and the beds were large and mattresses soft. After sleeping in a narrow cot for almost three years I felt like I had died and gone to heaven. Each bedroom had access to a patio with a southern exposure so we were all able to sun bathe ad lib. I shared a room with Miss Pitzel, a student from St. Elizabeth Hospital in Humboldt. She was a very friendly girl and I missed her when she became ill and had to be hospitalized for two weeks.

To every students's delight, there was also a confectionary store on the sanatorium grounds where we frequently went for cokes and bars.

We soon discovered that after work, we had alot more freedom as compared to our training schools. Although it was against regulations and strictly forbidden, some student nurses, as they got to know their male patients better, dated them in secrecy and a few even fell in love. (Oh, the folly of youth!) One infirmary in particular was filled with young R.A.F.** men who came from England to Canada to get their training in air combat and unfortunately a good number of them contracted T.B. However, most of them were on the mend by this time and were allowed outdoor privileges. With so many young nurses about, dating was inevitable.

** Young English air force men trained in Canada through the Commonwealth Air Training Plan. There were New Zealanders and "Aussies" but it was the English who were the most vulnerable to the dreaded pulmonary tubercle bacillus.



Group photo of First Affiliation Class at Fort San (1945)
(I am in the back row, first from the left)

FORT SAN CHILDREN WARD



ME, EDDY AND RONNY

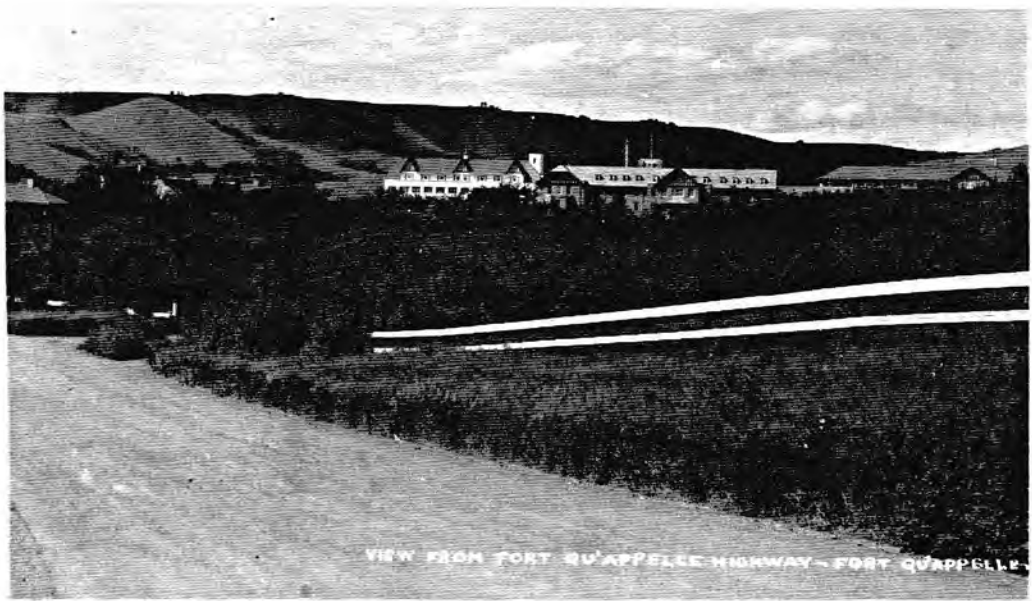
SCENERY EAST OF SANITORIUM. ECHO LAKE



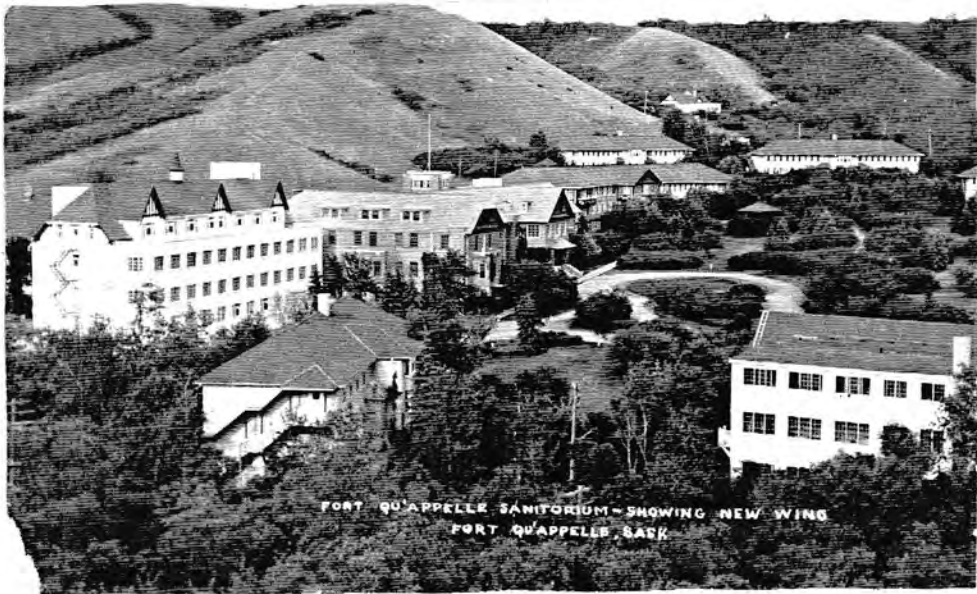
WE USED TO GO BOATING (E PADDLES) ON THIS LAKE

NURSES' RESIDENCE - FORT SAN 1945





VIEW FROM FORT QU'APPELLE HIGHWAY - FORT QU'APPELLE



FORT QU'APPELLE SANATORIUM - SHOWING NEW WING
FORT QU'APPELLE, SASK.

The beauty of the valley, the fragrant, balmy summer evenings and the starry moonlit nights provided the background for romantic escapades to any who were so inclined.

East of the sanatorium was especially scenic with its view of Echo Lake which stretched as far as the eye could see and was surrounded by trees and dotted with colourful cottages. We often went canoeing on this beautiful lake. I remember evenings that were so perfectly quiet, the stillness was broken only by "splish-splash" of the paddles and the infrequent lonely cry of the loon. After a long day of work, this was the ultimate in relaxation.

On one such evening, as our canoe sat idly far out on the calm lake, we were told how Echo Lake and Qu'Appelle Valley got their names. Our guide narrated the following Indian legend:

Many summers ago, a young man came up the lake alone in his birch-bark canoe. He was on the way to the village of his sweetheart, to claim her as his bride. In the darkness of the twilight and of the wooded slopes, he heard a voice speak his name. A strange fear came over his spirit.

"Who calls?" the young man asked. No one answered. He heard only the ripple of the water, the wind in the trees and the echo of his voice asking, "Who calls?"

In a few second he heard the voice speak his name again, clearly and nearby. It seemed to him to be the voice of his sweetheart, though it sounded more like the voice of a spirit than of a mortal. "Who calls?" he asked again. Again there was no answer except the ripple, the breeze and the echo of his questions (thus the name "ECHO LAKE" and "QU'APPELLE" which is French for "WHO CALLS").

Lonely and fearful, he continued his journey all night. At sun rise he drew his canoe up on the bank and went toward the lodges of his friends. As we neared the camp he saw a number of people around the home of his sweetheart. They were singing the songs of death. Without being told, he knew that his loved one had gone to the Land of Souls.

"When did she die?" the young man asked. "Last evening", was the reply. "Twice last evening she called your name and then her spirit departed from this world."

The young man remembered the voice in the woods. Silently he returned to the lake, launched his canoe, and was never seen again. Ever since, people on the lake have heard a voice ask,

"Who calls?" and heard the echo reverberating amongst the woods and valleys.

What a beautiful sad legend. Out there, far out on Echo Lake, it almost spooked me and I urged our guide to paddle back to shore - personally, I couldn't get there fast enough - (so spooked was I).

Back to the T.B. infirmaries - students were rotated in such a way so that each of us obtained the same amount of time and experience in each infirmary.

I particularly remember working in the children's ward and the day I assisted with the application of a body cast on a 12 year old boy who had outgrown his old one. I marvelled at the boys fortitude and calm endurance throughout the entire procedure. All the children took their treatments and condition with calm acceptance. They appeared resigned to whatever fate had in store for them. Not so the young women - they fretted, they were depressed, they wanted a normal life, they wanted out and who could blame them? We treated these young with extra T.L.C. and empathy.

The children, on the other hand continued with their schooling. A qualified teacher came in from Monday to Friday. They had a regular classroom set up with huge blackboards, chalk, brushes, books and all the paraphernalia of a school room.

A patient's stay in the sanatorium was not marked by days, weeks or even months. It was generally marked by years. My heart went out to all these patients and especially to those who were too young to be so confined. This was before the discovery of the drugs STREPTOMYCIN and P.A.S. which cured the tubercular patients one might say almost miraculously and gradually the disease was completely wiped out. Sanatoriums closed down and the buildings were put to other uses. However, at the time of this writing there have been isolated recurrences of Tuberculosis, for examples on August 14, 1994 the following headline appeared in one of the newspapers:

Doctors diagnosed with Tuberculosis - Officials are searching the country for people who have been in contact with two doctors who have been diagnosed with a highly infectious form of T.B.

As a matter of fact, since the 1980's there has been a dramatic increase in the incidents of T.B. cases especially in the northern native communities.

Prior to Streptomycin and P.A.S. doctors treated T.B. patients with high caloric diets, rest and copious amounts of fresh air and sunshine. That is why all T.B. sanatoriums were built with huge solariums.

It seems to me the lungs were the most vulnerable to the tubercle bacillus. In a situation where only one lung was involved doctors used "Pneumothorax" whereby a measured amount

of air or nitrogen gas was introduced into the pleural cavity for the purpose of creating sufficient pressure to collapse the infected lung thereby giving it complete rest and a chance to heal.

I remember "pneumothorax" days when patients would line up for this procedure not unlike a line up in front of a movie theatre. They did not have to wait long as the procedure was short. This treatment was repeated three or four times a week and continued over a long period of time - ordinarily several years. Patients usually continued with their normal activities following pneumothorax.

In some cases the phrenic nerve to one side of the diaphragm was cut (phrenicotomy) instead of a pneumothorax. This allowed the diaphragm to rise on that side and act as a sort of splint for the diseased lung. All the students had a chance to observe this operation in Fort San's operating room.

Thoracoplasty (the resection of parts of the ribs) was the most radical of surgical measures in the treatment of pulmonary T.B. Patients requiring this type of surgery were transferred to the Saskatoon Sanatorium because the O.R. in Fort San was not equipped for this type of surgery. The resection of the ribs caused the chest wall to fall and thus collapse permanently a portion of the lung. However this operation was not resorted to until the more conservative methods proved of little value.

We used "separate technique" when nursing "open cases" of T.B. - (those with positive sputum). We wore masks and gowns and constantly washed our hands so that by the time I returned to my own training school, washing my hands had become an obsession.

Classes were held in one very large classroom. Doctors would bring stacks and stacks of X-rays and taught us how to read them. Files of the more severe cases were brought in and discussed at great length. In cases of millenary T.B. (galloping consumption) the lungs appeared completely peppered - the patients prognosis then was very poor (fatal).

While in Fort San I met my pen pal Helen for the very first time. Like alot of kids in my day, my brother Steven joined a pen pal club in the Family Herald and Weekly Star. He received so much fan mail that he couldn't possibly answer all of them so I took over one of his pen pals "Helen". We corresponded for many years. She was now working in Regina so we arranged to spend a few exciting days together getting acquainted. Helen was a very pretty girl with alot of charisma. She attracted people like no one I had known before. As we grew older, we lost track of each other but I often think of Helen and her whereabouts.

After two months at the Sanatorium, the first affiliation class returned to their respective training schools bringing with them a sealed report of their accomplishments. The second affiliation class was already on its way to Fort San and so this programme continued until the end of 1963 when it was discontinued due to the decreasing incidence of the disease and closure of sanatoriums.

In a way I was glad to be back in my own training school and back with my classmates. I continued to work mostly in departments until my departmental training was completed.

It was now autumn and working indoors I missed the glorious colours of the trees that lined the streets and parks and highways. I saw little of the change of the season until it was obvious that the ground was covered with a gleaming blanket of snow. Soon I was to spend my third Christmas at the residence and very soon after Christmas and the New Year we would be receiving our "black bands". We could hardly wait for this epitome of success. It was not unlike a student pilot receiving his "wings".

I RECEIVE MY BLACK BAND (January 12, 1946)

On January 12, 1946, our three year nursing programme was officially completed although we had to wait until May 19th for the actual graduation exercises. On a sunny clear day in February we received our black bands which we immediately attached to our nursing caps. The band identified us as graduate nurses. The foursome (Miss Olson, Miss Jacobson, Miss Dewey and I) moved out of the nurses residence into a spacious self contained upstairs suite at the home of Mr. and Mrs. Ball.

Every morning we got up earlier than usual because now we had to walk to work. We walked across the old railway bridge (the Diefenbaker Bridge was non existent) took a short cut by the Sacred Heart Cathedral and on to Holy Family Hospital. In the summer the early morning walk was exhilarating and pleasurable. Not so during the winter especially when the mercury dipped down to -40°C . It was then that as I walked over the bridge I hated to look down the frozen North Saskatchewan River which seemed to chill me even more. I felt that Prince Albert was one of the coldest spots in the province.

As graduate nurses we received a salary of \$100 per month. We felt rich and independent.

Life was full of anticipation as we looked forward to May 19th - less than five months away.

In time, winter vacated the city and spring took up tenancy. The ice on the North Saskatchewan river was beginning to thaw and shift (we watched its progress every day on our way to work). Eventually great big sheets of ice, like rafts, floated away so swiftly it made me dizzy just to watch this phenomenon.

Gradually the grass in the residential park (where we spent so many of our student days studying) was turning green. The buds on the shrubs surrounding the park were coming alive - spring was in the air - nature was waking up from a long sleep. I was so happy! It felt good to be alive and to witness the rebirth of my favourite season.

I BECOME A REGISTERED NURSE (May 15, 1946)

With graduation not too far off, we continued to work at the hospital and at the same time studied for our upcoming "Registration" exams which were to take place in April. Every evening after work, we studied and crammed, sometimes far out into the night. As it turned out we all passed. Sister Irene called each one of us into her office and congratulated us. Our R.N. Certificates arrived May 15 - just four days prior to graduation. For me, it was a dream come true - the climax of everything I had ever dreamed of as far as my professional life was concerned. I was now Miss Alice Chuback, R.N. I was so happy! What more can I say?

Incidentally, Registration fees in 1946 cost us \$5.00. Today, the fee is \$235.00. Of course today's general duty R.N. earns somewhere in the vicinity of \$80-\$90 per day as compared to \$100 per month in the 1940's.

Finally I could put my books away and practice what I learned. After three years of classrooms, studying and exams it was a relief to say the least. The following is a list of books I put into storage:

1. The Principle and Practice of Nursing by Harmon and Anderson - 4th edition.
 2. Pharmacology, Bacteria Medica and Therapeutics by Solomon - 5th edition.
 3. Nutrition In Health and Disease by Cooper, Barber and Mitchell - 8th edition.
 4. Surgical Nursing by Eliason and Ferguson - 5th edition.
 5. Physiology and Anatomy by Greisheimer - 4th edition
 6. Essentials of Medicine by Anderson and Taylor - 14th edition
 7. Handbook of Obstetrics by Labriskie and Eastman - 7th edition.
 8. Essentials of Pediatrics by Jeans and Rand - 3rd edition.
- All published by Lippincott.

In addition all my notebooks of the various doctors lectures were put away, as well as notebooks on Religious Ethics, Medical Ethics, General Ethics and Conversational French which were all taught by Rev. Fr. Chartiez.

Graduation was just around the corner. Two weeks or so before Graduation day, as I closed my eyes to go to sleep one night, I saw a vision of a newly dug grave with a shovel resting upright in the soft, moist, black dirt. Dream or vision, it startled me and I quickly sat up in bed and tried to rid myself of an "ominous" feeling. On June 18th, I received a phone call informing me of the death of my brother-in-law John, who although only 34 years old lost his long battle with Tuberculosis. The news was a terrible shock to me. I was very fond of this kind and gentle person - the husband of my sister Jenny and father of my two little nieces, Loretta age 7 and Judy age 2:

Saskatchewan Registered Nurses' Association

This is to Certify that ALICE MADELEINE CHUBACK
has complied with the requirements of the Saskatchewan Registered Nurses' Act and
has been duly registered as a member of the
Saskatchewan Registered Nurses' Association
and is thereby entitled to practise the profession and to use the title

Registered Nurse

In Testimony Whereof we have herewith affixed our signatures this
fifteenth day of May nineteen hundred
and forty-six



No. 5360

Dorothy B. Harrison, Reg. N.
PRESIDENT
H. W. Ellis, Reg. N.
REGISTRAR

GRADUATION DANCE (May 18, 1946)

The week before graduation was filled with various social activities one of which was a luncheon at the home of Dr. and Mrs. Cody. For me, there was always the problem - what to wear. I settled on a simple black dress with matching high-heeled shoes. In the 1940's black was very much in vogue. I remember little of the luncheon except that Mrs. Cody was very pretty, a charming hostess and also well into her first pregnancy.

The Holy Family Hospital Alumnae of registered nurses sponsored our graduation dance which was held on the eve of graduation day. They did all the planning and decorating for this our most exciting evening. Again the question - what to wear. For me this was soon solved by Kathleen Ayotte who was also in my graduation class and who came from Seattle, Washington. She was my size (petite) and owned about half dozen formal gowns. She said to me, "Pick your choice". With eyes large as saucers and heart filled with gratitude, I chose a very simple gown that emphasized my small waist. It fit me superbly but did nothing for my flat chest - however I soon remedied that with a couple of "falsies". My young sister Mary styled my long hair in a loose pageboy and I brushed it till it shone. I liked the way it hung down my shoulders. I applied my make up with the utmost of care (not too much and not too little). Then as I viewed myself in the full length mirror, I was satisfied with the overall results. Nothing filled me with more confidence than knowing that I looked attractive. I did not know then that this very night I was to meet a man that every girl dreams of - a man of intelligence, good looks, position and wealth. Excited and happy (Ollie, Louise and I) left our suite and slowly made our way down the stairs to meet our escorts who were no doubt nervously waiting for us in Mrs. Ball's cozy sitting room. Our dates were pre-arranged by the R.N.'s on the entertainment committee. To escort us to the dance, they arranged for three young men, members of the local Knights of Columbus and in just a few minutes we would meet them face to face. As I descended the stairway, I remember keeping my fingers crossed (all ten of them) for good luck since this was my first blind date ever and I wanted everything to be perfect.

We were introduced to David, Jason and Blair (all fictitious names). David was to be my escort, Jason was Ollie's and Blair was Louise's escort. At first glance they appeared to be three nice regular guys. They presented us with corsages and off we went.

As we entered the dance hall we were greeted by soft music and couples were already on the floor dancing and swaying to the rhythm of a slow waltz. It was almost like "ball-room" dancing. Tall David took me in his arms and with sureness of step we joined the others on the dance floor. David was so tall that I had to crane my neck to look up into his face as we spoke - nevertheless he was an excellent dancer.

When the music stopped and waltz #1 ended, Jason (Ollie's escort) took tall David (my escort) aside and for a few moments I noticed they were engaged in private conversation. After that I found myself with Jason for the duration of the evening. I realized then that Jason had asked David to change partners and I felt like we were acting out the drama of a love song I had heard somewhere a long time ago called "Changing Partners".

Jason was of medium height, handsome and I felt very comfortable with him. I also enjoyed dancing with him - he treated me like I was "special". We floated along with the music and as he held me ever so tenderly my only worry was that if he held me too close my "falsies" would pop out. As the evening progressed, so did Jason's interest in me. He was totally "smitten".

After the dance we all went out for coffee. Sitting across from Jason in the coffee shop we indulged in weightless conversation. We became better acquainted. He told me that he had been a Lieutenant in the air force during the war (which had recently ended-1945) and was now home to join his father's thriving business. I was quite impressed. We talked, joked and laughed until thoughts of tomorrow "Graduation Day" flashed through my mind. I looked at my watch, it was getting late and the boys reluctantly drove us home.

I felt good about Jason. That night I slept well - dreaming of tomorrow "Graduation Day" and thoughts of the ex-air force Lieutenant all but evaporated from my mind.

GRADUATION DAY (May 19, 1946)

On the morning of graduation day, I was awakened by the shrill ring of the telephone. It was Jason. "David and I are having a few friends over this afternoon", he said, "I'll pick you up". By now I was fully awake and pleased to hear from Jason (the ex-lieutenant). I looked at the clock - I had so many things to do. Reluctantly I declined Jason's invitation. We talked about the night before and made a date for that evening (after graduation exercises were over). I replaced the phone, walked over to the window and opened it. It was a beautiful sunny spring day still fresh with the coolness of the night. I felt good. The birds were chirping in the big oak tree beneath my window and a new and exciting day was on its way.

Our graduation bouquets arrived (red roses) my favourite. They breathed out their perfume filling the room with fragrance. It was my bouquet of roses I had in mind when I wrote the poem "To a Rose" in my book of poems entitled "Variety in Verse".

Shortly after the flowers arrived we donned our uniforms for picture taking in the residential park near the hospital. After the photographer left, we returned home, changed clothes and attended a come and go tea with our families which was sponsored by the Sisters of Charity and held at the Nurse's Residence.

Ollie was more than pleasantly surprised when a second bouquet of roses arrived for her. She read the card. It said, "Congratulations" - John G. Diefenbaker M.P.. Apparently Mr. Diefenbaker was a recent patient of hers. We did not know then that Ollie received this lovely gesture from the future 13th Prime Minister of Canada.

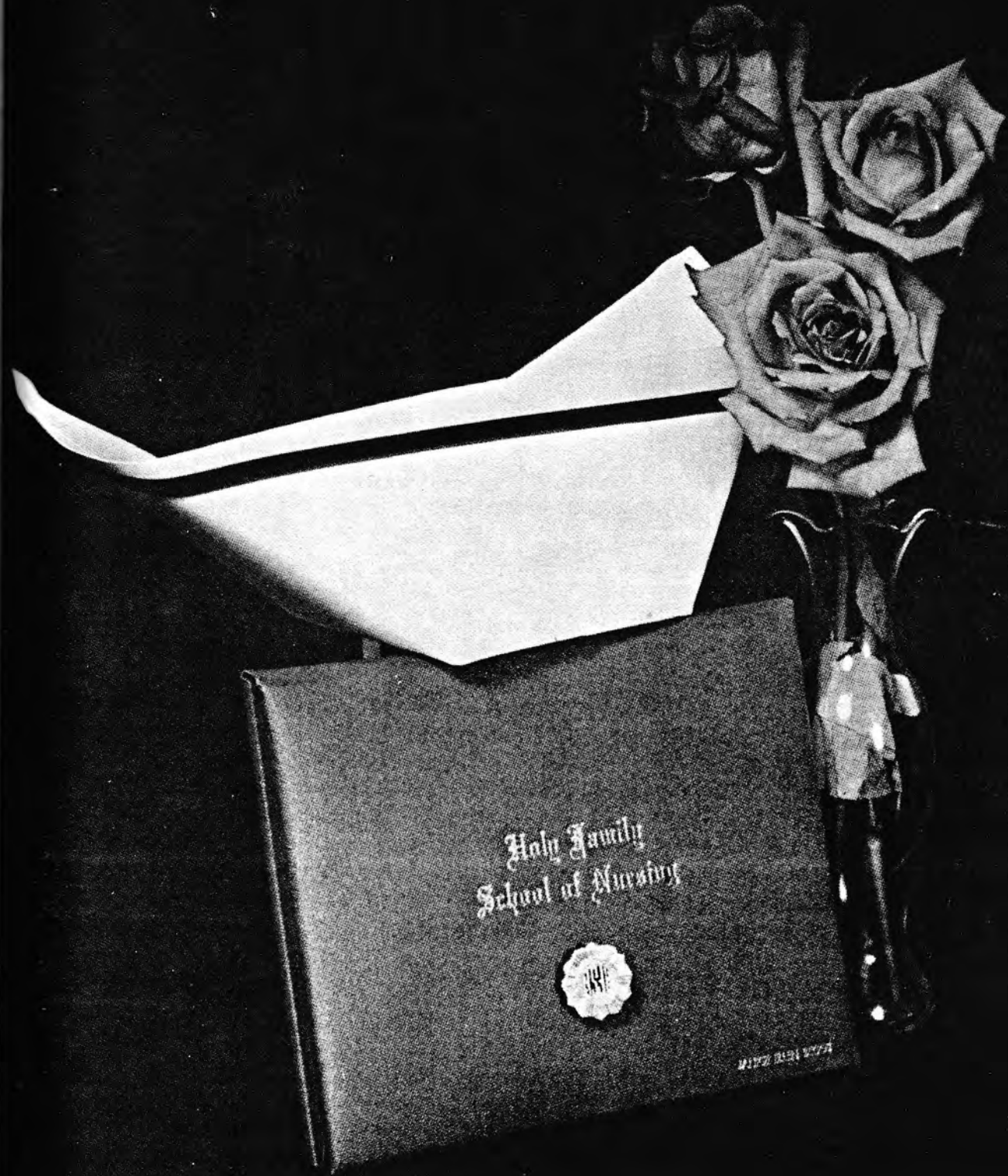
At 8:30 p.m. that evening we entered the elegant Strand Theatre to the tune of a Processional March played on the piano by our own Miss Dorothy Spriggs, class of '45. With our gleaming white uniforms and arms filled with red roses, we must have made a pretty picture indeed.

Standing on the velvet draped stage. Leif Jacobson, in his remarkable baritone voice, sang "Love Sends a Little Gift of Roses", and the student Glee Club entertained with "Happy Days are Gliding" and "A Perfect Day". Whenever I hear these songs (and I rarely do) they take me back in time.

We settled into our chairs which were draped with our capes (the pale blue showing) and listened to Miss Ayotte give the Valedictory speech.

As I sat there on that stage in front of an audience of parents, relatives and friends, I felt a sense of privilege in being here and my heart filled with gratitude, especially towards my mom for were it not for her I would not be sitting here. Gratitude towards the Sisters of Charity and the teachers who taught and guided me for three long years and moulded me into the nurse I had become. A feeling of silent humility flooded over me as I half listened to the valedictorians closing remarks. (I knew now that the long hours of work, study, the tears, the fears - THEY WERE ALL WORTH IT!). I had carried a dream in my heart and the dream became true.

Graduates



Graduating Class 1946

- (L-R) Back Row - Miss Steadward, Miss Sanne, Miss Dunne, Miss Armstrong, Miss Kelly, Miss Ferguson
- (L-R) Middle Row - Miss Arthur, Miss Dewey, Miss Jacobson, Miss Olson
- (L-R) Front row - me, Miss Antonio, Miss Ayotte



The Sisters of Charity

and

Class of 1946

Holy Family Hospital

School of Nursing

cordially invite you to be present

at the

Graduation Exercises

Sunday Evening, May nineteenth

at eight-thirty o'clock

Strand Theatre

Prince Albert, Saskatchewan

Invitation Cards

Our Motto:
"Semper Fidelis"

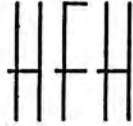
Our Colors:
Dark Blue
Pale Blue

Our Flower:
The Rose

Graduating Class, 1946

Gladys M. Jacobsen Prince Albert, Sask.
Olga M. Olsen Silver Park, Sask.
Louise J. Dewey Young, Sask.
Alice M. Chuback Cudworth, Sask.
Barbara J. Armstrong Aylsham, Sask.
Emilie Sanne Canwood, Sask.
Mary Margaret Ferguson Biggar, Sask.
Kathelene A. Ayotte Seattle, Wash., U.S.A.
Norma Kay Arthur Prince Albert, Sask.
Jeanie M. L. Steadward Eston, Sask.
Anne Antoniow Madison, Sask.
Ethel M. Dunn Birch Hills, Sask.
Maxine M. Kelly Brock, Sask.

HOLY FAMILY HOSPITAL
SCHOOL OF NURSING



PROGRAMME

Graduation Exercises



SUNDAY, MAY 19TH, 1946
8.30 P.M.

STRAND THEATRE
PRINCE ALBERT

Programme - Graduation Exercises

Graduation Exercises

Processional "Priests' March"

MISS DOROTHY SPRIGGS

Entrance of Graduates

"O Canada"

DR. G. H. ANDREWS—Chairman

Invocation

HIS EXCELLENCY BISHOP R. DUPRAT, O.P.

Opening Address

HIS WORSHIP MAYOR J. M. CUELENAERE

Piano Solo

"Prelude No. 17" Chopin

"Butterfly" Grieg

MISS SHIRLEY CARLSON

Address to the Graduating Class

REVEREND JAMES N. BENNETT, C.Ss.R.

Vocal Selection

"Love Sends a Little Gift of Roses" Openshaw

MR. LEIF JACOBSEN

Presentation of Diplomas and Pins

HIS EXCELLENCY BISHOP R. DUPRAT, O.P.

and

HIS WORSHIP MAYOR J. M. CUELENAERE

Assisted by MISS GLADYS NOONAN, R.N.

Presentation of Awards

REVEREND LOUIS J. SIMARD

Valedictory

MISS KAY AYOTTE

Chorus

"Happy Days Are Gliding" Emil Pflock

"A Perfect Day" Jacobs-Bond

STUDENT GLEE CLUB

"God Save the King"

Recessional "Land of Hope and Glory"

MISS DOROTHY SPRIGGS

Accompanists—MISS DOROTHY SPRIGGS and

MISS KRISTINE JACOBSEN

Director of Musical Programme—MRS. SIMONNE WARD

Musical Selections—H. RECEVEUR AND HIS ORCHESTRA

Semper Fidelis

Holy Family Hospital

Prince Albert, Saskatchewan

School of Nursing

This is to Certify that

Alice M Chuback

has completed the course prescribed in theoretical and practical work and has passed successfully the examinations required.



In witness whereof the undersigned have affixed their signatures this 12th day of February 1946.

J. M. Morrow M.D.
President of Medical Staff.

Sister M. Cavillan R.N.
Superintendent of Hospital.

Sister M. James R.N.
Superintendent of Nurses.

My Nursing Diploma



Graduation Day - The Foursome

L-R L. Dewey, O. Olson, G. Jacobson, A. Chuback



My Graduation photo - May 19, 1946



Our gold graduation pin

There were more speeches as we received our diplomas and gold pins. Then came the "special" presentations for general proficiency, bedside nursing, professional ethics etc. The gold medal for highest standing in theory went to me. It did not surprise me - I worked hard for my marks.

And so the long awaited graduation day had come and gone. We marched off the stage and out of the theatre to a recessional hymn and were immediately surrounded and congratulated by family and friends.

A friend I knew way back (from my home town) took me home. In the excitement, the hurry - scurry and the stimulating activities of the entire day, I completely forgot about my date with Jason who was out there in the audience and was now waiting for me outside the theatre. He saw me walk away with someone else. It appeared to him like I had deliberately broken our date.

Early next morning the phone rang. It was Jason. "Who was the flame that walked you home?" he wanted to know. I explained and apologized and we talked for a long time. Before he hung up he asked me for another date and I accepted. Much as I looked forward to our next date, it was a total failure. It was also our last date. Jason drove me home and we both knew that we would not see each other again. I pretended that I did not care, but that night sleep did not come easily. (Cinderella met her prince but the shoe did not fit).

The beautiful Strand Theatre which was located on 9th Street and Central Avenue has long since gone - remodelled into a number of offices and businesses. Many years later I walked into a splendid theatre in Toronto with my sister and brother-in-law to see "The Sound of Music" starring Julie Andrews and Christopher Plummer. To me that theatre was reminiscent of the Strand Theatre in Prince Albert, where every year in May a new group of nurses held their graduation ceremonies.

I continued to work at Holy Family Hospital doing general duty nursing. Sometime later, I registered for private duty which meant I nursed one patient only, however, the patient was almost always critically ill. At this time two private cases stand out in my memory.

The first was that of a 50 year old male admitted with a heart attack. He was a handsome blonde man built like an athlete. He got over the attack and was convalescing satisfactorily. Every day his attractive wife would come and visit him. He continued to do well but had not yet been out of bed. In those days a heart attack patient was kept on strict bed rest for weeks, even months. One day as my shift ended and Miss McDermid had just come in to start her shift, our patient was suddenly seized by a second heart attack. In spite of tremendous efforts to save his life, the patient died. Today with all the advanced medical knowledge, medical technology and sophisticated equipment, this man in all probability would have survived. His wife, who was on her way to visit him could not be reached by phone and was unaware of her husband's sudden death until the attending physician met her outside the ward. On entering her husband's room she totally "lost it". She took hold of her husband's shoulders and tried to

shake him back to life. Failing this, she threw herself at us, pounding us with both her fists until her anger gave way to wrenching sobs. Our hearts were filled with compassion as vainly we tried to subdue and comfort her.

She always dressed so beautifully to please her husband. Today she was wearing a smart black dress and a matching broad brimmed hat. Her make up which was always impeccable was now smudged. Her eyes were filled with agony. As I looked at her drawn, pale face I was thinking thus: From today on her life will never be the same, Every morning she will wake up with the painful knowledge that her husband, her lover, her best friend is gone forever. Eventually she will learn to cope with her loss, but the hole in her heart will never be filled. Death is a CHEAT and a THIEF.

The other private nursing case I recall so vividly was that of a young man age 20. He was admitted with lobar pneumonia of both lungs (double pneumonia). He was an only child and his anxious parents sat in his room hour after hour watching his laboured breathing and waiting for his fever to break. Three private nurses (including me) nursed him around the clock. His condition turned critical and he didn't pull through the "crisis". His death shattered his parents lives beyond my comprehension. I could only imagine what it would be like to be in their shoes and my heart went out to them. I thought thus: A young man with an entire future ahead of him and everything to live for is cut down like a tender blade of grass. I could almost see the "Grim Reaper's" scythe. Then I remembered something I had read somewhere. It went like this: when your parent dies you lose part of your past, when your child dies you lose part of your future. This couple had just lost part of their future.

I continued doing private duty nursing at Holy Family Hospital until some of my classmates who were nursing in rural areas urged me to join them - "This is where you really acquire experience and responsibility" they said. Long before graduation, I had made plans to join the nursing staff of St. Mary's Hospital in Rochester, U.S.A. but first I had to save some money. Where else but in a rural setting could this be possible.

I SAY GOODBYE TO MY ALMA MATER

The decision to leave the security of my nursing school was not an easy one and I pondered over it for some time. On the last day of work, as I closed the huge doors for the last time, I stood for a long time before the large brick building which had become as familiar to me as any place I had known. I knew I would miss it and the women in white working within its walls and the lives that were thrust upon them. I thought of the knowledge I had gained here and also of the keen depth of perception and compassion I had acquired. Standing there, the first day I was shown to my sleeping quarters flashed through my mind. I saw the dormitory which I shared with countless other trainees - it was like an army barracks with beds squeezed in, all along the perimeter. Living in such close proximity with one another a very close bond developed amongst us. We became like a loving, caring and sharing community. For a moment I felt amputated - cut off from everything that was part of my life for over three years. I turned away, walked down the concrete steps and out into the street. Each time I stopped to look back at the hospital complex it appeared smaller and further away until it was completely out of sight. Silently, I bade farewell to my Alma Mater.

I turned west. The sun was already setting in hues of red and I knew that tomorrow would be a nice day.

HISTORY OF THE HOLY FAMILY SCHOOL OF NURSING (1910-1960)

The Hospital School of Nursing was established in 1910 at the time when the hospital was initially opened to receive patients. The first students were Sisters of Charity of the Immaculate Conception, the community who own and operate the hospital. Sr. M. Katherine in 1913 and Sr. M. Rosina in 1914 were the first to graduate. They received their classes and experience in Surgical and Obstetrical Nursing at the Holy Cross Hospital in Calgary. All other educational experience was gained at the home hospital in Prince Albert.

In 1912, a frame building was opened on the hospital property to house 12 lay nurses. At first only a few applicants were admitted. In 1916, the first lay graduates consisting of two nurses, graduated from the Holy Family School of Nursing. Over the years hospital facilities expanded from the original 25 beds to its present 150 beds. With increased facilities, more demand was made on nursing services and admissions also increased. Although more students were admitted, the housing facilities did not grow in proportion and neither did classrooms and teaching equipment for many years.

However, with the opening of the 1927 wing of the hospital, a large dining area provided much improved eating facilities and in 1935, the next wing provided a large classroom in the hospital basement.

The original frame residence became increasingly inadequate in spite of numerous additions. Finally after many fervent prayers a new modern brick residence was opened in 1955 giving up to date accommodation for a possible 80 students, with adequate classrooms, lounges, auditorium, offices and library.

With increased enrolment, the faculty also increased from the original one. The availability of adequately prepared faculty had, however, presented a problem over the years. As this problem existed in many other schools of nursing in the province, the Centralized Teaching Program was set up in 1953 to provide teachers for the Social and Biological subjects in the preliminary four months of the course. Holy Family Hospital students spent the first four months in Saskatoon with students from other schools and the pooling of teachers eased the shortage. Holy Family Hospital students also received instructions in the Social Sciences from the Basilian Fathers at St. Thomas Moore College.

For many years two classes were admitted to the school each year. Because of educational patterns it was decided in 1960 that one group of admissions each year would be accepted and this change was followed in 1963 by extending the preliminary program at Centralized Teaching from four to seven months.

Over the years, the teachers had been assisted by the supervisors and Head Nurses with supplementary classes, demonstrations and incidental ward teaching. The four major clinical areas had teachers who provided a concurrent program in the classroom and clinical area. The Medical Staff, Dietitian, Pharmacists and clergy had also assisted when called on, as had other members of the hospital personnel.

For many years Holy Family Hospital students received an affiliation in Tuberculosis nursing at the Sanatorium. This was discontinued in 1963 due to the decreasing incidents of the disease and the closing of some of the facilities in our provincial sanatoria.

Affiliation in Psychiatry was available to all students. For some time this was obtained at Munro wing in Regina, but with the new facilities in Yorkton, students later received 12 weeks at the Yorkton Psychiatric Hospital.

Over 650 young ladies have earned Diplomas as Graduates of the Holy Family School of Nursing and are to be found in many parts of the globe.

In 1943, Sister Symphorosa, with assistance from a small group of graduates of the school organized and established the Alumnae Association as a Benevolent Society, operating under duly authorized constitutions and by-laws.

To mark the 50th Anniversary of the School of Nursing in 1963, a reunion brought nearly 300 alumnae from various areas in Canada and U.S.A.

Since the closing of the school, a reunion has been held every 5 years. The last reunion was held on May 17 and 18, 1985 in connection with the celebration of the Holy Family Hospital's 75th Anniversary.

In December 1963, the move was made from the old hospital facilities into a fully modern, well equipped hospital providing 150 beds with necessary services.

The Sisters of Charity of Holy Family Hospital have come a long way from the first venture in caring for the sick and working for the education of nurses. After 59 years of existence, the Nursing School of Holy Family Hospital closed its doors in 1969.

The Sisters of Charity pray that all alumnae will continue to look back to their Alma Mater.***

The nurses' residence which was opened in 1955, remains the property of Holy Family Hospital. It provides accommodation for student nurses from Kelsey Institute when they come for their rotation of clinical experiences at Holy Family Hospital. Suites are also available for hospital personnel.

*** History of the Holy Family School of Nursing (1910-1960) (Taken from the book "1910 Celebrating Caring 1985") - compliments of Sr. Kechum, S.C.I.C. - Executive Director - Holy Family Hospital

The fully modern, well equipped 150 bed hospital opened in 1963, continues to serve the sick but alas in 1993, much to the dismay of the people of Prince Albert and surrounding communities, the role of Holy Family Hospital has been altered by the present provincial N.D.P. government which was voted into power in 1991.

Directors of the School during my student days are marked by asterik.



Sister (M. Katherine) Mutter
1918 - 1924



Sister M. Austin (Verrow)
1913 - 1918



Sister (M. Electa) King
1924 - 1927



Sister (M. Symphorosa) Tremblay
1927 - 1945



Sister M. Irene
1945 - 1953



Sister (M. Germaine) Kergoat
1953 - 1960



Sister (Rosarie) Lundy
Associate Director
1957 - 1963

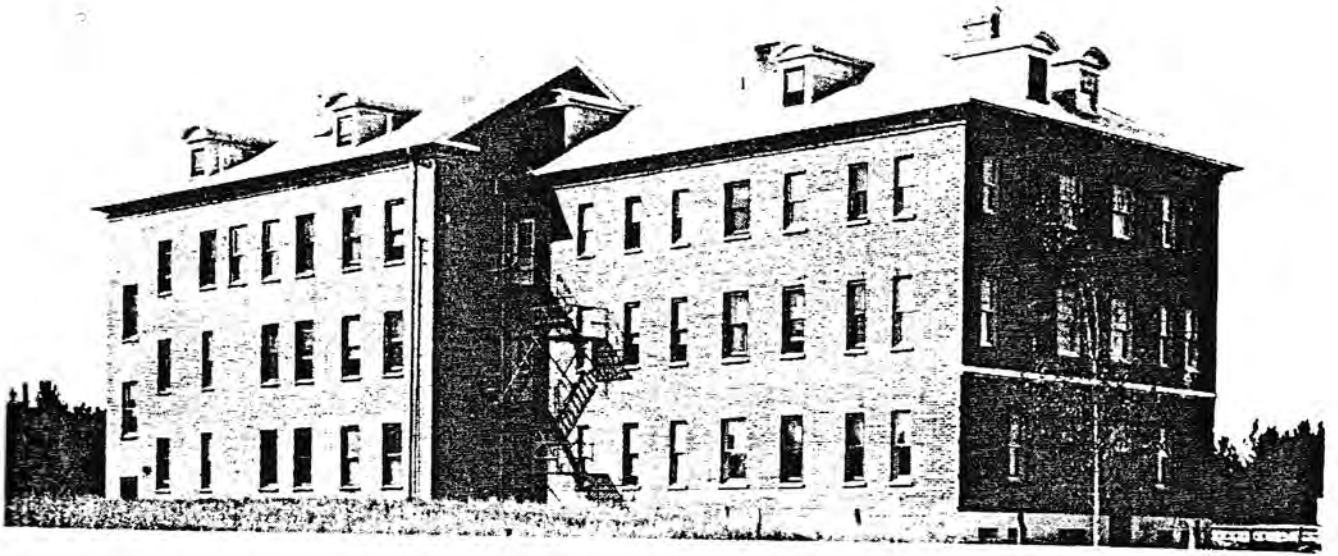


Sister (Jane Frances) Rooney
1960 - 1966



Sister (Anne Marie) McGloan
1966 - 1969

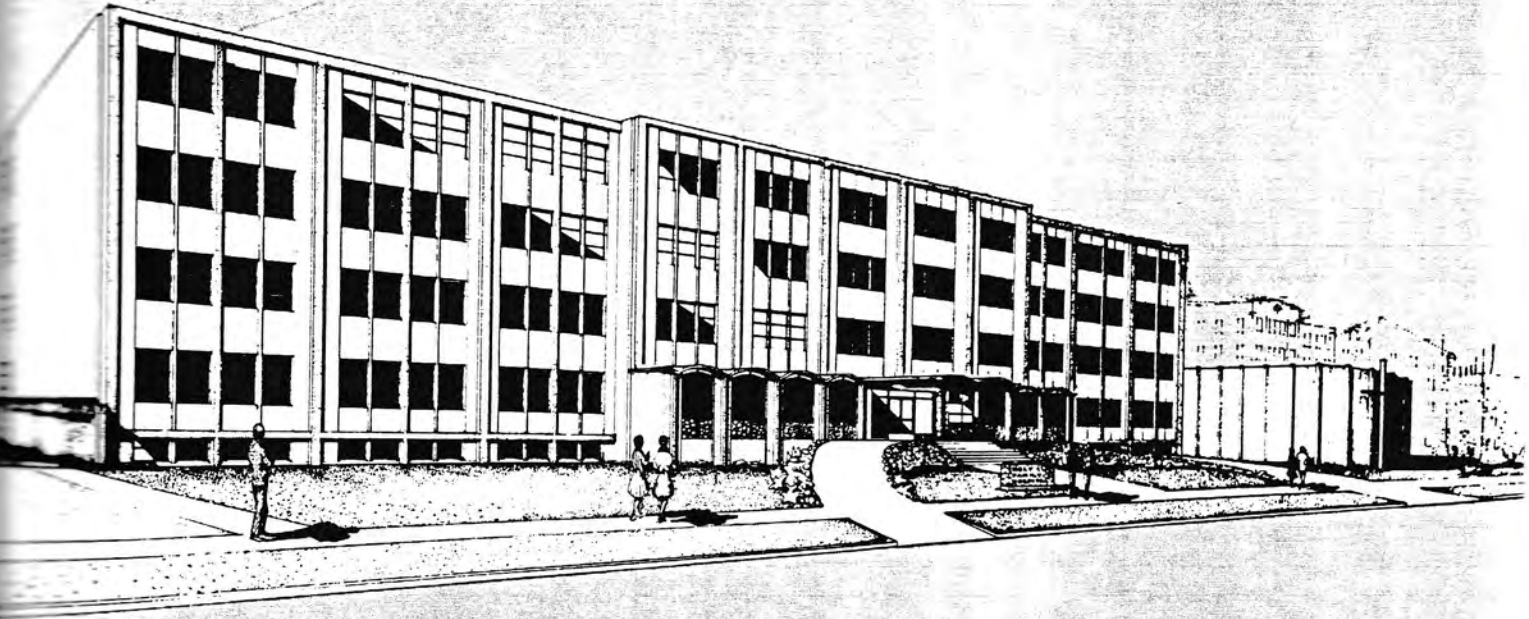
DIRECTORS
OF THE
SCHOOL



Holy Family Hospital
1915



Holy Family Hospital
1935



Holy Family Hospital

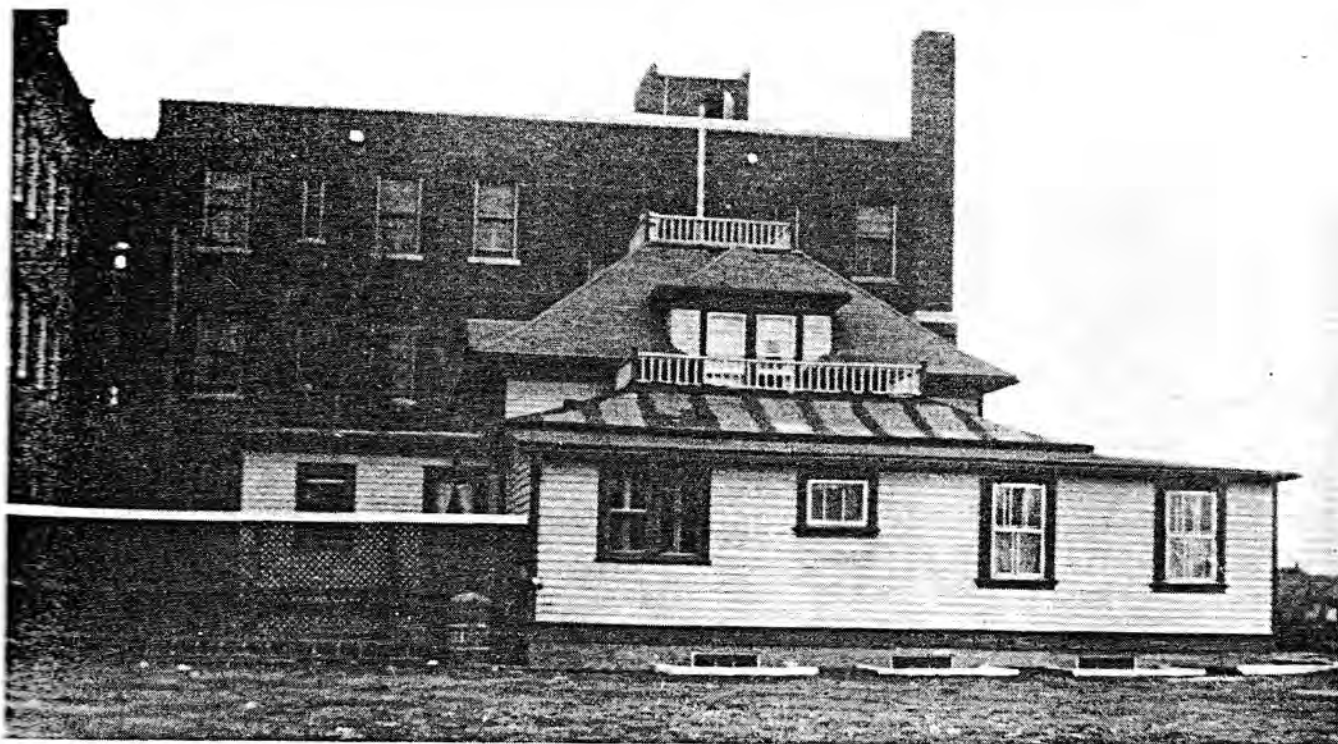
Prince Albert, Saskatchewan

Architectural Drawing 1963



*Picture of 1964 Hospital
as it is today*

FRONT ENTRANCE



*Nurses' Residence 1915 - 1955
(with addition)*



Nurses' Residence 1955 - 1969

First Lay School of Nursing Graduate 1923



*First Lay School of Nursing Graduates 1923
with Bishop Pascal. The two graduates sitting are;
Miss Alice Desrosiers, Miss Josephine O'Sullivan.
Other students could be; Miss Marguerite Boyer, Miss
Roberta McCusker, Miss Florence Beddome, Miss An-
nie Frevel, Miss Lillian Holderness, Miss Marie Kilden.*

LIFE AFTER NURSING SCHOOL

As I continue to write, I realize that today is August 19, 1994 - my 71st birthday. It is also the 52nd anniversary of the raid on Dieppe which took place on August 19, 1942 (the day of my 19th birthday). Five thousand Canadians took part in this battle of which 900 were slaughtered and 200 were listed as casualties. So you see, my teenage years and my early twenties were marked by various historical events of World War II.

My first position after leaving Holy Family Hospital was at St. Michael's Hospital which was located in the small town of Cudworth where my parents now lived in retirement. The 32 bed hospital was a 2-storey brick building owned by the Sisters of St. Elizabeth (a Franciscan Order). It was extremely tidy and clean and the well cared grounds included a grotto and huge gardens. The lawns were immaculate. A group of nuns worked in the kitchen, laundry and in the lawns and gardens. They worked hard (like men) with the help of one male caretaker. They were self sufficient.

Nursing nuns were in charge of all hospital departments. The medical staff consisted of one doctor. However, on "surgery" days a doctor from Macklin was available and alot of major surgery was performed. Today all major surgery is sent to large urban centers, and only very minor surgery is allowed in rural hospitals by the present health system.

For a small area, we had an astonishing amount of "deliveries". The delivery room was busy day and night (especially at night). Here is where I met Dr. Rita Gillen, a young woman who set up a medical practise in Wakaw. Since there was no hospital in Wakaw at that time, she delivered her maternity patients in Cudworth. She was the first woman doctor I had the privilege to work with.

She once told me about house calls she made to farm homes during the winter. She was driven in a sleigh and team of horses to homes some of which were so poor, she didn't have the heart to charge them (this was before Medicare). So this compassionate woman did not get paid for many of her services.

The hospital had no elevators and very often I had to help carry stretcher cases up the stairs to second floor for X-ray, surgery etc. The night shift was covered by one R.N. and one nursing aide which meant I had to make numerous trips up and down the stairs to attend to patients on both floors.

Towards the end of my first year at St. Michael's I developed a cardiac arrhythmia. The local doctor put me on digitalis which seemed to exacerbate the arrhythmia. I was only 23 years old. I made an appointment to see a heart specialist in Saskatoon who replaced the digitalis with quinidine and after several weeks my pulse was back to normal. I took a long vacation and felt fine.

DR. J. H. SCHROPP
M.D., C.M., L.M.C.C.
PHYSICIAN AND SURGEON
CUDWORTH, SASK.

August 26th, 1947

TO WHOM IT MAY CONCERN

This will certify that I have known Miss Alice Chuback for the past four years, during which time I have had occasion to observe her while carrying out her duties as a nurse. I have always found Miss Chuback reliable and efficient in every thing she did. Her conduct while in hospital has always been beyond reproach; her devotion to duty an example to others. I have, therefore, no hesitancy to recommend her to anyone seeking her services.



When I resigned from my first place of employment as general duty nurse, I received this recommendation. I never had to use it in Saskatchewan.

I then applied to St. Mary's Hospital in Rochester and was accepted immediately. All I had to do was get a visa. I was all set to go - but then I had to tell my mom and dad. They were aghast at my wanting to go so far away from home and vehemently argued against it. Being an obedient daughter I complied with my parents wishes. To this day I feel that I missed out on a great opportunity.

I did not return to St. Michael's but I still remember the friendship of the nurses I met there - Miss Marshall, Miss Dube, Miss Bevan, Miss Lindross and Mrs. Edwards. Except for Miss Dube, I did not see these girls again.

My close friend Marguerite (I called her Margo) nursed in Vancouver. I received frequent letters from Margo expounding the virtues of British Columbia. Born and raised in Saskatchewan with its inclement winters and brief summers, I could appreciate Margo's delight with Vancouver's balmy climate. She always ended her letters with, "Why don't you come here? - you would love it." So I did. I packed my bags and said goodbye to my mom and dad who were now living alone, their children having flown the nest and scattered throughout the country - mostly to Toronto.

It was my first trip to beautiful British Columbia. It was September 1948. I travelled by train and was fascinated by the changing scenery as the train rolled along. Shortly after we passed the Alberta border, it started to rain. I crawled into my lower berth and the patter of rain lulled me to sleep. In the morning the rain had ceased and for the first time in my life I was seeing real mountains - majestic - yet somehow very strange to a prairie girl. I was used to open spaces as far as the eye could see. I caught a glimpse of a herd of mountain goats then suddenly found myself in complete darkness. I was beginning to wonder if I'd see the light of day again when the train emerged from the long tunnel. The remainder of the trip went by swiftly - I met some young people and we played cards (a game I was never good at).

When we arrived in Vancouver Margo was waiting for me on the station platform - smiling and happy. Seeing her, I felt I had made the right decision.

Margo had a small flat in downtown Vancouver. It was cozy. It was also damp. The dampness was everywhere even in our beds not to mention my hair. Everyday was a bad hair day for me. Margo's hair had a natural tendency to curl and the dampness seemed to vitalize it.

On her day off she took me on a tour of the city. I especially remember Stanley Park with its tall totem Poles (what unusual works of art!) and the aquarium with its exotic sea creatures and aquatic plants. I could smell the sea as the breeze blew in from the Pacific Ocean, but it was the mountains that seemed to draw me like a magnet. They appeared so close and yet they were so far away. When the sun shone (and it rarely did) they sparkled like a myriad of prodigious diamonds.

We visited China Town. This was one place I found a bit scary. Walking the streets of China Town, we noticed an incredible number of sea gulls wheeling and screaming over our heads. They would swoop down so low their large wings would almost brush our faces. You would think that with all those wings, China Town itself would start to fly away. It was almost like a scene from one of Alfred Hitchcock's movies.

I went to work at Mount St. Joseph's Hospital which was about seven miles from our flat. Routinely, I took the bus. Mount St. Joseph's was a missionary hospital run by an order of nuns (the name escapes me now). The hospital was huge and six storeys high. I worked the night shift on sixth floor (surgical). The patients were a mixture of Orientals, blacks and whites. Besides nursing these patients back to health, the aim of the Sisters was to convert the non-Christians.

The area I worked in was always filled to capacity (40 patients). With one R.N. (me) and one nursing assistant we were literally run off our feet (most nights). Here is an example of a regular 8 hours on the graveyard shift at Mount St. Joseph's.

Shortly after coming on duty I am doing my rounds and discover a young oriental man in post surgical shock - obviously from internal bleeding. I contact the Sister in charge - she notifies the surgeon and the patient is whisked back to surgery. He doesn't return.

As I do my two hourly rounds with my faithful flashlight, I enter a single bed ward (the patient - a black man with a bad heart) and immediately I feel the presence of death. Before I see or touch the patient I know that he is dead. (Every nurse has experienced this invisible presence.) I summon the Sister in charge - she enters his room and laments - "Poor soul, he was not converted".

I check a multi-bed ward. Patients are all asleep. I look at Mr. C. His upper dentures are suspended midway between his upper and lower lip. In the dim light, his facial features remind me of the skull and cross bones on a bottle of iodine.

A pretty 20 year old white girl with an unusually large colostomy opening has just had a large bowel movement. She presses the buzzer and I come in with a dressing tray. As I change her dressing I know that she is watching my face to see if I am repelled by the sight and smell of her situation. Tenderly I clean her wound all the while making small talk. When I am finished I look into her eyes - they are so sad - she tries to smile but it is only an attempt. She is so young - I feel she has given up. I look out the window - the moon is thin and white as a daisy petal and is rising over the mountain. Such beauty outside! Such misery inside!

We answer numerous buzzers in the midst of doing patient's charts.

At 5:30 a.m. we run around with bed pans and urinals collecting specimens then we bring out the wash basins and tooth mugs for A.M. care. I look up at Mr. C - the patient that during the night reminded me of a skull and crossbones. He is diligently washing and irrigating his nostrils. I tell him this is not necessary - that nature has a way of keeping nostrils clean - his reply "they are holes, aren't they?" - I sign off the charts and by this time the day staff is ready and waiting for my night report.

On days off, Margo and I would go window shopping. If we saw something we liked we went in and bought it. A two-piece suit I bought in a shop in Vancouver in 1948 would be right in style today (1994).

While walking on the streets of Vancouver inevitably we would get our picture taken by a candid camera man. Then for a dime we could buy it. I still have one. The expression on my face is that of a small town girl awed with a very large city.

It didn't take long before I knew my way around our area, the theatres, favourite restaurants and where to buy the best doughnuts. And so I continued to work at Mount St. Joseph's happy in my new environment until the day I received a disturbing letter from my mom and dad. In part, this is what it said:

[Please come home. In the event of war, the coastal cities are the prime targets. You are living in a danger zone.]

I couldn't believe what I was reading. The war was over, finished - three years ago. Who would want to bomb Canada anyway?? Nevertheless, each one of their letters bore the same message. Their concern for my safety was genuine. World War I included - there was some justification for the paranoia felt by my parents and most of the older folks. I realized they were getting on in years, I started to worry about the stress I was inadvertently putting them through so without much thought - as to my own wishes, I quit my job and returned to Saskatchewan. I left behind green lawns, blooming tulips and budding trees not to mention a very distraught Margo. I came home to frost, ice and snow with not even a hint of spring. It was the month of March - it was cold - it was depressing.

During the long lonely trip home, I was mentally reviewing the variety of patients that had come under my care at one time or another. I thought of the handsome young pharmacist who confided in me about his unhappy childhood as a young school boy. Because he was a Jew, the kids constantly teased and taunted and called him "Christ Killer". He was a full grown man still carrying the trauma of his childhood. I was glad he was able to talk about it. I spent alot of time with him. I just let him talk - I was a good listener. I hoped it was good bedside therapy.

I thought of the elderly man who was brought in D.O.A. (dead on arrival). As I prepared his body for the morgue, I noticed a long numerical tattoo on his right arm (about 8 or 9 digits). It became obvious to me that this person was a survivor of some concentration

camp during war time. The horrors of war and the horrors of his internment were buried with him. No one knew much about him - he lived alone in a small shack and seldom spoke to anyone.

I thought of the elderly man who was hospitalized for terminal cancer of the esophagus. Lying there in bed, he did a lot of thinking. Several times a day he would press his buzzer. He wanted to talk. Did we think there was a God? Was there life after death? Was there a hell? Did we believe in the immortality of the soul? etc. etc. Faced with certain death, this man, who all his life was an agnostic, suddenly had doubts, many doubts, however he refused to talk to a minister. I like to think that he died believing that it is in dying we are born to eternal life.

I thought of the aging doctor, a heart patient. It is a well known fact that doctors and nurses are the worst patients and I can vouch for that. Dr. X was difficult and wanted my undivided attention. The only respite I had was when his bejewelled wife came to visit him.

I thought of the 19 year old girl who was dying of leukemia. She was surrounded by religious icons and prayers. She was not worried about dying - her only concern was for her parents and the grief her passing would bring to them. One night she rang her buzzer - she wanted to know what it will be like "at the end". I have seen death in many shapes but I do not know what it is like to die so I told her, "You will just go to sleep" - and that is exactly what happened.

I thought of this big guy in his late 50's. His diagnosis was not clear. One day, I was going around with the medication tray distributing meds. I entered his single bed ward. He was sitting on the edge of his bed with his feet resting on a chair. I handed him his pills - he reached out to take them but instead he grabbed my hand. I looked at his face. His eyes were huge and filled with terror. He keeled over backward and died before I could put my tray down.

I thought of the young mother who was dying of cancer. Her husband was a rude, crude alcoholic. She was worried about her four year old son. She made her sister promise to raise him as her own. When she died the husband showed no emotion - he just kept on drinking.

I thought of the patient who was dying of terminal cancer of the bladder. She was resigned and at peace with herself. At Christmas time we decorated her room with holly, spruce branches and her many greeting cards. She loved listening to carols on her small radio. She took pleasure in a cup of coffee and cigarettes. One night about 3 a.m. she rang her buzzer and asked for a cup of coffee. I went to the kitchenette and prepared it just the way she liked it. We kept a dainty coffee cup especially for her. I entered her ward with the steaming coffee. She was dead - a half smoked cigarette still smouldering in her ashtray.

I thought of the little old lady who was admitted with an erratic pulse. I phoned the doctor and settled her into bed. By the time the doctor arrived (about 10 minutes) her vital signs had returned to normal. She said to me, "I feel so hungry". The doctor and I stood by

watching her enjoy her tea and toast. The doctor said "She will be okay". She ate all her lunch, wiped her mouth with a napkin, looked at us, heaved a great sigh and was gone (dead).

I thought of the asthmatic patient. We kept her in a private room close to the nursing station. I was on night duty and very often as I sat at the desk to do patient charts, she would call me, "Alice, Alice I need you" - whereby I would go to her room, adjust her oxygen tubing and make her more comfortable. I was so accustomed to my name being called from that ward that after she died, sitting at the desk in the nursing station doing charts I would suddenly hear her voice calling me. It sounded so real that on the graveyard shift it sometimes unnerved me.

And so continued my thoughts and I felt I had been a life time on that train. I looked out the window and realized we were in Saskatchewan.

I picked up a newspaper that had been abandoned on a seat across from me. Listlessly, I leafed through the pages until an ad in the employment section caught my eye. It read: General duty nurses required for newly constructed 20 bed health centre in Spiritwood, Saskatchewan. I had no idea where Spiritwood was but the wages and benefits sounded good so I applied and got the job. This was to be the first hospital I would be employed by that was not administered by a religious order and for me it would be an entirely new experience.

The Spiritwood Hospital, I was later to learn, was built in 1945 by the will and efforts of the people of Spiritwood, the surrounding communities and charitable organizations. Everyone participated and cooperated including the provincial government. The Grand Opening was in 1947. T.C. Douglas, the then Premier of Saskatchewan, cut the ribbon.

My mom and dad were delighted that I was back in Saskatchewan safe and sound.

The journey to Spiritwood was a mighty long one. The train, which had only one passenger car, stopped at every little station along the way. The landscape was thick with tall dark spruce and pine trees. The snow still covered the ground and the air was so crisp I could see my own breath.

When I stepped off the train, I was met by a young man who introduced himself as Dr. Smith. He drove me to his home which was above the medical clinic and I met his pretty blonde wife. They had no children. Dr. and Mrs. Smith were a friendly couple and I liked them immediately. Later, I met Dr. Karpetz (the doctor in charge) his attractive wife Margaret and their little girl Dianne.

Spiritwood at that time was a typical small town. The main street consisted of two general stores, a shoe repair shop, a post office, two garages and implement dealers, two restaurants, a pharmacy, a municipal office, a bank and an old hotel. The town consisted of a scattering of houses, several churches, one small open air skating rink (where we were to do alot of skating) a curling rink and a brand new hospital. Unbeknownst to me then, I was to work in this hospital for many years. I was also to experience a drastic nursing shortage in the 1950's

- a shortage so acute that for a while there were only two registered nurses, Miss Omara and I to cover a 24 hour shift. We had no alternative but to work a 12 hour shift each with no days off until help arrived.

It was about this time in the early 1950's that poliomyelitis reached epidemic proportions. Polio is an infectious viral disease that affects the central nervous system. Many nurses were stricken with the crippling disease. It was rampant throughout Saskatchewan. There were many deaths. The number of cases dropped sharply after 1955 when the Salk vaccine became available - but I am ahead of myself.

Dr. Smith drove me to the nurses' residence. I was anxious to unpack, take a bath and have a rest. The residence was a small wooden structure and looked like someone had accidentally dropped it somewhere on Main Street. I later learned it had a name - it was called "Dinty Moore's", I never knew why. Dinty Moore's had one room with two beds each pushed against opposite walls with an air tight heater in the centre of the room. The heater had to be stoked and refuelled with wood during the day and with coal during the night.

I was greeted by a young girl my own age (a St. Paul's Hospital Grad). We were to become the best of friends. The other occupant of this tiny abode was the Director of Nursing who was probably in her late forties. Anxiously I looked around me - Where was I to unpack? Where was I to sleep? Since leaving Nursing School I dearly cherished my privacy but it was obvious there would be no privacy here.

That night I slept with the Director of Nursing (she had the larger bed) I slept nearest the window which was thick with frost. All night I lay there cold and uncomfortable. By morning, I regretted coming to Spiritwood and was certain I couldn't endure another cold and sleepless night. However, good news arrived with our morning coffee. The painters were putting the final touches to the hardwood flooring and we would be moving into the new residence in a day or two. I breathed a sigh of relief.

The new residence was a beautiful, spacious, old fashioned building. The upstairs contained three private and one semi-private bedrooms (all furnished), two bathrooms (one upstairs, one downstairs). The master bedroom on main floor was always reserved for the Director of Nursing. There was a large multi-windowed verandah facing south and a good sized kitchenette. The living room was comfortably furnished with over stuffed chairs and sofas. There was also an artificial fireplace. Best of all, the residence was situated a few yards from the hospital. After work, it was a good place to stretch out and relax or have fun. I remember it as a happy home.

The "newness" of the hospital still showed. It was a single level building with a basement containing the main kitchen (dietary), laundry, laboratory, X-ray and a bedroom for the maintenance man. It also contained a large coal bin (some years later, while I was on night duty, this coal overheated and towards morning smoke was coming through the chute, luckily it was discovered before the place blew up). The wards were painted beige and pale green with

patterned matching drapes. The corridor walls were also beige. The floors were covered with beige battle ship linoleum with a wide dark green border. Dick, the gardener, also filled in as "cleaning man". He kept the hospital floors mirror clean (on his hands and knees). Dick came from England years ago but he never let go of his English accent. He took pride in his work and in the summer his arrangements of trees, shrubs and flowers on the grounds were something to behold. He had the greenest of green thumbs.

Dick read tea leaves as well. Very often, during our 3 o'clock tea break, he would look into our tea cups (one by one) and with absolute confidence predict our futures. Of course, we didn't take him seriously but it added to our fun and togetherness. Including cooks, gardener, maintenance man, housekeepers, laundress, we were like one big happy family.

Dr. Karpetz, we soon learned, was a brilliant surgeon. He once told us that growing up on a farm in Manitoba he would practice surgery on every gopher he could snare. (I almost asked who gave the anaesthetic). With Dr. Smith as his assistant he performed all the major surgery normally done in major centres and could remove a "hot" appendix in a matter of minutes using only a small V shaped incision. He re-attached amputated digits which reminds me of a case when Dr. K organized a small search team to find an amputated thumb. They retrieved it from a pile of snow where the accident occurred. It was frozen and therefore well preserved. To make a long story short, the patient left the hospital with a functioning thumb - a little stiff but a thumb nonetheless.

I remember a 14 year old farm boy who lit a match to see how much gasoline remained in the gas barrel. He was admitted to our hospital with life threatening 3rd degree burns to his entire chest. Dr. K. pulled him through. When the time came, he did numerous skin grafts - there never was any problem with infection. The grafts took beautifully. It was a lengthy process but the young boy healed well, recovered, grew up strong and healthy only to be killed by a bullet in a hunting accident.

Dr. K did superb work with fractures. There was no end to his versatility. Our operating room was small and by today's standards poorly equipped. We didn't even have an anaesthetic machine. The Director of Nursing (Miss Bennett) always administered the anaesthetic using the open drop method with a can of ether. She was good at it. She knew all the stages of anaesthesia. Doc had trained her well - they were a great O.R. team. In spite of the primitive conditions, we didn't lose a single patient. Either we were very lucky or "SOMEONE" was watching over us.

Spiritwood at that time was populated largely by young married people so we had plenty of maternity cases and especially during the new moon phase. The birth control pill was at least two decades away and the early methods of birth control were not very reliable so nature was free to take its course and our small delivery room was busy year round. A regular hospital bed with a water proof mattress was all we had in the delivery room. A real table came years later. However, the moms-to-be liked the bed because it was so soft. Dr. K's routine for medicating women in labour was as follows: Sodium Seconal grs 1 1/2 orally and Demerol 100 mgms

intramuscularly. The women were delivered completely oblivious of giving birth. The infants on the other hand (especially if labour was a long one) were born cyanotic and slow to breath. Doc quickly remedied this by placing a piece of gauze over the infants mouth and nose and breathed air into its lungs. It was a relief to hear the infant's first cry. In view of the heavy sedation which today is a definite NO, NO, from a distance (as today's song goes) God certainly must have been watching us. Infant mortality was nil.

In those days Lamaze exercises were unheard of and certainly a husband didn't stay with his wife to watch the miracle of the birth of their baby much less to be by her side to comfort and encourage her. Husbands acted as if they absolutely had no part in the pregnancy and the quicker they could get out after depositing her in the hospital, the better. Not so today. The modern mom-to-be accompanied by her husband attend Lamaze Exercises (which teaches her a technique of natural childbirth) so that drugs (with the exception of extreme cases) are not required.

Here is a short history of the Lamaze technique: Dr. Fernand Lamaze introduced to France in 1951 a technique of natural childbirth based on the conditional reflex theories of a Russian physiologist, Ivan Pavlov.

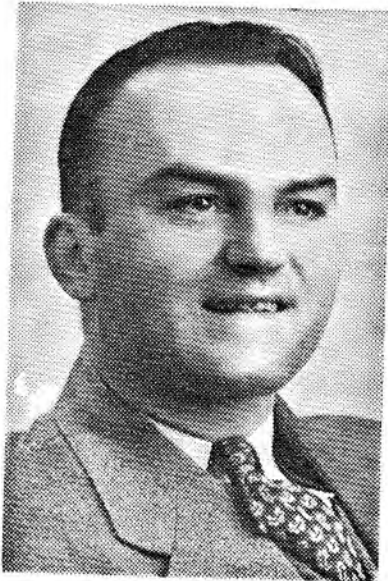
The Pavlov method was largely used in the Soviet Union for 30 years before Lamaze introduced it to Western Society. Lamaze called it psychoprophylaxis of pain in childbirth. The process eliminates fear of the unknown through teaching and coaching. Women learn how to abolish pain using the breathing technique and other exercises. The method encourage a woman to take on an active role in her delivery which remains under her control.

One day Dr. Karpetz asked me if I would consider working in his office (his office nurse was leaving). I thought about it for several days then handed in my resignation to the hospital board and went to work for Dr. K. It was a big change from doing general duty in a hospital. I kept books, looked after the dispensary, ordered supplies, arranged appointments, kept patients files and because there was no public health nurse I did the inoculations and vaccinations and kept records of these as well.

While doing books, I realized that Doc had a hard time collecting his bills. (This was before Medicare) Alot of people just didn't have the money whereas some that did simply neglected paying their doctor in view of other priorities like a new car for instance. I think it was because of this that Doc entered the political arena and became the CCF candidate for the Meadow Lake constituency. His main message to his electors was that of developing a comprehensive National Health Programme. He was convinced that the CCF party (today known as NDP) was the only one that would undertake such a program on a large scale. While Doc was away electioneering, an elderly Doctor with the help of two young medical students (who were on vacation and wanted some experience) looked after his patients. Med. student (I will call him Robert) and I became very good friends and before he left to do his internship in a Toronto hospital, he asked me to go with him. However, I already had a beau who worshipped the ground I walked on (my future husband).

I WORKED 2 DR. KARPETZ (SPIRITWOOD UNION HOSPITAL) IN 1948.

**DR. E. J.
KARPETZ**



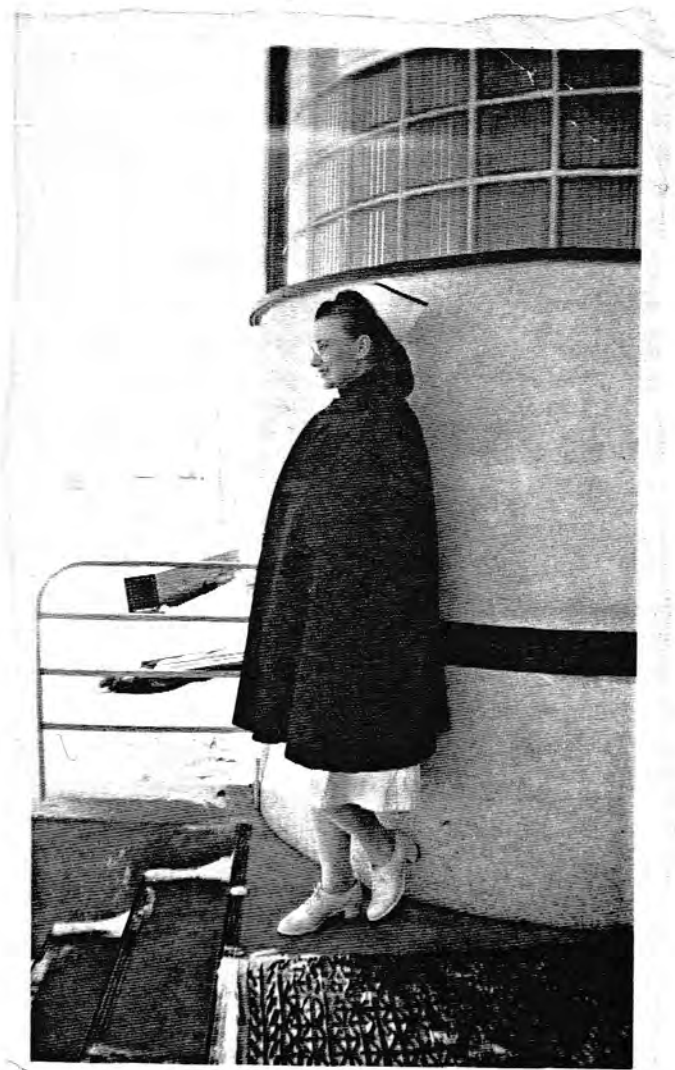
CCF
Candidate for
Meadow Lake

1948

SPRITWOOD CLINIC 1948 (DRS. OFFICES)



I WORKED AS OFFICE NURSE FOR 1 YEAR.



In front of Spiritwood Health Centre (1948)

Dr.K was unsuccessful in his first political venture and when the Korean War was in full swing he enlisted. Here is an excerpt taken from the Spiritwood History Book:

Dr. Karpetz served in Korea during the war and was commended for his skill in handling an emergency operation on board ship as the ship lurched in the wild seas. Despite the difficult conditions Dr. Karpetz removed Pte. Orville Campbell's appendix in nine minutes and the soldier was out of the operating room in 40 minutes. This story was obtained from a newspaper clipping written in 1950 and shows the skill and ingenuity of the young doctor.

Year end of 1949 brought several changes in my personal life. Since my husband-to-be did not want his wife to work I quit my job at the office. We got married November 24th. (In two weeks it will be our 45th wedding anniversary). On December 27th of that same year our new home was destroyed by fire (faulty wiring). We were facing the New Year (1950) looking for a place to live. I went back to work in the hospital and worked until I got pregnant with our first child, a son born December 22, 1950. In August, 1952, our second child (a daughter) was born. I stayed home and was happy to keep house and be a "mommy". When Giles was 4 and Vicki was 2 years old I went back to work permanently. I had excellent housekeepers and babysitters but I regret the time I spent away from my children. We lived close to the hospital. Sometimes walking home from work I would see my children playing in the yard. I would call to them and they would drop their play things and run to meet me, their little arms outstretched towards me. They missed their mommy. This is so vivid in my memory that it hurts.

Young Dr. Foster replaced Dr. Karpetz. He was a new arrival - fresh from England and a pipe smoker. He was single, tall, blonde, big boned guy with baby blue eyes and he had this affinity for jokes - clean ones mind you. Whenever he came to the nursing station he had a new joke for us - the problem was we didn't know when to laugh because we were not yet accustomed to his "English" and we couldn't follow the joke to its "punch line". He must have thought we were a "dull lot".

Dr. Foster was afflicted with psoriasis (a chronic skin disease). Invariably, we would see him scratching himself (completely unaware of his habit) in the most inconceivable places. He was easy going, relaxed, nice to work with and kind to his patients. He was also a good surgeon. By this time our operating room was equipped with an anaesthetic machine and he was able to get an anaesthetist when necessary. He did alot of minor stuff but performed major surgery as well.

One day he rang the hospital from his office. He wanted to know if he could borrow a few thermometers because his medical secretary had just sterilized all of his by boiling them. She was teased about this for a long time.



Vic - the man who captured my heart. Shortly after our engagement, we exchanged these photos. We were married on November 24, 1949.

Dr. Foster married a local girl (just out of high school). Before they left for their honeymoon he arranged for a locum. I will call him Dr. Stone. Dr. Stone was probably in his late 40's or early 50's but that didn't stop him from chasing young girls. He had thinning blonde hair and penetrating pale blue eyes. He gave me the "creeps". He claimed he could diagnose a patient's condition by observing their facial expressions and their body structure and in some cases he was right. However, his conduct did little to uphold the esteem of his profession. One evening as I was working the 4:00 p.m. to 12 midnight shift a terrifying cry of a baby came from the direction of children's ward. I ran towards the ward - my mind conjuring the worst of scenarios. When I entered the ward this is what I saw:

Dr. Stone was bent over a crib. His face was crimson with anger and covered with fine beads of perspiration. He was furiously slapping the buttocks of a nine month old baby because (his words) "it wouldn't stop crying - you have to show it - the baby - who is boss". I snatched the baby out of its crib and as I looked at Dr. Stone's face I saw a "crazy man". I was deeply disturbed and with the baby in my arms I rang for the Director of Nursing and reported this appalling episode. Meanwhile I was so angry at Dr. Stone I was shaking like a paint mixer. I do not know what transpired between the Director of Nursing and Dr. Stone. I only know that the baby's discharge was delayed until its badly bruised buttocks healed. To my astonishment Dr. Stone continued to work until Dr. Foster returned from his honeymoon. I was happy to see the end of Dr. Stone. As far as I was concerned he should have been severely disciplined via the proper channels for the blatant abuse of a nine month old baby.

Dr. Foster stayed for another three years or so then he and his bride moved to Toronto.

Then came Dr. Franklin. Dr. Franklin had been a medical officer during WWII. His wife had been a nursing lieutenant in one of the military base hospitals. They met overseas. They had one child. On her arrival to Spiritwood, Mrs. Franklin was already fighting a losing battle with cancer. We did not get to know her well but her death was a blow to the entire community. Dr. Franklin carried on with his medical practice. He was a good doctor and a good diagnostician and attracted a large number of patients so that in no time he had a lucrative practice. Dr. Franklin was a handsome, tall, slim man. He was also an alcoholic - oddly enough, it did not interfere with his work. With the exception of appendectomies he sent all his major surgery to larger centres (mostly Saskatoon) and was busy enough doing the minor stuff. Eventually he re-married and moved away. Many will remember Dr. Franklin as a kind and generous doctor. I remember him as an extremely intelligent and unhappy man. Dr. Franklin was the only doctor I knew that I could like and hate at the same time. He died at age 66.

To fill the vacancy came Dr. Braxton (not his real name). Dr. Braxton was probably in his late 50's. We got to know him as a quiet, rather shy person so we were totally unprepared when he appeared to do "rounds" one morning happy and talkative - calling us sweethearts and generally being a big tease. He seemed to have undergone a complete personality change. In due course, we realized Dr. Braxton was also an alcoholic - nevertheless he was a great guy and patients loved him.



On night duty - Spiritwood Health Centre (1954)

One day, in the operating room, Dr. Braxton made the biggest error I had the misfortune to witness. He was attempting to remove an ovarian cyst - instead he removed a portion of the patient's bladder. When he realized what he had done, he said not a word but rapidly sutured and sent her to Saskatoon via air ambulance. Her bladder was repaired and she was sent back to our hospital to convalesce. The relationship between this patient and her doctor remained good. However, Dr. Braxton was never the same. He seemed to hit bottom. He appeared depressed and shortly after resigned and moved away. News of his accidental death reached us a few years later.

Through the years, the little town of Spiritwood grew by leaps and bounds and by the time Dr. Moodie set up practice, it was well on its way up. Today, while other small towns are experiencing a decline - even death, Spiritwood continues to grow and prosper.

With Dr. Moodie's coming, the changing parade of doctors ended. He came and he stayed - permanently. The year was 1961. It was also the year I took over as Director of Nursing. Dr. Moodie, his attractive wife and four children were welcomed to our community as were his predecessors. He was a short, well built man. He always combed his hair in precise lines over a premature balding head. His clothes were always neat and coordinated.

Dr. Moodie's good reputation enabled him to build a large practice and in no time he became a very busy doctor. Then came what we now call "The Medicare Crisis". It struck us in July 1962. Most doctors, including Dr. Moodie were very much against what they called "state controlled medicine". Some people outside the medical profession were against it too, no doubt depending on what side of the "political fence" they stood. It gave rise to meetings in town halls and the meeting I attended was filled to capacity. On the platform would be a doctor or two turning out real masterpieces of elocution, each expounding the ills of "state controlled medicine" with such polish, conviction, and emotion one could hardly disagree with them. At the rear end of the hall was a petition awaiting voluntary signatures. The headline read: DO YOU WANT TO KEEP YOUR DOCTOR? As people filed out of the hall many signed the petition because of course they wanted to keep their doctor. On the other hand, those who were in favour of Medicare wouldn't come near the thing much less sign it - and so in our small community and I expect in many others, Medicare became a very divisive issue. Early morning coffee row in the main restaurant on Main Street was bursting at the seams with the FOR and AGAINST.

Improbable as it may sound, in some large urban centres, the real tragedy of it all was that doctors who favoured and accepted the new system were ostracized by their peers to the extent that their entire families were affected.

Despite the tremendous opposition (especially the majority of the medical profession) the bill was passed in the legislature thus the birth of Medicare in Saskatchewan. Soon after, Dr. Moodie left on "holidays". Prior to leaving, he discharged as many patients as was possible,

leaving me (the Director of Nursing) and all nursing staff holding the bag - so to speak. A day or two after being doctorless I received a phone call from a Dr. C in Regina (I presumed he was checking the situation in all the rural hospital in Saskatchewan) "Matron, what is your situation like out there?" he asked. I wanted to tell him that our hospital was like a ship without a captain, instead I simply told him our doctor left on "holidays". "If you run into any problems", he continued, "phone me, I am on call day and night. Send all your emergencies and anything you cannot handle to your nearest urban centre (in our case it would be P.A.) there will be doctors there who will look after your patients - Good Luck Matron" - and with that he hung up. I walked away from the phone thinking it's easier said than done. How do you send out a pregnant woman who comes to hospital and is about to deliver on the door step?

And so we did the best we could. We handled the "rush" maternity cases ourselves (there weren't many) and the following are just a sampling of case scenarios we had to deal with while Doc was on "holidays".

A middle aged man who accidentally lacerated both his legs with an axe was admitted to our emergency department. His story: "My cuts were deep, I was bleeding profusely. I knew I had to stop the bleeding before coming to hospital or I would bleed to death on the way down. I applied dehorning liquid (a clotting agent used by cattlemen when dehorning cattle)." His legs looked grotesque. The blood clotted over the lacerated areas forming thick black crusts and in all probability saved his life - there was not a trickle of fresh bleeding. His vital signs were normal - we gave him a tetanus shot and explained why we had to send him out. He chose to go to North Battleford Hospital.

A mother brought a young male child to emergency. He had a fish bone stuck in his throat. When the child opened his mouth to scream I had a small laryngoscope ready in my hand and was able to see that indeed a very fine fish bone was lodged crossways against the back of his throat. With the child's second scream I was able to grab the fish bone with a special forcep. The child swallowed hard and to my relief no more screaming.

A mother brought a small child with a pebble up its nostril. I tried grasping the pebble with a nasal forcep but the pebble was so round and smooth that the forcep just slid over it. I was worried about pushing the pebble further up. Then someone suggested we use the suction machine. We turned it on high, applied the nozzle to the child's nostril and out came the pebble.

In the event of an extremely sick child (high temperature, laboured breathing, poor colour) I would personally accompany the child to Prince Albert (we had no ambulances) I always took with me a small portable oxygen tank, just in case.

Some patients objected vehemently - why should they travel all the way to Prince Albert when "there is a hospital right here", and no amount of explanation or reasoning appeased their anger. Those were difficult times for me to say the least. As Director of Nursing I had to make

all the decisions, I was on call 24 hours a day - and that is how, in our small hospital of 32 beds, patients and nurses managed and survived the medicare crisis.

I was relieved when Dr. Moodie returned and resumed his practice (and just in time) rumour had it that the hospital board was meeting to decide what to do about our "doctorless" situation.

Dr. Moodie's practice continued to flourish so that he had to recruit help. Soon we had two doctors, a very nice modern clinic and all went well.

Although the controversy over medicare subsided and our community settled back to its prosaic normality, no tender cloak of forgetfulness obscured the painful birth of medicare in Saskatchewan and since its universality in our country the politicians made good use of it as an election ploy - vowing to uphold this "sacred trust" (Medicare).

In 1964, we moved into a brand new hospital with a fully modern operating room, labour room and delivery room. For the first time, I had my own private office. a large mirror hung above my desk as if to remind me that through the years, the face that looked back at me was gradually growing older.

I appreciated my office for several reasons. I could now interview nursing applicants in private, do my book work without interruptions and it was convenient when medical suppliers and drug representatives came to detail me on the newest drugs or the latest self retaining catheters for example. As Director of Nursing, I did the ordering of all drugs, medical and nursing supplies. These men were a fountain of knowledge and information and from them I learned alot. They had the patience of Job. There were times when due to circumstances within the hospital, I could not see them right away. They would simply make themselves comfortable in the waiting room, a magazine propped on their laps - sometimes reading - sometimes nodding. Once ensconced in my office, they would bring out all the paraphernalia of their company's trade leaving with me samples and literature. Business over, some of them liked to settle back and engage in idle chit-chat - their allergies, their wives, their kids. Luckily I never had more than two reps visiting in one day. Some came once a year, others every three months or so. They also visited the local pharmacist and the doctors offices. The young men who detailed us represented the following companies.

Lederle Labs
Abbott Labs
Bristol Labs
Cutter Labs
Ingram and Bell
British Drug House (B.D.H.)
Charles E. Frosst
Geigy Pharmaceutical
Glaxo-Allenbury

Hoescht Pharmaceutical
Horner Ltd.
Lilly, Eli and Company
Meads, Johnson of Canada
Merck, Sharp and Dohme of Canada
Merrel Company
Mowatt and Moore
Park Davis and Company Limited
Sandoz Pharmaceutical
Schering Corp. Ltd.
Smith, Klyne and French
Upjohn of Canada
Warner Chilcott Labs
Winthrop lab
John Wyeth and Brothers (Canada Ltd.)
Campbell and Hyman
Standard Surgical Company
Imperial Surgical Company

During the Christmas season beautiful potted poinsettias with large red ribbons and boxes of chocolates arrived for the hospital staff from some of the regular representatives. The funeral homes too, remembered us at Christmas by sending the hospital the largest, prettiest poinsettias ever.

We made good use of our modern operating room. Dr. Moodie had one day (Wednesdays) of each week set aside for surgery. My favourite anaesthesiologist was a young man of Welsh origin. I particularly remember him because in Wales, he went to school with Tom Jones (my then favourite singer). But mostly I remember him because he was very good at his job - (a skilful anaesthetist) and in surgery it means alot.

In 1965, I organized our first group of "Candy Stripers" (hospital volunteer workers) and the practice has continued to this day. After graduating from high school some of these volunteers went on to become registered nurses. Not so my daughter Vicki who had a rather "disturbing" experience one day while candy striping. This is her story:

⁴ It was supper time on the wards and I was distributing patients' trays. The last tray was for a patient in a private room. I brought the tray in and set it on his overhead table. I rolled his bed to a sitting position and arranged the table within easy reach but the patient made no attempt to move towards his supper tray. In fact, he didn't move at all. I then decided to feed him but he wouldn't open his mouth. I thought his eyes looked "strange" so I took his pulse. He had none. It was then, to my horror, I realized that he was dead. I literally stood rooted on the spot and for a dreadful

CANDY STRIPERS COMPLETE YEAR

1970

X OUR DAUGHTER VICKI



Candy stripers complete year of volunteer services at Spiritwood Union Hospital. Left to right are, back row - Gene Turgeon, Donna Welykochy, Vicki Lalonde, Sylvia Bourassa; front row - Bonnie Turnbull, Lorraine Walter, Lorraine Herbel, Marie Kolenosky. Candy stripers missing in photo are - Donna Tipton, Marie Eros, Grace Fisher and Debbie Nelson.

Candy Stripers Presented With Rose Bowls

1965



Candy Stripers (left to right) Back row - Emily Schira, Anita Cafet, Myrna Poor. Front row - Irene Szabo, Lillian Marks, Linda Bowes, missing from picture is Dolly Herbel. Seven Candy Stripers and their mothers were entertained at a social evening on May 23. The girls were presented with rose bowls in appreciation for their volunteer work for the past 2 years at the Spiritwood Union Hospital. Presentations were made by Mrs. Shirley Thompson, R.N. Lunch concluded the pleasant evening.

1965

moment, I too was unable to move. When I regained my composure, I went to the nurse in charge of evening shift and told her that I thought the patient in ward #11 was dead. She said, "He can't be, I just spoke with him five minutes ago" - and with that she rushed to his room. He was dead alright. When the shock wore off I couldn't concentrate on my work - I just wanted to cry. Thinking it would take my mind off the dead man, the nurse in charge put me to work bathing little children who were playful, splashy, gurgly and very much alive. The diversion did not help. I remained very upset. When I came home, my mom took one look at me and asked me what was wrong. As I narrated what had happened, I started to cry all over again. Finding a patient dead unnerved me. It was my first experience with death. I wanted my mom to put her arms around me and comfort me. Instead she smiled at me and continued with her work in the kitchen. I was now certain I would never be a nurse."

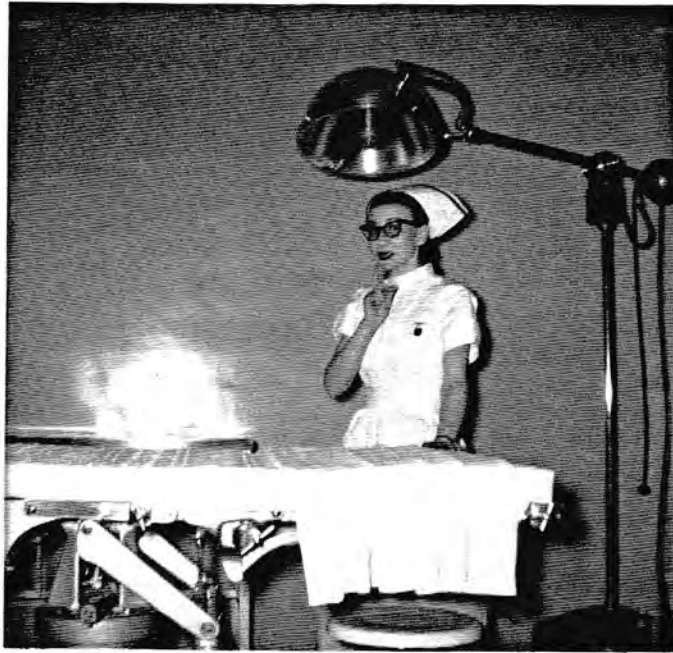
Vicki continued with her voluntary work until she finished high school and true to her words she did not become a nurse. She got her B.Ed. and became a teacher.

In the early 1960's working as Director of Nursing in a small rural hospital I had to learn to take minor X-rays, do minor lab procedures and E.C.G's. I received on the job training - so that in the absence of the regular lab and x-ray technicians, I could be called upon to perform these techniques.

I remember standing in the dark, smelly developing room praying that the X-rays I took would turn out okay because the doctors were out there waiting to read them. The X-rays were not always perfect but they were readable. Later on, the hospital hired an "on call" technician much to my relief, I could now enjoy my days off with fewer interruptions from the hospital.

As Director of Nursing, I was also expected to work in close harmony with the hospital administrator and so I did until Mr. Impossible (not his real name) came along. Beneath this man's smooth exterior lurked an ever present volcano ready to erupt. He made my life miserable. Eventually Mr. Impossible was let go, but for me the hurt was deep, the damage done things were never again quite the same and therefore I was glad when in April of 1973 my husband and son relocated to Humboldt. I worked until June and after 12 years as Director of Nursing, I resigned and joined them. I loved Humboldt with its clean streets and tree lined boulevards. The people were friendly and in no time I felt at home. The hotel business we were in is a story in itself. It was a good investment and for me an entirely new experience.

We are now retired and in two weeks we will be celebrating our 45th Wedding Anniversary (Nov. 24/94). My husband, who for 45 years has been more a part of my life than even I can understand, still tells me that I HAVEN'T CHANGED A BIT. How sweet of him!



O.R. (Spiritwood Health Centre)



Change of shift (Spiritwood Health Centre)
l-r - I (Director of Nursing), Colleen Reed - night nurse giving report)
Yvette Turgeon, R.N.; Julie Crossland, NA
1963?

F. & B. Booth - BESSBOROUGH HOTEL 1963



NOV • 63

Annual Hospital Convention (SASKATOON)

Working in the nursing profession for as long as I did, did not immune me to the pain and suffering of others nor did it exempt me from seeing humor in the every now and then comical situations. Here are some incidents of both that come back like a dream one forgets and then completely remembers. I shall call them "FLASHBACKS OF NURSING PAST".

FLASHBACKS
OF
NURSING PAST

FLASHBACKS OF NURSING PAST

A young mother brings her 5 year old male child to emergency. The child is very pale and listless. His eyes have that "anxious" look. I check his pulse. It is weak and thready. Immediately I phone the doctor. He arrives at once.

This is what the mother tells us: "About 9 p.m. that summer evening the child followed us to the cow corral where we did the milking. Busy with chores we didn't realize that he did not follow us back to the house until some time later. We went to search for him and found him lying on the ground in the corral. He was mauled by a cow."

While the doctor examines the child, I watch the little boy's face. With every move she makes, he follows his mother with his listless eyes. They do not leave her face even for a second as if knowing that soon he will never see her again. I feel an ache where my heart is. The doctor, without delay, transfers the child to a larger centre. He dies there of internal injuries one of which is a ruptured spleen. That fall, he was to start school.

FLASHBACK

We have a new general duty nurse. She came to us from the Northwest Territories where for many years she worked amongst the Eskimos. She likes raw meat. When I see her dig her fingers into raw hamburger and bring the meat to her mouth, I want to run to the nearest "biffy".

One night she has a maternity case. Dr. M is on call. He arrives sleepy, moody and not too courteous to our northern nurse. She loses her cool and in exasperation asks him, "Doctor, what would you do if you had to deliver a baby in an igloo?"

FLASHBACK

Nurse Y is on night duty. A post operative patient in ward #5 presses her buzzer. Nurse Y goes to the patient's bedside. The patient tells her that her abdominal dressing feels "wet". Nurse Y pulls down the covers and notices the blood soaked dressings. She removes them and finds that the patient's incision is gaping - the sutures no longer holding. Nurse Y falls over like a piece of wet laundry (fainted). The buzzer continues to buzz. Nurse T comes to the rescue.

FLASHBACK

I am working the day shift. One of my patients is a very old lady. She is wrinkled and emaciated but she is tall and has nice legs. Her husband is dead and her only son is taking care of her. The conditions at home are very primitive.

While bathing her, I tell her she has a very tiny waist. She looks at me and gives me a toothless smile. This is what she tells me:

"When I was young I was a model. I modelled for a large clothing store in the city of _____ in the U.S.A. I loved my job but after several years of sexual harassment I quit and moved to Canada. I met my husband in Ontario. We lived there for several years then moved to a farm in Saskatchewan. My husband was an English gentleman. He knew nothing about farming. We stayed on the farm and made a meagre living but we were happy with just the basic necessities of life."

She smiles at me and I marvel at the capacity to love in this woman's heart. (From a model to an unproductive farm all for the love of an English gentleman).

FLASHBACK

I am working the night shift. Shortly after midnight a 5 year old child is carried in by his uncle who is a doctor home on holidays. The child is D.O.A (dead on arrival). The uncle lays him down and I watch as he closes his little nephew's eyes by placing a penny over each eyelid. His own eyes are brimming with tears. This is what he tells me:

"Little Bobby was fine all day. He followed me around the farm yard and was his usual playful self. At supper time he said he wasn't hungry and wouldn't eat. He did not exhibit any alarming symptoms when his mom put him to bed. I continued to check on him and suddenly just before midnight he was not responding. I wrapped him in a blanket and jumped in my car. He stopped breathing half way between the farm and hospital."

Because of the sudden death syndrome an autopsy was performed. The cause of death had something to do with the thymus gland but I cannot remember the details.

FLASHBACK

Mr. Weller was a young, handsome recently married man with a great singing voice. He sang and played the guitar like a "pro". Were he alive today, I am sure he would be one of the stars of country and western music so popular today.

Mr. Weller is dying of Hodgkins disease (malignancy of the lymphatic glands). He has undergone various treatments to no avail. In desperation he goes to Mexico for some "miracle" drugs but the disease continues to progress and he knows it.

By now, he is a patient in our hospital. In his room, he picks on his guitar. His once perfect singing voice grows weaker and his songs become more sad as the days go by. He dies on the eve of our Christmas staff party, leaving behind the grieving young widow. My husband loses his best friend.

FLASHBACK

A nine year old girl is brought to hospital (D.O.A.). She is a beautiful child with long, curly dark hair and thick long lashes. She is the baby in the family. This is what her mother tells us:

"It being a Sunday, we had company. After supper all the adults gathered around the table to play cards. Jenny liked to draw and sketch. She was using a pen with a removable plastic point protector which she held in her mouth while drawing. Something funny happened and as Jenny laughed the plastic piece slipped down her throat and blocked her breathing. She came running to me choking. Her face was blue. She collapsed in my arms. We tried but we couldn't dislodge the piece of plastic. In panic we raced to the car and drove to hospital at top speed. She died shortly after we left the house".

This incident "lacerated" alot of peoples hearts. She was buried in her dress and veil which she wore for her First Communion. I remember the undertaker telling me how utterly difficult this was for him. He had a nine year old daughter at home.

FLASHBACK ✨

I am working the evening shift. About 10 p.m. three teenagers (one male and two females) are admitted. I know all three. This is what happened:

They were driving to the city to see a movie. The young male driver possibly drove over the speed limit. He lost control of his car and rolled it.

On admission the driver is hysterical but has no obvious injuries. He is kept in hospital overnight for observation. On the other hand, his two female companions are severely injured and are transferred to a larger centre. One teenager loses her eye, the other sixteen year old to this day remains paralysed from the neck down. With courage and stamina she maintains as cheerful and normal a life as possible and I marvel at her calm acceptance of her situation.

FLASHBACK

An Indian mother brings to hospital her little five year old girl. She is dying of an incurable disease and it is obvious that she will not survive the night. I am working the night shift and I urge the mother to stay in town (she has three other children with her). She tells me she will tent out in the bushes not too far from the hospital. It is fall and the night is cold and chilly. I feel sorry for her and her three kiddies so I give her some money and tell her to get a room at the local hotel which she does. Her little girl survived the night but died the following day.

After that, every time this native mom came to town and I happened to be working, she would send one of her little girls with a note for me. She always asked for some money. I had to put a stop to this - it could not go on much longer. I sat at my desk, wrote a note to the mom and gave it to her little girl. I didn't hear from her again.

FLASHBACK

We didn't have a funeral home in our small community, so when a death occurred in the hospital, the nurses had to do the preliminary preparation of the body then move it to the morgue. From there, the local undertaker took over.

This day a young nurse and I are bathing the body of a newly deceased. We turn him over on to his side to wash his back and a sound like "ugggh" erupts from his mouth. We both jump away from the bed. We think that he is coming back to life. The thought chills us to the very marrow of our bones - then it dawns on us that it was just the air escaping from his lungs.

FLASHBACK

I am working the day shift. A man is brought in D.O.A. He is covered with soil - his nostrils are packed with it. I realize he is one of our hospital board members.

This is what happened:

Mr. B. got up early that morning and decided to rototill his garden. He suffered a fatal heart attack and fell face down into the freshly tilled soil. He was 55 years old.

FLASHBACK

I am on night duty. Shortly after midnight the door bell rings. a man obviously dazed and in shock walks in. He tells me he rolled his truck some miles out of town. The doctor examines and admits him for observation. He has concussion and memory lapses.

About 3 a.m. he rings his buzzer. I enter his room and find him fully awake, alert and very concerned. "Nurse", he says, "I just remembered there was another man in the truck with me." I immediately notify the local RCMP and they start to search. About 4 a.m. the hospital door bell rings again. I open the door and a man walks in. His face and top of his trousers are crusted over with dried blood. Where the skin shows his face is deathly pale. As soon as I see him I know he is the missing companion. I notify the doctor and R.C.M.P.

This is what happened:

When the truck rolled, the two men were able to crawl out of the vehicle. Both were dazed and in shock. Miraculously the driver of the truck makes it to the highway and finds his way to the hospital but he did not remember that there was someone else with him. Meanwhile, his companion who sustained head injuries is dazed and bleeding from facial lacerations. In shock and in a state of temporary amnesia he too walks away from the scene of the accident not knowing who he is or where he is going. After walking aimlessly for hours his memory suddenly returns. He has just enough strength left to reach the hospital. Proof that the greatest instinct in man is survival. Both men recover.

FLASHBACK

I am working the evening shift. There is a frozen body in the basement morgue. About 11 p.m. the phone rings. It is the local R.C.M.P. He tells me that they are going to remove the body. I go down the basement to unlock the morgue. The deceased is lying face up (I do not know him). He is fully clothed -boots, mitts, fur cap and all. His nostrils are packed with snow and snow is still clinging to his mitts and clothing. He is frozen stiff(just as he was found). I am in the morgue when the police arrive. I ask this foolish question, "Are you taking him in your car?" "No", replied one of the officers suppressing the urge to laugh, "He refuses to sit up".

FLASHBACK

We have an elderly man who constantly rings his buzzer. He wants a nurse to walk him to the bathroom. The nurses are complaining to me (the D.O.N.) that on the way to the bathroom he puts his arm around their waists and squeezes in a flirtatious manner. They think he gets a "sexual thrill". I don't believe them - he is much too old. "O.K." they tell me, "The next time he rings, you help him to the bathroom" - so I did. They were right, I was wrong.

So much for frail, little old men.

FLASHBACK

I am working the night shift. Suddenly about 3 a.m. the silence within the hospital is broken by a horrifying undescrivable sound overhead. It is so loud it shakes the building. I think the world is coming to an end. The patients are all awake. All the signal lights on the wards are flashing red. The patients are frightened and want to know what the strange sound is. I have no idea.

The maintenance man (who sleeps in the basement) is also awakened. He puts on his robe and comes upstairs to tell us it is a super sonic jet breaking the sound barrier. I reassure the patients and wonder why jets are allowed to fly so low and especially at night.

FLASHBACK

We have a critically ill, native baby. We do not know if he has been baptized. A catholic nurse comes along, thinks he is in danger of dying baptizes him but forgets to mention doing so in his chart.

A Protestant nurse takes the next shift. She too thinks the baby is in danger of dying and baptizes him. Finally a native minister (from the baby's reserve) visits - sees the critically ill baby and baptizes him. The child, baptized three times recovers and is sent home.

I've often wondered what the baby (who was so thoroughly baptized) grew up to be.

FLASHBACK

I am the only R.N. on duty in a small rural hospital. I have an elderly patient with a very distended bladder. He is unable to void (urinate). Our only doctor is out of town. I have catheterized many females but never have I catheterized a male patient. When I was studying to be a nurse an orderly always performed this procedure. In this small hospital we have no orderly. The man is suffering. I have to do something. I set up a catheterization tray, put on a pair of sterile gloves and proceed. I insert the catheter slowly and gently push it further and further and further. I am beginning to wonder if there is an end to this "tunnel" - then just as I fear that my catheter is not going to be long enough out comes a gush of urine. I feel happy (like I struck oil). The patient is so relieved he kisses my gloved hand and offers me a five dollar bill. I tell him we are not allowed to accept money. He kisses my hand again.

The old fellow didn't know he was the first male I did this procedure on and that I was scared to death. And then again - maybe he did.

FLASHBACK

We admit a young native woman. Her face is swollen and bruised. Both her eyes are swollen shut. It is obvious she has been beaten up by someone but she does not volunteer any information.

The next day, a slightly older native woman comes to visit her. I stop her in the hallway and ask her if she knows the circumstances of Mrs. A's head injuries. This is what she tells me:

"I had to go to town so I hired Mrs. A to baby sit my four kids - just for the afternoon. I even left her a few beers. When I came home I found her in bed with my husband. I got so angry at her, I picked up an empty beer bottle and hit her over the head".

The patient survived. I wondered why she beat up on the babysitter and not on her husband. After all, it takes two to "tango".

✓ FLASHBACK

I have an elderly patient. He is dying of an incurable disease. All his life he has been an atheist. Faced with death he wants to be assured of the existence of God. One day, I tell him about a book I have read in which a statement like that of Albert Einstein, the father of modern physics, who said the farther he got into science the more religious he got, the more he knew there was a God. He said that something so fine, without end, and immaculately perfect

in its own laws, made him realize the existence of God and the longer he studied science the more religious he became.

I was hoping this would give him some food for thoughts.

FLASHBACK

A small child is run over by a car (the driver - the child's father). He has to be transferred to a larger centre. As yet, we have no ambulance service in our small community. A friendly R.C.M.P. drives the child and the parents to Saskatoon in a police car. I accompany the child. The police siren goes off every now and then and we are there in no time. The child is X-rayed and admitted for observation.

On the return trip, I sit in the back (the prisoner's seat) and I see a shatter proof bullet proof glass partition separating me from the front occupants of the car. I am sure the officer is playing a prank on me but I feel claustrophobic and I yell "please let me have some air". The officer presses a button and the window slides down. Thus my first ride in the prisoner's seat of a patrol car.

The child survived.

FLASHBACK

Nurse B enters the nursery to prepare infants for their 10 a.m. breast feedings. All but one are awake and crying (they always cry at feeding time). First she approaches the silent infant. It is dead. She calls me - we now do C.P.R. but it is too late. The little body is sent out for autopsy where cause of death is established as SIDS (sudden infant death syndrome) or (crib death). The infant was a perfectly healthy normal baby.

FLASHBACK

One summer evening four women who belong to our hospital's housekeeping and dietary staff are travelling to a neighbouring hospital about 50 miles away. They are to attend an "In-Service Meeting". It happens quickly - a two car collision. One woman is killed instantly, one has her front teeth knocked out, one has multiple fracture to her right arm and one has a fractured hip.

My son, who is travelling home on the same highway sees the scene of the accident, the patrol cars and people standing around. He stops and overhears someone say that the injured women were all hospital staff. He rushes home. No sooner does the door open and I hear his anxious voice, "Mom, are you home?" Thank God, I was.

FLASHBACK

On the door of the morgue of our new hospital, the grain of the wood is patterned in such a way that if one looks at it closely one sees the distinct image of a ghost like figure. It is big and it is spooky.

One of our young nursing assistants was so spooked by it that she never walked passed the door - she ran.

FLASHBACK

When I was Director of Nursing, I often helped the nurses on wards. This day I am taking routine temperatures and recording each patients bowel movement. I approach the bedside of a little old Indian lady. She is Cree and speaks very little English. I ask her "Did your bowels move today?" She stares at me blankly not comprehending. From the next ward I hear Nurse L. She is saying to me "You have to ask her if she shit - otherwise she can't understand you" Try as I may I cannot bring myself to say the word "shit". Finally, in desperation, I quickly blurt out "Did you shit?". Her face breaks out in a big smile and shaking her head in the affirmative she replies, "Yes, yes, I shit".

From that day until the day she was discharged, wherever I met her - (in the hallway, the corridor, the T.V. room) she would greet me with a big smile and "Yes, Yes, I shit".

FLASHBACK

We have a psychiatric patient (I will call him Mr. Peabody). He is quiet and no problem at all until one night this is what happens:

Miss CNA is busy taking newborns to their moms for their 2 a.m. breast feedings. Mr. Peabody is awake and watches her every move. For some reason he thinks Miss CNA is his wife and calls out to her. He wants her to go to bed (with him that is). Miss CNA ignores him and continues with her work. Mr. Peabody's tired of waiting for his imaginary wife. He gets

out of bed in pursuit of Miss CNA. Miss CNA who still has an infant in her arms realizes he means business and runs to the operating room in an attempt to hide. However, the operating room has large swinging doors and Mr. Peabody easily runs in. The chase begins in earnest - around the O.R. table - round and round they go. Suddenly Mr. Peabody stops. His face crumbles and he starts to sob. It is obvious to Miss CNA that the patient is exhausted. In a concerned voice she asks, "Mr. Peabody, what is your problem?" He looks up at her and says, "I have chased after you for so long that I lost my erection", and with that he starts crying all over again.

FLASHBACK

An attractive woman in her mid 30's is admitted to the maternity ward where I work. Her face is beaming with anticipation, happiness and joy; soon she will be a mother for the first time.

As I help her undress, she tells me that for years she was unable to become pregnant, until one month her menses suddenly ceased and she knew that at last she had conceived. Her husband was ecstatic. She delighted in watching her abdomen grow with each passing month. She sewed for herself a number of fashionable maternity smocks which she wore with feelings of great distinction and achievement. Nearing the end of her ninth month she experienced real labour pains.

I gather my stethoscope, B/P apparatus, thermometer, pencil and paper and do my preliminary examination. As I vainly search for the baby's heartbeat, I am trying hard to hide my concern. It becomes even harder when I am unable to palpate the fetal outline to determine the position of the head. Immediately I find nurse M. Miss M is an English nurse with a degree in midwifery (I sometimes thought Miss M excelled the doctor in this department).

Miss M examines my patient - makes notes which read FHT - nil, fetal outline - nil, dilation - nil. She notifies the patient's doctor. He orders an x-ray of abdomen STAT.

The X-ray reveals absence of a fetus and the patient is diagnosed as "Pseudo" or "Phantom" pregnancy.

Wanting a baby to such a great degree, nature played an extremely rare and nasty trick on her.

I see her grieving; it is no different to that of a mother delivered of a stillborn - perhaps even more so.

The entire nursing staff treat her with extra T.L.C. and her unfortunate situation is explained to her by her sympathetic doctor.

On day of discharge from hospital, I help her dress. She looks at her maternity smock and says, "What will my neighbours think? I am so embarrassed!"

FLASHBACK

I hurry to answer a call light in maternity ward. Mrs. Y. appears frightened. I go to her and gently pull down the bed sheets. A large "fleshy mass" is lying between her thighs. I am very perplexed as I tidy her up, remove the "mass", and reassure her. Alone, I examine "it" in the utility room. I see that the outer layer consists of a large number of grapelike clusters of transparent vesicles containing clear viscid fluid. Inside this "mass" I find bits of what appears to be hair and teeth (nature gone awry).

Looking at it, I remember something that resembled this in my Obstetrics book as a student nurse. It so intrigued me that I never forgot it and suddenly it hit me a HYDATIDIFORM MOLE (an extremely rare complication of pregnancy).

The doctor leaves instructions to make sure the specimen is sent to Pathology.

In a few days that pathology report comes back - diagnosis: HYDATIDIFORM MOLE.

FLASHBACK

One of my many duties as Director of Nursing is to do perpetual inventory which means that at the end of each month I leave the nursing wards and go into my "cubbyhole" (my pharmacy office) and do inventory. At year end I take stock of the entire pharmacy, nursing and medical supplies. Since I am responsible for the purchasing and dispensing of these, the inventory system as set up is relatively easy.

Twice a year the regional pharmacist visits and removes my outdated controlled drugs, samples, etc. and checks the balance sheet with my narcotics which are always double locked.

One day he says to me (we are in the pharmacy), "You see that little window up there (pointing with his finger) - an addict could be watching your every move, they study the layout of the entire pharmacy and when they feel they know it, they break in - through a window like you have up there". "You have to be extremely careful - there have been alot of break ins throughout the province." Up until now, I really never gave it much thought.

During year end inventory, I generally come back after supper and take inventory until late, sometimes as late as 2 a.m. One night this is what happened:

I am working in the pharmacy (alone). It is very quiet. It is now past midnight. I am some distance away from the nursing wards. I have no means of communication with the nurses on wards (I always hoped for a phone connecting me to the nursing station) but I never got one.

Suddenly, I hear a noise. It is like a soft tap, tap on a window. Immediately, I recall the words of the regional pharmacist. I stop my work and listen. The soft tapping continues. The tapping stops and I hear someone trying to open the double door which divides the nursing area from the storage rooms and pharmacy. I become frightened. I think it might be a drug addict trying to get in. I turn off all the lights, and get down on my hands and knees and crawl in the direction of the double doors. Since the hospital area is lit up and the double doors have windows, I see a little girl standing on the opposite side of these doors, tapping on the window and playing with the bar that automatically pushes the door open from the inside. Feeling utterly silly (but immensely relieved), I get up and take the youngster in my arms and as I carry her I am wondering why she is not in bed at this later hour. I bring her to the nursing station. The night nurse looks at me and says "My God, you look like you have just seen a ghost".

FLASHBACK

A young man is driving home - returning from a long trip. It is well past midnight and he is tired and sleepy. He falls asleep momentarily - his car leaves the highway and plunges into a deep nearby body of water. The car is submerged. The driver drowns. The car lights are on and alert a passing patrol car. The police drag the lake and recover the body and bring it to our morgue. The following day I work the day shift. Before going off duty, I enlist the help of a young nurse. We go to the morgue, remove his wet clothing, wash his face (he has a large gash on his forehead). Tiny minnows have settled in his ear and nostrils and are difficult to remove but in time we succeed. We dry his body and cover it with a clean dry sheet. To the young man it makes no difference, but the mother in me feels a whole lot better.

FLASHBACK

As Director of Nursing, I do not usually work on Sundays. Today, however, I am filling in for a nurse who called in sick. Despite the quiet morning this Sunday afternoon is just one thing after another.

It is 12 o'clock - I go to lunch. I take my first mouthful and immediately get called back to the ward. A young man comes to Emergency with mutilated toes. He has been attacked by a bear. Here is his story:

"I was looking for some of my cattle that had strayed away from the herd. I came upon a mama bear and two cubs. She chases me and I climb up a tree. She climbs after me and

manages to just reach my boots. She pulls them off and claws at my toes and feet. (I cannot imagine the fear within the man up the tree). Luckily for me my big dog takes after the cubs and diverts mama bears' attention from me to her cubs and I am able to climb down and run for my life".

It takes the doctors a long time to suture the numerous lacerations. In spite of the harrowing experience he feels fine and goes home after his feet are bandaged and dressed.

It is now 2 p.m. A nineteen year old girl was driving a small group of children to a nearby lake. She lost control of her car. It rolled. The children and driver are brought in to hospital by a passing motorist. The driver is shook up but not hurt. The children are all hysterical and running in all directions. I have a difficult time to control them. Luckily a visiting priest sees my dilemma and comes to my rescue. Miraculously only one child is injured (a little girl). As she is carried in to emergency I get a glimpse of her blonde hair and fair skin and I say to myself, "Oh, My God, it is my little girl." I come closer, my heart in my throat. It is someone resembling her (I knew my babysitter would never let my children go anywhere without my permission). The child has a superficial perforation to her abdomen (she hit the door handle) and is sutured immediately. By this time the other children have calmed down and are waiting for their parents to take them home.

Shortly before 4 p.m. and the end of my shift, a distraught father brings his teenage daughter in to emergency. She has fallen off a horse. She has head injuries and is transferred to a large centre. Because we have no ambulance service, the father drives her to Saskatoon in his rickety, old station wagon. I accompany the injured girl. We are in the rear seat. I have her lying down with her head on my lap. Each time she vomits the father looks back and his worry increases. He forces the old station wagon to its limit. He is speeding and passing cars recklessly, his only concern is to get his daughter to Saskatoon as quickly as possible. My concern is that in the process we might all get killed. We get there eventually. She remains in hospital and we drive home (normal speed limit). She survives.

A hectic Sunday, a hectic ride.

Around the late 1940's or early 50's or thereabouts Air Ambulance Services to small rural hospitals were discontinued so we had to rely on those citizens of Spiritwood who were owners of good station wagons to transfer our patients. One of our registered nurses routinely accompanied the patient. So our thanks go out to Belle Cadieu and Mr. Martodam who made many such mercy trips and to others who never refused.

It was not until 1972 that Dutchak Ambulance from Blaine Lake started serving our hospital in Spiritwood. It was such a relief to have this type of service at long last! Today Dutchak Ambulance has branches in Prince Albert, North Battleford, Saskatoon, Rosthern and of course Spiritwood.

FLASHBACK

I am working the evening shift (4 p.m. to 12 midnight). A death occurred that night and we do the preliminary preparation and because we are unable to take the body to the morgue we cover it with a sheet. Since the undertaker will not remove the corpse until morning, I turn off the heat in the ward, open all the windows and close the doors (so that the room remains cool). Before going off duty at midnight, I go to check my deceased patient (just in case). As I open the door, the sheet covering the body stirs (from the legs up) as if he is trying to get up. For a moment I am so terrified that I can actually feel my hair leave my scalp. Then I realize that when I opened the door it created a draft from the open windows and ruffled the sheet.

A scary moment indeed!

FLASHBACK

I am about to go off duty having completed the morning shift. Nurse T arrives to work the evening shift. She makes her rounds. I am almost out the door when she comes running. She says, "The patient in ward 13 is not breathing." We grab a stethoscope and blood pressure apparatus and rush to his room. The old native has no pulse - he looks ghastly. He is definitely not breathing. Our only doctor is out of town. We are not allowed to medicate without doctors orders. Nevertheless we give him one shot of coramine intramuscularly and one shot intravenously. His pulse returns - he gasps and starts to breathe. This was before C.P.R. In those days we depended heavily on heart and respiratory stimulants.

The man survived. I still have his picture in my nursing album. He could only speak Cree so we never got to know if he had a "near death" experience - you know the tunnel, the light and all.

This is what the doctor said to us when he returned, "My God, girls - you could have killed him!!"

FLASHBACK

Everyone remembers and will never forget the massacre (by a crazed man) of the Peterson family of Shell Lake (August 1967).

My daughter and I on our way home from Toronto, stop at a coffee shop in Saskatoon. A man sitting next to me shows me the head lines (in big block letters) on the front page of the Saskatoon Star. I am speechless. I know the family. Mr . and Mrs. Peterson were patients in our hospital at one time or another. I was later to learn that one of their little boys was discharged from our hospital a day before the slaughter.

That was the most shocking, frightening, horrific event that ever befell our small communities.

FLASHBACK

Some nights on the grave yard shift are unusually quiet in the hospital and relentlessly dull. It is on one such night (about 2 a.m.) that out of nowhere a storm descends upon our town with a ferocity of a wild beast. Rain in heavy torrents cascades down the large hospital windows and pours in through the cracks of the ill fitting fire escape doors. I place several heavy blankets along the bottom to prevent water from running down the main corridor. Lightening sizzles and cracks with increasing crescendo. Since a small child, electrical storms terrify me yet I am fascinated by the jagged ripples of lightening. I walk over to a large window and peer at the dark sky. My nervous moist hands are resting on a metal heat register. A bolt of lightning streaks across the sky and is followed by a tremendous roll of thunder. As the lightning strikes a huge oak tree some yards away from the hospital, something like an electric shock runs through my body. It frightens me and I jump away from the window. I manage to maintain a show of outward calm but inside I feel "shaken". The nursing assistant on duty with me tells me I look pale. Thankfully the patients sleep - unaware of the raging storm. In about twenty minutes the storm passes, leaving in its wake a silent stillness.

FLASHBACK

There is no time more peaceful, more beautiful to the senses than the moment the night vacates to make way for the first light of dawn (especially in the summer time). This is when on night duty, I would walk down the long corridor and unlock the hospital's front door. For a few moments I would step outside onto the concrete steps and inhale the clean, fresh air. I look up and see the first light of dawn tinge the eastern sky a soft magenta hue. The peaceful stillness is broken only by the incessant chirping of the birds which is like a song to my soul and the warm fragrant air and the peaceful stillness are like a balm to my tired body. It is like "A Moment with God".

EPILOGUE

I am a pilgrim in this world and like those before me and especially those in the service to the sick, I have seen and I have known pain and suffering and I have seen death in many shapes. I have seen and I have known the power of love, faith and prayer in healing. I have seen and I have witnessed and I have known happiness and joy.

I sit here today (December 3, 1994) remembering more than half a century of memories and it is like walking back into the past and I suddenly realize that I have travelled many miles on the "Road of Life" - but I am not weary. Perhaps it is because the years seem to move more swiftly as the sands run out.

I pray that my pilgrimage on this earth is a long and useful one and when it is ended, may I be deemed worthy in the sight of God.

POSTSCRIPT BY THE AUTHOR

It is with deep sadness and pain that I write about two tragic events which occurred in 1996 and devastated my family and me.

On September 8, my husband Vic died seven months after being diagnosed with cancer of the right lung. He died peacefully in the Holy Family Hospital (Palliative Care) where all his physical, mental and spiritual needs were met with love, compassion and understanding. To the care givers, my family and I will always be grateful. To those who supported me in so many ways during this difficult time, I can never thank you enough.

Although the pain of losing my husband is with me still, I find comfort in knowing that Vic is with our Lord Jesus and his suffering is no more.

On October 30, I lost my grand nephew, Troy Stadnyk, (an aircraft maintenance engineer) in an extremely tragic industrial accident. He was only 24 years old. Troy will never grow old.

The sudden accident traumatized all who knew him especially his father, grandparents, sisters, brothers and Jodi, who was to be his future bride.

Life is so sad; Life is so miraculous
and so
Life must go on.

I am looking forward (as I am sure all Holy Family nurses are) to our reunion (June 6-8) of this year ('97). It will be our last reunion because as we all know on October 1, 1997, due to restructuring of health care by our provincial government, the Holy Family Hospital will close its doors FOREVER.

So as we bid farewell to our loved ones and to our Alma Mater, let us remember that there is a link nothing can sever; LOVE and MEMORIES last forever.

A-dieux.

