

Interviewee: Helen Little (HL)	Interviewer: Margaret Smith (MS)
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MS: My name's Margaret Smith and I'm an interviewer/fieldworker. An I'm here with...

HL: Helen Little.

MS: How old are you Helen?

HL: At the moment I am seventy-eight.

MS: And your date of birth?

HL: Twenty-nine, three, thirty-five.

MS: And where were you born?

HL: In Dumfries.

MS: And what's your present address?

HL: [REDACTED], Dumfries.

MS: And throughout your life, where have you lived?

HL: In Dumfries.

MS: In Dumfries?

HL: In Dumfries.

MS: Ok. Before we started this interview I think we've had a discussion and you're going to focus on, for the purpose of this interview, your work with the NHS here in Dumfries and Galloway. So - and I know that you trained as a nurse - so maybe I could start this off Helen by asking you, why did you choose nursing?

HL: To be quite honest I can't remember, but I do remember cutting my hand as a, maybe as a ten or twelve years old and being taken up to the infirmary where they had a very very small, I suppose you would call it an emergency unit, and this was sited, if anybody remembers, in a building in front of, or at the side of, or across from, the nurses' home. It was a sandstone building and it was next to the mortuary. I didn't know the mortuary was there then, but I did in later years find out that the mortuary was there, and the other reason that I thought I would like to because I had my appendix out, probably in the early 1940s, and I got a taste of hospital life then. But Ah did want to be a vet, but I didn't have the brain-power to do that so I managed to do nursing, which I've enjoyed very much.

MS: So how old were you when you went off to do your training?

HL: I would be seventeen. I started at a pre-training, I wouldn't call it a course because you were just pre-training; working and learning at the same time at the Grove Hospital, and this was, I started there in September 1952 and I started my training in March 1953, so for six months I worked at the Grove, which was an old mansion house outside of Dumfries. A big, a really really big house, a beautiful house with beautiful big rooms and staircase which was, we were not allowed to use, we had to use the back stairs but it was a . . . it must in its day must have had a horse and carriage at the door and this sort of thing and it was lovely, it was lovely.

MS: So from there then you then moved to where to do your training?

HL: Dumfries and Galloway Royal Infirmary, when I was seventeen and a half I would start there.

MS: And what did that constitute of?

HL: Well, I actually had done a pre-nursing course at the Academy and this lasted probably eighteen months or so, but in retrospect I don't think it did me as much good as it would have done if I'd gone into PTS because I found later that my colleagues who'd been in PTS knew a lot more about the practical side than Ah did. Although I picked up certain things at the Grove, but they'd been taught how to give injections, well I hadnae got a clue, so I think, and I think too my knowledge of human biology would have been better if Ah had gone through PTS, but that's thinking back.

MS: PTS being?

HL: PTS was a preliminary training school and that was held at Gribton, that was another mansion house but about four or five miles away from the Grove, which was near Terregles. This one was nearer Irongray village and the girls, the nurses trained there and stayed there, except if there was one man in my French class and he lived at home and travelled, but the majority of the nurses lived in in these days, you didn't stay out, it was part of the programme that you lived in, and nurses didn't get married when they were training either. Ah remember one nurse did get married and that caused an awful faffle, but she did and they had to accept that, the general nursing council accepted her and she carried on with her training.

MS: Did she?

HL: Mm hm, nice lassie

MS: So, because you'd done the pre-training course you were exempt from doing the preliminary training at Gribton, so therefore what then happened to you, how was your training, what did it make-up ...?

HL: Well my training [...] I have no recollection of which ward I started off in, I really don't know, I can't remember that at all, but we had a rota and we were sent to various different wards throughout the training, interspersed with the holidays that we had. We got study blocks, we had surgery, medical, we had nursing etcetera throughout the career and unfortunately for us at that time we had

to, we even had lectures during night duty and we had to get up in the middle of the day and go to attend a lecture in the afternoon and we had to put our uniforms on to attend that lecture which was absolutely crazy, but that's the way the system worked then.

MS: Mm hm.

HL: So we had plenty of lectures and we had exams of course, and they were always posted up in the dining room and there was a big rush to the notice board to see where we were going, if we were shifting, and how we'd got on in the exam process, and that's how it worked for the three years. We didn't have any tutors in the ward as they have today, we learned it all from the nurses in the ward, and our teachers in the classroom. We set up trolleys and things like that. We then, in our day we had practical exams as well as written exams and I remember we had to go to Glasgow, I think we went (was it the Southern General? I can't really remember) but we had to go to Glasgow

MS: Did you?

HL: Uh huh, to have a practical examination, and we had to practice, we had practice bandaging till we were about tangled up in the bandages! And we had to demonstrate on somebody how to put on a capeline bandage, on the head, and that was the most difficult bandage because you had two bandages an' you were working around the cranium. I don't remember what I got but it wisnae the capeline but we had to work on that, and it was absolutely crazy when you think about it, because today you have so many wonderful things that they can use which are less time consuming and much more comfortable and sensible as they used to do, so the nurses today have really a lot to be thankful for, much more than we had, you know? So, we had that to do, and that was a train journey up to Glasgow an' get the tram to wherever it wis. I'd never been on a tram before, so, and we always had to wear hats

MS: Oh, right

HL: Deary me, we had to wear a hat, and oh dear me, but anyway we got through it you know, an our finals, Ah seem to remember that we had a practical exam for our finals as well, set a trolley say for example a lumber puncture or something like this as well as the written exam. So it was quite, I suppose it was quite traumatic cause we were just youngsters, an' you know, hadn't had things like that at the school.

MS: And how long was the training for?

HL: Three years.

MS: Three years.

HL: Three years

MS: So you qualified in...?

HL: In, in . . . oh here I can't count! [Laughter] 1956!

MS: So you were a registered general nurse?

HL: A registered general nurse in 1956.

MS: You said at the beginning that it was compulsory for students to stay in, so where did you stay?

HL: Well I stayed in the Grove, when I started off the pre-nursing course, a pre-trainee, that's what they called me, a pre-trainee, I stayed in the Grove. And we were worked, I'm telling you, we were really worked there, we had to work very very hard, and it was a long day. We started a half past seven, and we had breaks, what they called, the breaks they called lunch, now why they were called lunch I haven't a clue because it wasn't lunch it was just coffee or tea. And if I remember correctly we had to take a teaspoon full of what do ye call it, cod liver oil, you know? Aye, oh aye, we had cod liver oil and malt, and we had to take that every morning. So we had our coffee break, we started at half past seven and some days we finished at ten thirty, we were off at ten thirty until one thirty, and sometimes we were off from two o'clock till five o'clock and most days, well most days if we hadn't the day before, a day off I think we had seven thirty to six, we had a half day I think every second Sunday so we had a day off, we had a day and a half off a week, I think I'm right in saying that.

MS: Mm hm.

HL: But we did have to work hard with starch collars round our neck, held in place with a man's collar stud, and we had the most awful caps to wear; they were starched cotton I suppose, an we had to pin them on to the middle of it, pin it onto a sheet and then pleat it, an when we got it pleated in the middle, we had to put a big safety pin through it, double the ends over, and it made a kind o frill at the back.

MS: Sounds horrendous.

HL: It was absolutely awful because it took us ages and ages to do it properly, you know to get into the swing of it.

MS: How were you taught to do that?

HL: Oh just somebody who happened to be there, you know? I can't remember who met us, but I was taken, I remember my Dad taking me up to the post-office in King Street, because that's where the hospital bus picked up people who were working at the Grove or Gribton, an' they travelled various times of the day out there. And I remember once missing the bus and oh, I was in a right panic, I had to go home and hunt an' get my bike and go out in a great hurry to get there for five o'clock, oh! It was awful, however, we went out there in the bus an I suppose the nurse on duty met us and . . . met me, rather, and showed me where the bedroom was, which was in the basement of the Grove.

MS: Was it?

HL: Aye, an it wis dingy, dark, dreary, dismal and creepy corridor, you know you went round corridors an corridors an corridors underneath the ground floor. I shared a room with three people at that time. One of them became my best friend an my bridesmaid, and the other one, if I remember correctly, lived in Castle Douglas. She was in her second or third year so she was senior to us. So that's where we slept. We had to have . . . we had aprons, I don't remember how many aprons we

had, and two purple striped dresses. The usual sort of thing in those days, some of them were green, when you would becom a student it wis green stripes, but we had purple stripes, an we wore that with our apron and I remember distinctly the first time I put the apron, the thing on, I kept looking for a belt. Well I couldn't find this belt and I thought I was all wrong, but as it turned out you didn't need a belt, you put, you had big buttons, and you pinned them down the back of the apron with a safety pin, a big safety pin, and that kept it in place. You held up the front of the apron with two tie pins which worked ok, you know? But they were uncomfortable to wear really, and we had cuffs put on if I can remember, we had wee cuffs to put on our sleeves, short sleeves, and of course the black stockings and the well-polished black shoes. Oh we had to be tidy.

MS: You said about the kind of split-shifts you did; when, if you were working in the evening, what time did you start and finish?

HL: Oh well when we were working evening we could have been back in from five o'clock we could have been working from half past one if we had a ten to one that day it would be half past one we would start and we would finish at nine o'clock at night. So it was quite a long day.

MS: [agrees]

HL: An there was a lot of footwork to do at the Grove, there was a lot of footwork in the hospital as well but it was more compact, at least you were in the one ward but there they were running here there and everywhere, you know?

MS: So you only had one and a half days off per week, and at that time were you allowed to go home?

HL: Oh yes, oh yes you were allowed to go home, definitely. I mean some girls came from quite a distance an mebbe they didn't, they probably didn't go home. But I always went home, I even went home the two to fives', frequently, because the bus was there, an' if you got the bus at. . . I can't remember the time now, two o'clock, you were in the town, you got the bus back at half past four an you wur back in time to go on duty. But it got you home.

MS: And all your meals were provided for you?

HL: Ho yes, yes, they came as part of your payment, you had paid for them I suppose. But the meals were provided, the meals. . .oh we were always hungry at the Grove, we were hungry everywhere anyway after that too...

MS: [Laughs]

[16:17]

HL: But one of the sisters at the Grove managed to eat her lunch. or any meal, in double quick time, an we were sat round the table with her, some of the staff nurses as well and what have you. And this lady just, oh dear me, and of course when she was finished the maid came in and took everybody's plates away, so we were left, unfinished, och aye. An we were always hungry.

MS: So your plate was cleared away irrespective of whether you had finished?

HL: That's right. I don't think it happened with the other sister, I think she wis a much nicer person, (I shouldnae say that), but she was kinder and she wasn't always in a hurry. I think this one maybe wanted away for a smoke, I've no idea.

MS: [Laughs]

HL: But anyway, we suffered an I remember on a Sunday the cook there was, oh what was her name? Miss, I can't remember, but anyway she saved the milk in large open, large large basins, in large flattish basins and she scooped up the cream off the milk and on Sundays she made trifles. Well these trifles were absolutely, to us they were excellent trifles, so we would say, she would say 'how many more do you need?' and we would say, cause she served it in the kitchen, see, so in the kitchen we would say 'we need seven sister, we need seven please', an we only needed six! [laughter] We scoffed it in the kitchen! In the wee ward kitchen we did that. But we were always hungry.

MS: Uh huh.

HL: That's why I think I went home so much, to get ma mother's gingerbread.

MS: To get fed!

HL: Aye! [Laughter]

MS: So once you then started your trainin, did you still stay at the Grove and travel to...

HL: Oh no, no. No, no, once I left the Grove I went to the Infirmary and slept in the nurses home there. It had three, two, three floors, the ground the middle and the top as far as I can recollect, and there was single rooms and the beds were, aw they were I think they were horsehair and oh they were so uncomfortable an' I remember in our third year a delegation of our group went to see Miss Hutt and she was not pleased. But we said that you know the beds were most uncomfortable and there was nothing in the whole nurses home where we could dry clothes. A lot of folk didnae get home an there was no washing facilities you know, anything they had to do they did it in the wee sink annexed to the bathroom. So, things improved they did, and we were allowed to stay at home

MS: Oh?

HL: We asked if there was no reason for those in Dumfries why couldn't we stay at home? And so they put it to the board and they worked it out and we did, so it was worth, you know, going to

[0:19:18]

Matron and her deputy and saying that we were unhappy with the situation because it wasn't good, it wasn't good.

MS: So did that apply to everybody who had the option or only say people that lived in Dumfries to stay at home?

HL: No, it applied to everybody as far as I can recollect. Some of them would opt to stay because it was easier for them to stay there rather than go to a flat or something like that, but those who lived in Dumfries certainly went home.

MS: So how many people was part of your group, training together?

HL: Well, I'm just tryin, I can't really tell you that but I must ha been in the group, mebbe say for example we had the March intake and the September intake (I don't know if there was an intake in the middle?), but I can remember in the classroom there must have been about twenty, twenty, twenty-five or thirty in our class, I may be wrong, I may be quite wrong.

MS: Mm hm. Ok, so you said about your uniform that you had as a . . .when you were at the Grove, did that change when you came into...?

HL: Oh yes we got a green dress that there was no status [?] My tongue's all muddled up! [laughter] There was nothing to say we were in our first second or third year, but when we went into our second year . . .we had to sew on a stripe, and when we went into our third year, well we would probably have a one? I don't remember sewing them but anyway but we had one two three so eventually it landed with three stripes on our sleeve, and then we sort of knew where we were.

MS: And the same colour?

HL: Yes, yes, aye, but something tells me in the third year we got an epaulette. A green one.

MS: Ok.

HL: Then when we became staff nurses we had a green dress.

MS: Still with the same hat?

HL: Still with the same hat. Then, when the paper hats came in we, I think I would be qualified though before the paper hats came in, they had stripes on them so you knew you were changing them then you were getting a new one and they would have the one stripe, two stripes, and the staff nurse, what did she have? Maybe a big broad band I can't remember to be honest, I can't remember.

MS: Ok, what konna things do you remember about the nursin care an treatments that you...

HL: Well as far as I recollect the nursing care was, was good, the patients were cared for thoughtfully, but sometimes you know there was an awful lot of red tape that could a been missed, you know the way their beds were an they tucked them in an how they didnae get broken toes I

don't because the beds were tucked in tightly, and then we had to take off the counterpanes every day at four o'clock those came off, why, I don't know, just because of appearances I suppose because as the patient went to sleep they might crush them, I don't know. But it was such a waste of physical power to do that, silly, silly. But the patients today, the attitude is so different and the care is so different. Now I remember being taught in the ward, pressure area care. Now pressure area care then involved rubbing this thin patient with soap and water which would dry them up, an then at the same time you were rubbing the flesh against bone and tearing it, no wonder they got pressure sores. And you also had to put on methylated spirits and we suffered as well cause our hands, you got cracks in your hands, but you'd to put this on an that must have dried up the flesh much, much much worse than they do today. Turn your patient frequently that's what's required, and the patients were cared for when you think about it you know, if there was an incontinent patient, you had to clean them with what we called [toe?] and [?] was a sort of mixture of fibre, coconut fibre if you like, and it would [cue?] off the big roll like in a sort of, like in a layer, and really it didn't absorb but it wiped and it was dreadful stuff to use, dreadful stuff! An we had to use Johnston's Baby Powder as well, an yer hands smelt of Johnston's Baby Powder for about a week, ye know [Laughter], but ye had to use it.

MS: Uh huh

HL: So the pressure area care then was . . . to me it was wrong, but we didnae know any better, until somebody with a wee brain worked it out, an then they got pressure appliances which we didn't have then either.

MS: So did you notice a lot of rituals and routines that you began to wonder about?

HL: Ah, not really, well there was the routine of the work which you knew you had to do, you had to clean the bed pan, I'm away back to the Grove again, you were cleaning the bed pans first thing, after, you know before you went for your tea, or your lunch as they called it, you were supposed to have all the sort of basic, menial work done you know?

MS: Were you?

HL: Uh huh more or less, and we had an awful lot of moving dishes and serving food and setting trays which today you don't have, you know it's much easier. And we had to make the patients tea and go for their porridge, an I used to fall all over the place the floor was so slippery oh dear dear. Sister asked me if I took blackouts! [Laughter]

MS: Why was that?

HL: That's right, because the floor was so slippery and probably the rubbers on the shoes, but you know they were good shoes, an you had to have proper shoes but I fell quite a lot.

MS: Did you?

HL: I'm sure it was just the slippery floor an it wasn't terribly even, sometimes you'd to go down a hill or down two or three steps at the Grove. Oh yes I must tell you a funny story, one day I was



cleaning the bed pans in a wee sluice up the stairs at the Grove, an we used [Chemico?] which was a paste in a tin (I think that's the name), an I'm scrubbing away, really putting my life and soul into cleaning and polishing these stainless steel bed pans, an I started to sing, well that was what I did at home! Doing the pre-nursing course I never was taught anything about hospital etiquette, except see I picked up at the Grove you said 'oh may I go off duty sister?' and things like that. But it was second nature for me to sing because I did sing, quite well then. An I started to sing, an all of a sudden I got this tap on my shoulder and it was the matron, Miss Docherty, she was really a very nice lady, an she soon told me that I shouldn't do, this was not procedure in hospital, because they could hear me all over the place. They probably heard me outside as well! [Laughter] So that put, I didn't shed any tears but I've never forgotten that, I've never forgotten that, so I stopped singing afterwards! [Laughter] Except at the Christmas concerts, because we did have quite a good social time. So routine and ritual, well there was the usual temperature taking, taking the bed pan round, they had these sort of things, these stopped later on and you took a bedpan to the patient when they asked for it, but most of the time, most of my time in training, you did the bedpan rounds at such-and-such a time an the bottle round . . . the first time a man asked me for a bottle I hadnae got a clue what he wanted and of course all the men in the ward were laugh laugh laughing1 [Laughter]

MS: So how did you find out what a bottle was?

HL: Well I had to go and ask somebody I suppose, an I mean it was quite obvious when you saw them, what they were, well I was naive at that time! In my life I knew nothing! [laughter] So eh, that was soon sorted out. So they had rituals like that and then in the afternoon, again I'm talkin about the Grove, the patients were allowed to have a boiled egg for their afternoon tea, an this was about three o'clock. so you had to boil these eggs and pass them around, oh dear dear me!

MS: So they had. . . what was the patient meal-times then?

HL: Well breakfast would be probably eight o'clock, lunch would probably be...

MS: Just to check, what did breakfast consist of for the patients?

HL: Well it was porridge or, I can't remember cornflakes? Porridge an maybe something cooked, they did have an egg or some bacon or something like that and bread or toast or something like that, aye they were well enough fed.

MS: And then the next meal?

HL: The next meal would be lunchtime which probably would be half-past twelvish, aye it probably would be about that time, uh huh. Then suppertime I think possibly was five o'clock, because the staff would be going off you see then there'd be a lot of folk going off at six o'clock, so they'd want all that cleared.

MS: That would be, tea?

HL: That was supper, and that would be six o'clock.

[0:30:11]

MS: And that consisted of?

HL: Well, you're taking my memory, really! [Laughter] Would be something cooked, but it would be fairly light, and what people of that day did because usually in that time in that era folk had their what we called dinner at night, they would have that at lunchtime, and at night it would be scrambled egg or something like, and you know at suppertime or six o'clock would be scrambled egg, or I don't know, I can't think of anything at this particular moment.

MS: But you're saying at the grove the patients had a boiled egg in the afternoon?

HL: Aye in the afternoon, if they wanted it, if they wanted it, but these eggs were brought in by their visitors.

MS: Ah, right, they were a bit different.

HL: To boost it a bit. Some of the patients you see had TB out there.

MS: Oh did they?

HL: Oh yes, aye, they had a little, I would call it now a mini-sanatorium, just opposite the Grove up a hill, if you'd call it a hill, a mini-hill. And you had to go up steps to get to this mini-sanatorium. And there was quite a, well, maybe four or five youngish people in ...

MS: Was there?

HL: ... full length plasters and every so often or every second day or so often you had to go up there with the sisters and the orthopedic people and you strapped a top-slab, a top body slab onto the patient who was in the basic one, and then you had to turn them, and that was a job in a half, and that's where I'm sure lots of back disorders started because there was no health and safety, no moving and handling, and you had to work altogether and lift this patient to the side and then turn them over and get them into a face down position. Then they took off the top and you had to wash their back and see to their pressure areas and things. It was, it was horrendous really because they had nothing to help them lift, and it must have been horrendous for them, to lie like that. And the young ones became hospitalised and they were really cheeky kids some of them. But, eh, I don't know what happened after that. Another interesting thing there was a woman like that in, and must just have been males they had up there, and of course they benefitted if they got this fresh air because they opened all the doors. But this lady was upstairs at the Grove, with a TB spine, and she was given P.A.S. caches, [Pasina?] they called them, I think this was probably before Streptomycin came in to help them, and they had to take about four or five of these great big, they were about the size of a penny, two or three maybe a centimetre thick, and they had to swallow these. So this lady, everybody thought, I'd nothing to do with the medicines, you know we were just the skivvies, if you like, and the nurse would give her this and she supposedly swallowed them. So sometime later a farmer came up to the Grove and he said he'd found this bag in a field. And of course the matron investigated it and it turned out to be this lady's medication.

MS: [Gasps]

[0:33:55]

HL: Her husband had taken them in the bus, and as the bus (so we were told), it would be Clarke's bus and it was a double decker, visiting time you see and he had flung them out the top of the bus window, thinking that they would be gone forever, and this woman was denying herself care. So there was an awful hoo-ha about that.

MS: I bet.

HL: Aye, but I remember that really distinctly, it was terrible. But I also remember wee kids coming in with dry necks [...?] and they had that, because there was a wee theatre up in the Grove.

MS: Was there?

HL: Just maybe once a week and they would come in and have some surgery such as a meniscectomy, take the cartilage out of their knee, and oh, various, various things.

MS: So where was the theatre?

HL: It was, I don't know if you know the Grove but if you went up the main staircase it was to your left diagonally opposite you, but a wee bit away and it was right next to one of the wards, I don't remember the wards number. And it wasn't a big room, it wasn't a big place, and they used to put plasters on in another, what they called the treatment room, which was just across the floor. It was interesting there because we saw pre and post-operative care, although I was never really involved in it. But sometimes we got a good laugh because the patients' anaesthesia was not as it is today, and some of the patients were really away with the fairies when they opened their eyes, and some of them would tell you, there were funny stories you know! And they would go on and on and on and of course the rest of the patients were laughing their heads off. I remember that one or two patients absolutely out of it. But they [weren't] aggressive or anything, they were just funny and they would talk to you as if you were their wife and call you darling and this sort of thing you know! [Laughter]. I also remember there was an incident in Dumfries in the early fifties where a policeman was shot, and two were actually, two policemen were wounded, and these two policemen I remember them in the Grove.

MS: Right, uh huh.

HL: Uh huh, one I remember his name, the other one I'm not sure but I remember them, I remember that, that was something that stuck in my mind.

MS: So Helen once you qualified then and you've said that you were out at the Grove for a short period of time, when did you go back to the Grove, and in what capacity?

HL: Well I would go back as a student nurse, but I've no idea when that was, I really, really can't remember.

MS: So once you qualified, what was then your next...

[0:36:58]

HL: Well after that, after that I was engaged to be married and when I qualified I went to work in Ward 4 which was an ear nose and throat ward. An it was interesting, the children were, you know their tonsils removed and all the various things, and we had our lectures but you had to start all over again because it was all sort of new. They talked about it in the classroom and when you got there it was totally different, and you had to sort of figure it out for yourself, an really I'm quite ashamed of myself here cause the surgeon came around at night, well he would come in an he wanted this tray. Well I didnae know what to put on the tray, so I put what I thought [Laughs]. An he said to me, 'Nurse, who taught you E.N.T?', I said 'You' [Laughter]. An it was! It was him. Anyway I must have picked it up, because some time later, we had to pack their noses with cocaine, you know a strip of cocaine tape, an he says 'Who packed so-and-so's nose?', he came into the I remember the wee treatment, the wee clinical room or whatever it was, it was a tiny place. He said 'Who packed Mrs so-and-so's nose?' and I said 'I did'. 'Well', he said, 'that was the most magnificently packed nose I've ever seen!' So there we are, I must have picked something up. [Laughter] I was so proud when he said that. The man died actually, he took polio then he died, he really was, he was a gentleman, so that was sad. So I staffed in Ward four, and after that I went to Ward seven, with Sister White. I went there, and it was a medical ward, a medical admission ward with two . . . males on one side and females on the other an we had a lot o' work to do there an I remember there was a patient came in . . . Now! Now I worked there before I qualified, in my third year I had the chance of this ward, and there was a lady came in with tetanus, nearly died. And she was a farmer's wife, she lived in a farm, an she had, she was a paraplegic and she was bed-fast. I mean in those days there was very little care that they would get nowadays, and she had a rusty bed-pan, and she'd got pressure sores with this, they reckon from this bed-pan, and she developed tetanus.

MS: Did she?

HL: Mm hm, and it was, it was frightening, cause I'd never seen a fit like this in my life, and you [werenae] sure, you had to note everything down you know, and it was awful, and she died, the poor woman, poor woman died. But that was a busy busy ward because I think back now an she was in and out the ward at the top of the ward in the side ward and there was ill patients in the next four bedded area. And I think we had somebody there who was quite ill as well, it was pretty horrific. I think Sister Brown probably along the corridor in Ward eight must have helped because I don't remember who checked the drugs, probably the doctors did it; probably the doctors checked the controlled drugs.

MS: That was when you were at...

HL: That was before I was qualified.

MS: So you went back there as a staff nurse?

HL: I went back there as a staff nurse, I might have been somewhere else but I don't remember, my memories not that good! [Laughter] But it was interesting there. Ah can see some of the patients now, ah can see them.

MS: Can you?

[0:41:31]

HL: And then in those days we had patients who had coronaries, or thrombosis, and you had to keep them behind screens for a week, poor things, and you had to feed them. You had to actually sit down and give them their food because they were not allowed to move, to exert themselves in any way in case the damaged heart muscle ruptured. And the poor souls had to lie like this for a week. Nowadays they're up to Glasgow and they have stents in right away, but that was the case and we had a lot, we had a lot of ill patients like that, an people who had had strokes and needed a lot of attention. you know?

MS: So it was busy?

HL: It was a busy, busy busy place, a busy busy place, really.

MS: So from there?

HL: From there I got married, and Miss Hutt she never had had part-time nurses before, but to have married nurses I think was, well it was gradually allowed, you know. She allowed a colleague of mine (we'd got married just about the same time) and she let us have a nine-to-five, was it? Nine-to five day monday to Friday, uh-huh. I was between wards five and six which was surgical and my friend Christine was in seven and eight, because she in actual fact was staffing in ward eight if I remember correctly, and I went to five and six which suited me down to the ground because I really liked surgical work. So I was down there and I used to go in the wards in the morning and find out which ward was the busier, and I went to the one where I was needed most, and I really enjoyed that. I remember one day we got a patient in with massive burns, a wee boy, he'd been peating, burning heather, and he came from Arran, and he was in for ages and ages and ages that boy. He went home, but he went home quite scarred you know. It was interesting, it was good. Och there's a lot I could tell you about these places, particularly if I was there on night duty as well in the surgical side, night duty, an if a patient died in the surgical ward, depending on where they had died in the ward, the top or the bottom shall we say, he went out the most . . . the easier door. So this night, this poor soul died at the top of the ward, so a porter came (or an orderly I think we called them then) and I had to go with him to the mortuary. And, there was a banking, quite a steep banking, about six feet high maybe and it was quite steep, and we had to push this trolley with the body on it up this, oh I was terrified out ma mind, and we had to walk along between wards five and six to get to the easiest way to get back into the hospital to go to the mortuary so that was, that was a laugh and a half. Another night was when I was on night duty we got a gentleman in (I maybe shouldnae say gentleman) who'd just murdered his wife, aye, and there was two policemen, or one policeman who had to sit with him an he was behind the screens at the very bottom o' the ward. And the policeman had to be excused for some reason or another and I was told I had to sit next to him. Well that man never opened his mouth until I sat beside him [Laughter] Help! These are the kind of things that you live in your memory. I was scared, you know?

MS: I bet!

HL: The man, I don't know whether he knew he'd done it or no, but anyway, he was sayin . . . I think he'd tried to hit himself on the head with the axe, and he had a bandage on. Maybe it wasn't a capeline! [Laughter] He had this bandage on, oh dear, we did have some fun as well there. One day, it wisnae fun, but I remember being there and we had a lot, in those days you couldn't believe it but

[0:46:24]

there was lots and lots of motorbike accidents. We seemed to get a lot of fractured femurs from motorbikes and head injuries from motorbikes. And there was this guy in the bottom of the ward and he had a plaster on his leg, and what did he do, he was a bit restless and confused, and what did he do, he put his leg, his plastered leg in-between the cot sides. So, I think a lot of folk were away for their tea or something I don't know, but anyway Ah tried to get the leg out of the cot side and well he wasnae for having this and he gave me a punch in the jaw and knocked me nearly through the wee window into the kitchen, you know, next door. Well I didnae know whether to laugh or cry! [laughter] However the rest of them came flyin', and I don't know whit they gave him, but anyway, I don't know if he got anythin, but I was shaken, you know I was really quite shaken you know. Another funny story in ward six, and I think this was night duty again. We had a lady who had both legs amputated, above the knee amputations with ice, under ice.

MS: [Gasps]

HL: And she was absolutely away with the fairies. A nice wee woman but confused as anything an every night she had to get chloral hydrate to try and get her to sleep because she very rarely slept. And this night we had our doctor who came from Lerwick, or somewhere away miles away, and he was with her, an she said to him 'Ee doctor, look at a these wee beasts', and he said 'Och aye but we'll get rid of these Mrs so-and-so'. 'Well look at them!' she says, an he said 'I will, I will' or something like that. Well he did look, and the locker was swarming with ants, absolutely black! And of course we had to try and get rid of aw these ants. We got ants in the summertime but that was just unfortunate, that this happened. And she said 'Ay doctor, look at aw these wee beasties', an' he said 'Aye Mrs Woods'. He was a charmer that boy.

MS: Was he?

HL: Oh aye, he was really really nice. He used to help make the beds!

MS: Did he?

HL: Aye [Laughter] Because we had students came then, we had a lot of students an they relied on . . . they looked to us for help sometimes.

MS: What was that medical students?

HL: Medical students.

MS: From? Where were they from?

HL: Glasgow or Edinburgh. But they livened things up for us for a bit you know, so that was where I went, that was when I was married I did that. And then John was born, and I went to work at Loch Maben because we just were running out of money, you know! And one day, a bank statement, no, it couldnae have been a bank statement, anyway, I can't remember, anyway I woke Jimmy up an I said 'Look Jimmy I'll have to get a job, because we've only got four pounds in the bank'. [Laughs] So we decided that we'd have to go back to work, so I went to Lochmaben an Mum looked after John, and I did seven nights on seven nights off. And that was an experience as well, that's where

[0:50:26]

the patients had to sleep with the doors wide open with the snow blowing in and the wind and the rain. I was only there, I think I was there less than a year, and then I went to the Grove as night sister, and I was there for four years, and that was where you had plenty of bats getting in in the night, and ye were ducking bats, oh dear dear it was awful. But it wis...

MS: So at that time at the Grove what did it consist of?

HL: Well, then they had post-operative patients downstairs and the orthopedic, as far as I can remember yes it did, the orthopedic patients were transferred downstairs to the Grove. I think they added a conservatory, I'm not sure, or they opened the conservatory and made it into a ward, I'm not quite sure, but downstairs were convalescent post-operative patients plus the orthopedic, like fractured femurs, backaches. There were a lot of folk with backaches on traction to pull them straight. And upstairs, we had geriatrics and some terminally ill patients as well.

MS: Oh did you?

HL: Mm hm.

MS: So was the little unit with TB patients still there?

HL: That became . . . yes it was there, but it had become the matron of the Grove's flat, because she used to stay in a wee room upstairs, and you had to go away a detour because you didn't pass her room during the night, you had to go round about. It was the matron's flat, and every night, the night sister had to take up Horlicks up that drive in the wet, windy night you'd to take up this dish o' Horlicks up the stairs [Laughter] and I could never make it smoothly! Anyway she never said anything, and she had a dog called Sam, and it was an old spaniel, and Sam was brought down to the Grove every day by the gardener, a really gentlemanly man called Bob Bell, whose wife also worked there and she was really so good to a' the nurses. And the dog came down in a wheelbarrow, [Laughter] and he was tipped out or whatever, into the Grove! Now as the dog got older I seem to recollect the dog sleeping in the lovely big drawin' room, there's a big drawing room at the front and nobody was ever in it that I knew of, and the dog slept in there. Now you were talking about superstitions earlier I think, and it was funny, well it wisnae funny it was macabre really because if we had a patient terminally ill, this dog let off the most terrible yowls, and he did! And it was true! And it yowled its head off through the night.

MS: Did it?

HL: Aye. Not all the time, but he did. An sure as the cat's a beast we had a imminent . . . there was a death imminent and it happened.

MS: That happened how often?

HL: Oh now, now it happened two-three times when I was there, oh aye, aye, uh-huh. Another superstition (and my friend reminded me of this) was in the . . . when she was there at the Grove, she worked downstairs and I worked upstairs as pre-trainees, and there was somebody who had put a vase of red and white flowers in the front hall, there was a big hall stand. What antique stuff!

[0:54:20]

There was also a big elephant's foot, which was always a case for wonder. And Sheila, I don't know whether this nurse had said to her 'Who! Who put these flowers there?' and Sheila, like me 'I don't know', hadn't a clue. Anyway, and she says 'somebody will die', and they walked into the ward which was just two-three feet away and there was a woman lying dead in the bed.

MS: Gosh.

HL: Sheila's never got over that thing too! [Laughter] So that was a bit of a superstition. The other superstition I was thinking about was that we always were taught to, if we were taking a bed . . . a patient in a bed or a trolley, we hadn't to wheel them feet first, because this was associated with death; if you were going feet first that was like a coffin, so they said. But later on in my teaching career that was changed and we now, still to this day push patients to theatre facing the way they're going so they know where they're going and the nurse is standing next to them and can talk to them and you know relax them and this sort of thing, and she can see where she's going as well. So that was another superstition which was crazy when you think about it! So that was that.

MS: Gosh. So you were there for four years on night duty...

HL: On night duty

MS: And did you get the bus out, back and forward?

HL: Well yes, or my husband took me out if he was off duty, but a lot of the time I got the bus. It was cheaper to take the bus than to take the car every time as well! But no, we got the bus out and the bus back in the morning, and you had to walk from wherever the bus . . . the bus usually went to the post-office as far as I can remember and then it wasn't too far to walk after that. And you got the bus at night, you either got it at the Infirmary or the sands, I don't think it went to the post-office at night, I think they went along the sands and you could get it there, but most nights I went to the Infirmary cause the bus was always there.

MS: How did you feel about working at the Grove, in comparison to working at the bigger hospital?

HL: Well I was happy at the Grove but I think I was happier in the hospital because it was more challenging and you had much more to think about, and you had more responsibility there as well, even when there on night duty at the Grove most folks were fine; you had the odd death, but there was no acute illness as such.

MS: Was the discipline any different there among the staff in comparison to the Infirmary?

HL: You mean when ah was on night duty or day duty?

MS: Both.

HL: Well the discipline on day duty, when I was there as a pre-trainee was pretty strict, it was pretty strict. I mean you had to say to the . . . 'Please sister can I go off duty?' or, 'Reporting on, reporting on duty sister', ye had to do this sort of thing. And you [wouldn't] have dared go off

[0:58:00]



without her saying you were off. No, I think the discipline in my younger days, but there was still a lot of discipline at the Infirmary. Ah remember Miss Hutt told me my cap was not on straight, she pulled me across the dining room to tell me that! [Laughter] So, there was a lot of discipline at the Infirmary as well. But this is what (ah'd better no say) but discipline is missing today, and I think if we had discipline there would be a lot more . . . things would go more smoothly! No, I feel very strongly about that, that nobody seems to be able to tell somebody off without the person running away to human . . . [whatyecall?]. . . human resources to say they're being, what's the word, harassed.

MS: Ok Helen, I think we've covered a lot, but one of the things I didn't actually touch on and maybe just reflect, when you were a student what was the social life like?

HL: Oh the social life was good if you wanted that sort of thing, the social life was good. There was a nurses' sitting room which I'm afraid my colleagues and I never visited in the evenings at our supertime because we were too scared. We didn't, that's right, we didn't know the senior nurses well enough and we felt that we shouldn't be there. So we used to go out to somebody's room or somethin' like that. But eventually as we got older we got a wee bit wiser and we went, but the social life was

quite good if you wanted to go out then you were allowed to go out till eleven o'clock. If you wanted a late you had, if you wanted to stay out later you had a late pass.

MS: And how did you get your late pass?

HL: Well you had to go and request it, beg it just about! You had to ask the (I think it was the) night sister you asked for a late pass, and she used to come over and let you in, and you had to go into the main hall in the Infirmary which was a long corridor and you would find her somewhere in the hospital, or maybe the telephonist would phone her and say you were there. An awful lot of folk (I don't think I had a late pass very often, maybe I did, I don't know) but you could go to dances if you wanted and there was always the pictures. Some nurses never heeded the late pass and they went in the windows! I went in the window once after being at a dance with them or something, but I couldnae hardly get in, they were too high for me! [Laughter] So I think I did it once and thought 'well it's no worth it, it's not worth it!' you know?[Laughter] So we had a good social life, and I think it's fair to say we mixed with a lot of the other departments as well, particularly at Christmas, because we had Christmas concerts, and later they became pantomimes, which were really really good, and the public in Dumfries . . . we did have tickets, and they were all sold out quickly or they were booked very very quickly, and they were really really really good occasions, family occasions really you could call them, you know? So the social life was quite good. We also sang round the wards at Christmas, Christmas carols, and at Christmas the consultants came and carved a turkey in the ward. And then there was staff dinners at Christmas. No, I think we had a fairly good social life, and if you didn't it was yer own fault!

MS: So overall, as we're comin to probably just . . . we'll take a break anyway, how would you assess your nursing training that you've had in your experience, that we've talked about?

[1:02:07]

HL: Well I think the training on the whole was very very good. Ah don't think we had as much access to tutors as the nurses do today, I think we could probably have done with a wee bit more. They were . . . we were always in awe of them, and I don't recall many questions being asked at many times, there may have been, maybe it was just me. An there was always a discipline, if you needed the loo . . . I remember once I really had to leave the room and I said, 'Scuse me, may I be excused?', and she said 'yes'. Well she followed me down the stairs because she thought I was sick! She was caring, but there was nothing like that if you wanted the . . . sometimes the lectures ran over, you'd have one and then you had just another immediately after, and it was sometimes a wee bit annoying but that day I really, oh I cannae...

MS: So no time allowed to go to the toilet!

HL: No! there was no five minute break or anything like that, no, you just got on with it. Because the consultant's time would be limited and he would want to get finished, so that was it. But then during my training we had male nurses come from the Crichton, they started to do their general training, and they were in the same, some of them, the first lot were in the same group as we were in. And of course Davy [Shanklin?] who everybody knew, started in the same group fae me from the very beginning. But, ach we had, we had fun there as well, but I think I could have probably studied more than I did, but we didnae have the material then. We had the surgical textbook and a medical textbook and that was a' we had, more or less, because we didn't even have a library as such until they made a little, it was afterwards they made a teaching unit. Whereas before that, the nurses had their lectures in the nurses home, in a room up there, so it

wisnae really accessible and they didn't have any books either that I can remember, you know? So training today is very very much better and of course now they've got computers and they've got the internet and they can look lots of things up, whereas we hadn't that privilege. We used to have the nursing times certainly, I used to buy it when I was at school. But I think I could have studied a bit harder than I did, I'm sure of that! [Laughter] My marks were always fair enough, good, but I think again that the material wasnae there and we [wereny] taught as deeply as they are now.

MS: So it's changed?

HL: It's very much changed.

MS: Ok Helen, thank you ever so much for sharing your experiences it's been really interesting. Coming to the end, is there anything that you would like to add or to tell me that we havnae included?

HL: Well I think Margaret we've covered a fair amount, there's a lot more I could tell you probably.

MS: I'm sure.

HL: But I don't think at this particular juncture, I could.

MS: Well if you do an at any other time you can easily contact me. Thank you.

HL: Thank you very much Margaret.