

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

June L. Satchfield, M.S., R.N.

Interview conducted November 19, 2015

by

Jean Caldwell

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Jean Caldwell: My name's Jean Caldwell and I'm interviewing June Satchfield at the OHSU Oral History Program. It's November 19, 2015. We're in the BICC Building at OHSU. Describe your early life in the Midwest, June.

June Satchfield: Well, I was born in Wisconsin on a farm in 1922. And I lived on the farm all the time until I was about nineteen. And then I went away to the university. I had an interesting childhood. Wonderful, wonderful parents and wonderful grandparents on my mother's side. I didn't know my father's parents very well because they were Swedish immigrants. Dad was a first generation Swedish immigrant. They spoke Swedish only. And they died about when I was seven.

But when I was ready to go to high school, the high school that I had a chance to go to was, I had an uncle living in Chicago, and they wanted me to go to high school in Chicago. I was going to eight grades all in the same room. And of course the person that my folks would consult with was a local doctor. And he said that was impossible to send me from eight grades in one room to a high school in Chicago, which just made me all the more determined that I wanted to go to Chicago.

So, against really my folks' goodwill, they decided I could go to Chicago. Of course, this was about 1937. And I had a lovely time in Chicago. My aunt was very education-minded. And we went to everything in Chicago that you could think of, the Field Museum, the planetarium, the stockyards, the Lincoln Memorial. She just went to everything we could think of. And we always went to the Cubs baseball games on Friday afternoon for ten cents. It was called Scream Day. So I loved Chicago. And I loved them.

Well, I had another uncle living in northern Minnesota. And they didn't have any children. Lovely wife. And they wanted me to come there for my second year. So my second year was in northern Minnesota. And I had just as lovely a time there. I enjoyed all of it. Was around Eveleth, Minnesota, a little suburb like Gresham is to Portland, called Leonidas. And there I learned to ice skate. And I had a lot of wonderful friends. And I didn't like to graduate, but we had an eighth grade, or I guess it was a ninth grade graduation.

And then by this time I was about sixteen. And my folks decided that I was too interested in boys. So they brought me home. They brought me home to Grantsburg, where I graduated from Grantsburg High School. Well that was a big advantage, which I didn't realize at the time. But Grantsburg was really run by doctors and lawyers and dentists and very well-educated people who were interested in education. And they had set up a scholarship for the kids, the highest grade kids, seniors who graduated, with the University of Wisconsin. And I, up until that time, had paid no attention to going to school. I never studied. I never did anything. My grades were, well, good enough. But I didn't have any goal that I wanted to do. Anyway, I graduated third in my class. The first person who could have had the scholarship didn't want it. The second person didn't want it. So I got it. Well I wasn't too happy, because I didn't really want to leave home. But my folks thought I should go. So I did.

And one of the ladies who had been on the committee who set up these kind of scholarships went with me to Madison. And the goal was that you worked for your room and board, and you also went to school. And so I was placed in a dentist's home. Actually, he was an oral surgeon. Very nice. And my schedule was set up, I went to school from eight till twelve, and then I took care of the children after that and cooked the dinner. And then I'd study. And then start all over again.

And during that time, that was the first year was 1941, May of 1941 when I graduated. In December of '41, of course, was Pearl Harbor. And so the campus just emptied out of all available males or anything else. And the dorms were filled with WACs and WAVES. So it was a good thing that I was really in a doctor's home at that time.

And I worked hard. I thought I did, anyway. And I was paid my room and board and two dollars a month—a week, a week. Two dollars a week. I went two years there.

Then, by that time, they were building an air base in Madison called Truax Air Base. So I met my husband. Because the idea was to bring a soldier home, to have a dinner and a real home while they were away from home. And of course I met my husband that way. And I met him in August and married him in May. My folks hadn't even met him yet at the time being.

I quit school. I thought it was wonderful! I didn't have to go to school anymore.

Well, then my husband had to go overseas. And the kids I had been in school with graduated. And I felt oh, I just wasn't anything! I was working as an aide, and here they were, RNs. And I didn't like that at all.

Anyway, he came home from service. And we decided to go out West. From Wisconsin we came to Idaho, where my folks now lived. And then we were there for a while. And I worked in a hospital as an aide. And then we came to Oregon. And while I was in Portland, I decided well, I would go to school. So I went to Good Samaritan Hospital and saw a person named Hazel Hinds. Have you heard of her?

Caldwell: Yes, I have.

Satchfield: She was director of nurses there. And she also was director of the School of Nursing. And it was a two-year program. And when she talked to me, she said, "Well, you've had two years of school. You'd better go up on the, of university. You'd better go up on the hill to see what they can do for you up there." Because she directed me towards a baccalaureate program.

And so I came up on the hill and saw Henrietta Doltz, who became Henrietta Puhaty. And she was very nice and very lovely and said they didn't really take married students at all. But they might consider me. And if they did, I would have no privileges whatsoever. I had to do exactly as the other students would do, which meant you had to be at work at seven in the morning. We lived in a mobile home way out on 82nd.

But they did take me. And I was the first married student they ever took. The first married student that they took. There were other married students in the school at that time, but they had been married secretly after they had been admitted, or something like that, not admitted as a married student.

So I would get up at, have to catch the bus at five o'clock. Get up at four-thirty, catch the bus, ride from 82nd to downtown. Transfer to a Marquam Hill bus, and come up on the hill, and get here about a quarter to seven. And I hated it. Absolutely hated it. I'd go home and cry.

And then you see, our hours were seven to eleven, working with the patients. Then from eleven until eleven-thirty, we were supposed to eat. Most of the time that was spent with

charting, trying to get charting done. So you really didn't eat. Eleven-thirty until three, we went to class. And from three till seven, we worked with patients. And then I had to catch the bus and go home. And it was rainy, oh, it was horrible. And I decided I just couldn't do it, but I was too stubborn to give up. And I kept on going. Kept on crying. But I made it.

And I was determined to show Henrietta Doltz that I could be a good student. There were only six of us in that degree course. All six of us graduated. And graduated with very good grades, believe it or not. And so that's how I got interested in nursing, how I went on to nursing.

And then after I graduated, I kept right on going, working at the Multnomah Hospital, where I had graduated from.

Caldwell: What do you remember about Vanport?

Satchfield: Well, when I applied for nursing with Henrietta, the school, the requirements for graduating from the University of Wisconsin School of Nursing were different than graduating from the university up here, the Oregon university. One of the classes they required was, oh, I can't even think. Well, one was sociology. She wanted me to have more sociology. But one was zoology. I hadn't had zoology at all.

And so I had to go to Vanport from, in the fall when I started, until April, when they had the flood and all our records were lost in the first place then. But that's why I had to go to Vanport. And I remembered it. And I liked it. But again there, I hated going because I had to ride the bus from 82nd clear over to Vanport.

Caldwell: Oh, God.

Satchfield: And back and forth. And it would rain. And our old trailer that we lived in, we called it a trailer, now they're called mobile homes, would leak. Oh, I just hated every minute of it. But I was determined to go. So that was that story.

And that's when I had completed the requirements for zoology. So she admitted me in April of '48.

Caldwell: Oh.

Satchfield: In the meantime, when the flood came along, my husband was a photographer. And he had a police thing in his car. So we were downtown when we heard that the dike broke out there at Vanport. And of course he ran right out there and we took all those pictures of what happened to Vanport. And we saw the flood, the waters coming in. We saw the houses bang together. And it was really quite interesting. Amazing, in fact. And all those pictures were stolen.

Caldwell: Oh, really?

Satchfield: Mm hmm.

Caldwell: Well now, tell me about your student activities? What did you think about your classes?

Satchfield: I loved my classes. Every one of them. And we were taught by doctors for all of the actual classes. Whatever discipline we were in, if we were studying ENT, there would be an ENT man talk to us, give us the classes. For GYN, it was a GYN doctor. For obstetrics, it was an obstetrician. And then the nursing was followed through by the nurses. But we were taught by physicians.

And it was shortly after that that nursing education changed so they got the doctors out of the whole system, saying that they made pseudo-doctors out of us, rather than just nurses. So I enjoyed it. I thought I had a very good education. And yes, I think maybe we were more pseudo-doctors than maybe nurses. Still are.

Caldwell: Anything you remember specifically about actually working on the units that would be of interest to those of us who are listening to you?

Satchfield: Oh, Jean, you know as much about that as I do.

Caldwell: No, just give me an example.

Satchfield: Well, most of the wards had very old patients on them. We had a lot of people who had had strokes, who had tube feedings, as you remember. And you know what happens when they have tube feedings. We were busy feeding one end and cleaning up the other. All the time. And we had somebody expire maybe once a shift, that was for sure. We expected them to.

And one example that I particularly remember, there was another student from my class working with me on that ward. And we were working early morning shift. But someone had expired. And he was a fairly young person who had expired that night. And come to find out somebody else had expired also, an older person. And they had put the teeth of the younger person, which were dentures, in the older person's mouth. And there we were, trying to find teeth for the younger person. The relatives said, "He had his teeth!" But we knew where they were. And guess what we had to do? We had to go down to the morgue and get the teeth and put them in the right person's mouth. That's one of the horrible things that happened.

Caldwell: Now you graduated in 1951 and returned to, excuse me, I'll do this again...You graduated in 1951 and returned for a graduate degree in the '60s. Describe your nursing career during this period, before you went back to get your master's degree.

Satchfield: Okay. Well, I actually finished in December of '50. And then we could work as a graduate nurse, not a registered nurse, until the state boards came along. I think they were maybe in June or sometime. And then we would pass those. Then we would be a registered nurse. So the School of Nursing has put me in the class of '51 for graduating, which was the closest one to December of '50, would have been June of '51. So that's why I was in that class.

And I worked on the wards, general duty. And I worked in obstetrics all the time. That was my choice. And I worked first on the mother/baby, mother side of the baby unit. And then in the nursery, and in the labor and del room. And each one of those experiences were very, very interesting. And you were evening supervisor at that time. Do you remember that?

Caldwell: I do. I did that for about three years. Evenings and nights, actually.

Satchfield: Uh huh. And then I stayed in obstetrics all the time. And I must have been there maybe two years. And the first thing I know, I was the evening supervisor. I had your job. And I was evening supervisor for about fifteen years. All that time. Before I went back to school.

And that was, evening supervisor meant supervising the nursing but also was an administrative position where you were the responsible one for running the hospital and for seeing that the interns got down to see the patients when they should. And when the patients came in, they had to see them within an hour. And the nurses would call you and want to know if this order was correct, should they really give this order. And you questioned it to see if you thought the doctor had ordered the right thing; and nine times out of ten they had. But the poor physicians were on call. And they worked sometimes twenty-four hours without any sleep whatsoever. Because there was always a patient coming into that county hospital that they had to work up. And it was just, to them, it was just a nightmare. I don't know how they did as well as they did.

And I remember, excuse me, that they slept up on the fourth floor, I believe, of the Multnomah Hospital, in a great big long room. And it was our job to go get them if they, especially after dark, if they were to see a patient that had just come in. And this was right after the war. So we were told don't touch them to wake them up, because if you did touch them, they might come out of the bed real fast and hit you, to think that there's something happening to them. So we would shake the keys.

We had the keys to the pharmacy. As the evening supervisor, we had the keys to the main pharmacy, filled all prescriptions. But we did not have the keys in the main pharmacy to the narcotic supply. Except we did have a narcotic supply that we could fill the ward's needs for Empirin or something from the nursing office supply. But we were responsible then for the narcotics that were in the nursing office. And there was always a count in the beginning when you changed shifts and a count when you went off, to make sure everything was legal and right. But that was part of our responsibility, too, as you must know.

Caldwell: Describe what you did as a graduate student.

Satchfield: Oh, that's so long ago, I can't remember. I got my master's in '64. And it was a two-year program. And we were paid the same amount, I went to school full time. But I was paid the full amount as if I had been a graduate nurse, or a registered nurse. When I was a registered nurse, I made \$160 a month. That was my pay. So I made \$160 a month that the government paid me, that included a stipend for each child, and all my tuition to go to school, which I did. And by this time I was driving. I could ride the bus up there. But parking was beginning to be a problem at that time. And we used to park sometimes around Multnomah Hospital, which I believe became lot seventy-one or something, I don't know what it is now. You had to pay for it then. Or we could park over by the old TB hospital, which was CDC, somewhere over in that area. So then we'd have to take a bus up to Mackenzie Hall or Baird Hall or sometimes the library, wherever your class was. Uh huh. So I remember that.

And there weren't very many in my class. And I was trying to think the other day if I even could remember anybody's name. And the only one I could remember, well, I remember Betty Calumette, I can't remember what her other name was. She's since expired. And she, her husband was deaf, completely deaf. But she graduated when I did. She got her master's. And then a man named Ray Showalter was in that class.

Caldwell: Oh, yeah.

Satchfield: And you didn't know him. But I've since seen him in some of the nursing magazines. He has his doctorate. That's about all I can remember. And the first thing I know, the program was over. I had a master's. Oh, I had to write a thesis! I don't know how I could ever forget that.

Caldwell: What did you write your thesis on?

Satchfield: Well, I had a hard time with a subject.

Caldwell: What?

Satchfield: I had a hard time to figure out a subject that I wanted. Some of those graduate students who came in, the students knew what they were going to write on for their thesis. Mine was finally on what did head nurses know about the community programs were available to the patients when they were discharged. So it was a survey of the head nurses, to see what they knew. And it was amazing what they didn't know.

Caldwell: I'm sure.

Satchfield: But the thesis was, you had to find someone to type it; you wrote it, of course. Then it had to go through your advisor. She helped you all the way along. Mine was Lucile Gregerson. That was a lady who worked in the School of Nursing. And then helps you with what you should do and what you shouldn't do. But then you had to find someone to type it, because you didn't actually have a book company or anything. It was just regular typed on thin typewriter paper. But you had to have it bound at our expense. I think that was something like about 200 dollars. It just killed me at that time. Because that was way back when, when that was very, an awful lot of money. And there's a copy of it in the library. You have all the theses back there. Uh huh.

And I remember, we had to go, mine was in the administration and supervision. We had to have a minor, which was supervision. And we took that down at Portland State. We had to go down there and have classes. And one of the classes was an English class. And we had a test. And he wrote on the board, "Fish sleep." And you had to figure out now what was that. Was that a hypothesis? Was that a topic? However, some of the students knew that there had been an actual study done on fish sleep at the university of, at Corvallis.

Caldwell: Oregon State.

Satchfield: The answer to that was yes. But it certainly stumped a bunch of us to know what we were going to finally write on that program. I'll never forget that professor's name was Dr. Guy. I don't know, I did all right in that class, but that really stumped me.

Caldwell: How much do you think nursing has changed since you finished school?

Satchfield: Oh. I'd be lost. I always knew machines, they were just coming in. We had set up an ICU maybe two years before I quit. And they had some of these fancy machines monitoring patients and everything. But we didn't have any computers. We didn't have computerized

anything for medicines. We had to pour our own medicines on the wards, remember, from a little closet. There was no pharmacy that delivered medicines. We had to pour them ourselves. If you had ten patients, it would take you forever to pour their medicines. And it would take you longer than that to get them down the patient, because they wouldn't swallow them, you know. But I think it's changed.

I also wonder what they really know about patient care. I guess they do, but they have very little, to me, it seems as if they have a very little amount of time with actual patient care. So much is done vicariously. They hear this. They read it. And they see the film on how you would do it. But did they really do it? I don't think you have to make a bed 40 million times to know how to do a corner, which we did.

Caldwell: We did.

Satchfield: And have all the casters on the bed turned in. What's the difference? That wasn't really taking care of the patient.

Caldwell: Yeah.

Satchfield: But we had much more time actually spent with hands-on taking care of those patients, I believe, than what they do now. We spent all our time taking care of patients. The hospital was really run, when I was a student nurse, with student nurses. There were some graduates. But the, when I was a white cap, I was in charge of a ward evenings. And nights. What that means is that you were just through your probie period and you got your cap, which was a white cap. There was a white cap in nursing. And then there was a gray stripe on your white cap, then you were a junior. Then there was a black stripe on your cap, which meant you were a senior. And of course you had more responsibility as time would go up, you would perhaps be head nurse on a ward, or charge nurse a ward in the daytime. But at night, when you were on evenings, when you were about the only student nurse out of thirty or forty-bed ward, with all these awfully sick patients, and you could probably have one aide. It was a lot of hard work. And I often question the amount of really good care that those patients got. However, Multnomah Hospital was known as giving good care. We had no decubitus. We would get patients in from other hospitals with these horrible bedsores, which were decubitus. And then we would heal them. How well I remember that.

Caldwell: Are there any other questions that I might have asked that I didn't ask, or something that you'd like to share with us that you think we need to know, or would like to know?

Satchfield: There's lots of stuff you don't need to know.

Caldwell: Whatever.

Satchfield: One thing, I thought it was very good, I loved the atmosphere of Multnomah Hospital. Everybody looked out for everybody else. If there were other students on your ward and you had to be through at eleven o'clock to go to class, you never left unless you made sure that somebody, that the other student had their work done and they could go, too. And the same thing was true in the afternoon shift. When you were through at seven o'clock, you never just got

off. I don't care which ward it was, somebody looked out for somebody else. And I found this was true with the head nurses, and even physicians looked out for us. I thought that was very good.

And then as time went on and I was a graduate nurse and the Peace Corps was formed, then a lot of the Peace Corps people would come up there because we had all the old equipment that they were going to have to work with in these foreign countries that they didn't have new equipment. We had all the old equipment. Like those old Wagensteens for gastric drainage and the return flows and all that kind of stuff that the other hospitals didn't have.

And then I remember when the South Hospital was built. Multnomah's closed now, I suppose, to patients, so it's only this other hospital, University Hospital. And the doctors would go between the two hospitals. And they would bring us equipment from the new hospital. Nice equipment that we didn't have in our hospital. You remember that?

Caldwell: Uh huh.

Satchfield: But they always looked out for us. I enjoyed it. And then when the two hospitals merged, as a nursing service merged, that was a little bit traumatic for nurses on both sides. And the director from our hospital, from Multnomah, became director of the new, the South Hospital. And I think that was hard for the nurses on the other, from the hospital. Because they were so faithful to theirs. And she was a wonderful lady, director of the nurses in the South Hospital. But eventually it all worked out and we got along fine. But I think that was the only friction that I ever noticed.

How about you? You went from one to the other

Caldwell: I think I would agree, pretty much, with it. I think it was a very valuable experience.

Satchfield: Yes.

Caldwell: And I know of girls who have come out and thought they worked terribly hard and didn't understand what we were trying to accomplish. And I remember one girl was determined that she was going to go to another hospital; and it was going to be Bellevue, New York City, which she did. And she had her eyes opened at Multnomah Hospital first. And then it sealed it when she went to Bellevue, because there were things there that we had never done that they did there. And I thought it was interesting when she came back and told us about it. The whole thing was an excellent experience, I thought, for my part. And I don't know that I've talked with anybody who felt that it was not worth attending. It was a five-year program when I was in school. And it was—

Satchfield: Five year for me, too. It was just amazing. And another thing that I enjoyed about it was that you felt completely free to question any doctor about anything that you wanted to know. You were not questioning their ability. And then I had realized that when people would leave our hospital, as you say, and maybe go to Emanuel, they didn't have that freedom to question the doctor, because he'd think you were questioning his ability, where you were really just wanting to know for yourself. Why did you do this? Why didn't you do this? Why did you do this? And I liked that. I thought it was just very, very amazing.

And when I retired, I got some thank you notes for working all that long from some doctors had gone back to practice in Minneapolis. I thought that was fun, nice, to think that they realized that maybe we kind of knew what we were talking about.

Caldwell: I think that's right.

Satchfield: And we had some very wonderful physicians. Oh, very great. And very wonderful nurses, too, believe me. Do you remember Thelma Long?

Caldwell: Yes I do.

Satchfield: I used to think, when I was a student nurse, she prodded along all the time. But when I got to know her, she had more knowledge up here than you can ever imagine. I remember a patient we got in, he was a black man, and he was a diabetic. A severe diabetic. And he'd come in in an insulin shock with a blood sugar of 400. He still had insulin shock. And the interns would take the blood and see the blood sugar was so high.

And so Thelma would say, "Give him some sugar. Give him some glucose and he'll be all right."

"But his blood sugar's already 400."

They finally gave in and the man would sit up and be perfectly all right. Can you imagine? I just never forget how her knowledge of these patients would go. Just amazing. That's it.

Morgen Young: I'd like to ask some questions. And I'll just come stand behind you. Is that okay? I'm going to ask some questions and I'll stand behind you so that June's looking towards—

Caldwell: Okay.

Satchfield: Like I'm talking to you?

Young: Right. Exactly. And Jean, you just let me know if you can't hear and I can repeat it. And if you want to answer as well, that's great.

Caldwell: Oh, okay.

Young: So far, it's really wonderful. I thought maybe, you mentioned the different stripes on the caps...

Satchfield: Mm hmm.

Young: And so maybe you could talk a little bit about what your uniform looked like when you were a student, and what your uniform was like when you were a registered nurse.

Satchfield: All right. Could I even go back farther and tell you what it looked like in Wisconsin?

Young: Absolutely. I'd love to hear all about the uniforms for a few minutes.

Satchfield: Okay. Should I talk?

Young: Yes. Great. And just look towards Jean. Perfect.

Satchfield: When I was accepted to the School of Nursing in Wisconsin, and we, my mother had to make, or someone had to make all your uniforms. And they were very much like the uniforms we have here. They had the white bib apron. But they had brown, kind of a tannish brown instead of, we had the gray uniform, they had the brown uniform. And we had to wear black stockings and black shoes at Wisconsin. And I never wore my uniforms one day because I quit. And here my mother had slaved over those uniforms. I think we had to have about six or seven. And I quit. And I often think about that. She sold them, we sold them, so she wasn't out, she was out all her labor, but we sold that.

Then when we came here, the uniforms were very much the same style. They had the white apron. I'm sure they're over on display, you can see. And they are kind of a gray dress uniform and a white cap that you would have to fold. And we didn't have to launder our uniforms at all. They were sent to the hospital laundry. Which in the very beginning, that laundry was in Katherine Hall, remember? The location up here, there was Emma Jones Hall in the back, and Katherine Hall is where Shriners Hospital is right now. And the bottom of that Katherine Hall was our uniform, or the laundry, do you remember that? And they did the laundry. And then they sent the laundry after that, when they decided not do that, to the state penitentiary.

And one of the girls who worked with me – we were graduates now, wearing white uniforms, we were out of the student uniforms, could wear a white cap, too – left her pin on her, left her pin on her uniform. She realized she'd lost it. She knew it had gone to the laundry. And about oh, two months later, she got a call from a convict at the penitentiary wanting her to buy her pin back. She said, "Forget it. I don't want that pin. You can keep it." But they were trying to get just a little money out of that.

And as to what we wore, we wore white uniforms as a graduate nurse; white stockings, white shoes, and a cap. And we had to pin the cap on our hair like this. My hair was about like this, and so was yours. And I still have a bump on the top of my head where I wore that cap all the time. I can still feel that.

Then as time progressed, we didn't have, we still wore the white uniform, but we didn't have to wear the cap. And then as I went up the totem pole, so to speak, I could wear a lab coat and street clothes, and not have to be in a uniform all the time.

And now I don't know, I don't think the nurses wear uniforms at all. And I remember our director, Gale Rankin at the time, saying, "You can give just as good care if you wore overalls as to wear a uniform all the time." But, of course, we had to wear a uniform because people were doing that. But we wore a white cap.

And then we had to fold it ourselves, of course. And to me, kind of a big, bulky thing. We had to learn how to fold those caps. From the time you were a student, you learned how to do that.

Young: Do you think you could still fold your cap?

Satchfield: Oh, maybe. I have an old one somewhere. It was kind of like a T. They were big like this, with a wider T at the bottom. You had to fold it up.

Young: Did you have to carry anything with you as a nurse?

Satchfield: Scissors. I always had scissors in my pocket.

Caldwell: Watch.

Satchfield: And a watch. We always had to have a watch on.

Caldwell: Pen.

Satchfield: Maybe you can add something else.

Caldwell: Well, speaking of what we used to write with, we had pens that had disposable points on them. And if you worked nights, part of your job was to put out fresh blotters for all the, on a desk, which was probably six or eight. And then you had to change all the pen points. And then you also had to go ahead and fill the inkwells, dust off the desk, had everything ready for early morning. And I don't know about you, but I stood for every report. We never sat down.

Satchfield: That's right.

Caldwell: Later years, we sat down for report. No. You stood at attention, so to speak. And that was the only way the report was.

Satchfield: And another thing about our hospital. As nurses, we didn't have to get up and give a doctor a seat if he happened to come into the nurses' station when we were there. Like at the private hospitals, a nurse always got up and gave a doctor a seat. And I can remember that one of the nurses told when a doctor came in and she didn't stand up and he was a little bit indignant, she said, "In this hospital, if anybody stands up to give anybody a seat, it's a doctor to give a tired nurse a seat." That's what she told him. And that's just the way it was. That's why I thought it was a nice place to work. I mean, everybody looked out for everybody else. Which was good. And it was a tremendous learning experience. Maybe too much so.

Caldwell: Yes, it was.

Satchfield: Because you can't get overthinking like a nurse. And I think that is so hard. To me and my family, I'm their mother and their sister, I'm an aunt. I am not a nurse. And yet I look at them when they're sick, I can only see them as patient, what's going to happen to them. And I always think of the worst things possible, of course. Usually it isn't that at all. But I've been trying to so hard not to be the nurse factor in this whole life of mine. But I don't think you can ever get over not being a nurse, thinking as a nurse. Do you think that way?

Caldwell: I think I do. I know that when I retired, I was tired. I was real tired. And I sort of determined that for about the first year, I wasn't going to try to remember anything. Because I

was already tired about it. But it was probably, as a profession, at the time, it was probably the best that we got. And I never have regretted a day of it, at all.

Satchfield: What I noticed when I retired, I had vowed I'd never read another thing about nursing. I was so tired, and everything I read was nursing, nursing, nursing. And I could read all the other kind of books I wanted that I never had time to read. And I loved to read. And so, something comes all the time, because I always paid my ANA dues all the time. So finally I ended up being a lifetime member. Don't even have to pay dues anymore. When you reach a certain age, and if you pay dues for a long time, you become a lifetime member. And so that's what I am. And I still get a nursing magazine. It's isn't the ANA one anymore. It's another one. and I kind of just flip through it and see if there's anything I'm really interested in, then I will look at it. But I read it and I stop to think, well, it's the same kind of stuff I read before. So why read it again? One thing, I just kept thinking, you can write about how you're going to make a bed, but there's only one way to make a bed, if you ask me. And you keep on doing and keep on doing it. You don't have to.

Caldwell: And you're probably making your own bed the way you made it in nursing school.

Satchfield: I am, and my toes get too tight.

Caldwell: I know what you're talking about.

Satchfield: I do! I make my sheets so tight, and then when I get in, my toes feel like this. And I think now why didn't I put a toe tuck in there?

Caldwell: Times change, June.

Satchfield: I know. But I don't. I just get older.

Caldwell: Well, that's part of the whole game.

Satchfield: I don't know if that's good. But it's better than the alternative, I guess.

Young: You mentioned Katherine Hall. Could maybe both of you talk a little bit about what you remember of the campus?

Satchfield: Yes.

Young: Because it's changed so dramatically since you were students here, and since you worked at the county hospital.

Satchfield: Okay. Behind us, there's, I think Emma Jones Hall is still back there, is it not?

Young: It is.

Satchfield: That used to be just a dorm for nurses. For student nurses, mainly. And I being married, I didn't have to stay there because I could go home at night, which was way over on 82nd. But I would come in early enough that I could go into Katherine Hall and change my clothes. Because I never rode the bus in my uniform or anything like that. I didn't let anybody know I was a nurse. And so I'd go there. So there were only six, as I said, in my class. And we would go there. And between the break, we sometimes would go there, too. Sometimes between, if we got through early, before three o'clock would come, we'd go, be in the dorms and we could do things.

And at that time, just a little side, knitting was very important. And we were learning how to knit argyle socks with all those little bobbins that would fall down around. And Bev Schou was in my class, remember?

Caldwell: Mm hmm.

Satchfield: And I was trying to teach her how to knit. And she kept trying. And every morning it would be all on a heap on the floor. And I'd come in her room and I'd fix it up so she could get going again. She finally finished those socks; gave them to her father. And he said, "Well, I wish you hadn't even finished these." They came over his knees.

Anyway, as you know, the Katherine Hall, Emma Jones in the back. And then out the side of the university hospital, which they must still have a door there. I don't know if they do or not. We went over to Katherine Hall where Shriners Hospital now is. And were there student nurses in Katherine Hall, too?

Caldwell: I lived in Katherine Hall for two and a half years.

Satchfield: Oh, did you?

Caldwell: I did.

Satchfield: As a graduate? As a student?

Caldwell: As a student.

Satchfield: As a student.

Caldwell: And the laundry started at six a.m. every morning. And you had concrete floors. Nothing on, except a paint job. Two double bunk beds, two desks, and three of us lived in one room and four of us lived in another. And I never studied there. I went always to the library, because it was too noisy. It was mayhem.

Satchfield: I remember Katherine Hall particularly had one great big room that was a kind of reception room—

Caldwell: That's right.

Satchfield: --with nice chairs and nice tables. And one was a kind of octagon-shaped table. I liked that. And you know, when I retired, Dr. Kastenbaum gave me that table.

Caldwell: Oh, gosh.

Satchfield: I still have it! My daughter has it.

Caldwell: Yeah.

Satchfield: We took off the part that said, "Property of Multnomah Hospital."

Caldwell: Yeah. We even had our own housemother.

Satchfield: Oh, yes.

Caldwell: Yeah. There was my class and a class that was just behind us that was a three-year class. And then there were student dietitians at that point. And those were the three groups that lived over there. There was about thirty of us, probably.

Satchfield: Well, Emma Jones had a housemother, too.

Caldwell: Oh, yes. They all had housemothers. You did not go anyplace without a housemother.

Satchfield: But the housemother would go to sleep, and then the students would crawl out the window. And go away. And then come in at night through the window. I never was in that part of the skullduggery that they did, but I always heard about it.

Caldwell: Yeah.

Young: Were there any men who were in the school?

Satchfield: No! Heavens, no. Long after I was a graduate nurse, they admitted a male student up here. I can remember him coming to eat in the cafeteria line as a student. I thought, my gosh, what are we coming to? We're admitting men into nursing? And then I thought well, there were women in medicine, you know. You didn't think about, you wanted a male doctor and a female nurse. You never thought really of having a female doctor, but there some in—

Caldwell: Yeah. But it wasn't until in the '50s that they started. And the first one we had was Marion Larson, who had been a nurse prior to—

Satchfield: Oh, I remember her very much. And she married Dr. Krippaehne.

Caldwell: Yeah.

Satchfield: I think, is she still living?

Caldwell: No, no. Marion Larson was a nurse. Dr. Krippaehne —

Satchfield: Oh, I meant Marion Larson had been a nurse, and then she went into doctor, she became a doctor, too. Marion Larson became a physician.

Caldwell: Yeah, that's what I mean. She was a resident.

Satchfield: But she was also a RN.

Caldwell: Yeah. That's right. She'd been an RN before.

Satchfield: And she would specialized patients, special nursing. Uh huh. But then also, Marion Larson, who was a medical student, married Dr. Krippaehne.

Caldwell: Bill Krippaehne. That's right.

Young: She passed away last year.

Satchfield: Oh, did she?

Caldwell: She did. Right.

Young: She worked a lot with Dr. Osgood.

Satchfield: Oh, yes, I'm sure. Uh huh. So both of them are gone.

Caldwell: Oh, yeah.

Satchfield: Hmm. Dr. Krippaehne was specialized in CA of the pancreas, remember? And then he died of CA of the pancreas. That was so bad.

Young: What about rotations? I know that you worked at the TB hospital. And I believe you went to Salem and worked at that hospital.

Satchfield: We did. Yes. There was the TB where the maintenance building is over here, I think it's still on the campus. Way over on, close to CDC. Isn't there a maintenance building over there, for maintenance? I don't know what they would have it now. But it used to be a maintenance building. But it was the old TB hospital. And we all went through a rotation there. And I can't remember how long it was. Six weeks?

Caldwell: I don't think it was any longer than that. It was a very short rotation.

Satchfield: And we all had to rotate to Salem. And when we were in Salem, there were other schools of nursing who were down there at the same time that we were. But we were the only university hospital that represented there. But however, we didn't even talk on, there were two groups of student nurses up here when I was a student. There was a diploma class and a degree

class. And we were each taught by different physician, by different people at the classes. We didn't have classes together, is what I'm trying to say. And it seemed to me that the degree class, which I was one, we always had physicians teach us. I don't know if the diploma class always did. But at graduation time, the people who were in the diploma class had to graduate in white uniforms and a white cap, white mortarboard. And we always had the navy blue. And I remember what a fuss that became until finally—

Caldwell: I don't remember that.

Satchfield: Yes, I remember that particularly. And then they finally dissolved the diploma class completely and everything was degree.

Caldwell: Yeah.

Satchfield: You were degree.

Caldwell: Oh, yeah.

Satchfield: Uh huh. How many were in your class? Quite a few.

Caldwell: Seven.

Satchfield: Seven in your class? Oh, they were taking awfully small classes.

Caldwell: Well, the class that was ahead of us was a diploma class. And they lost a fair amount of their students after the first six months. And then there was another degree class that came in six months afterwards. So there were three classes in some years. Two degree classes and one diploma class. And then it phased out the diploma class.

Satchfield: Yeah. It faded out to only have degree classes, you mean.

Caldwell: Yeah. That's right.

Satchfield: There were just two classes when I can think of. The diploma class, and that was a big class, because a lot of people, a lot of students would come right from high school into the diploma class.

Caldwell: That's right.

Satchfield: And then there was the degree class, which was a small class. There were only six in ours. And there were other classes after that, and I didn't pay much attention. And I can't remember when they phased out the diploma class. It must have been in the '50s sometime.

Caldwell: Hmm, I think it might have been a little later than that.

Satchfield: Do you think so?

Caldwell: But I'm not sure. I don't think I could tell you.

Young: What would be the appeal of the diploma program?

Satchfield: Well the appeal was that they didn't have to spend two years in college in the first place to get into, degree class you had to have your two years of college, your pre-nursing within your college, and it was two years. And in the diploma class, they can come right out of high school into the diploma class. And I think they had to go there three years for it, wasn't it? Because we had three years. Mine was thirty-six months after I came up here.

Caldwell: Yeah, it was three years.

Satchfield: And I had to have the two years of college. So it took five years to get your baccalaureate. And then when I went on and got my master's, it was another two years. Well, I went to Vanport for another year, or almost a school year. And then my two years as a master's. So it was eight years to get a master's degree for me to do.

Caldwell: And you weren't a registered nurse if you went through the diploma—

Satchfield: Oh, yes, you were. You took the same exam. That's the whole thing. Nurses took the very same exam. And if you went to a two-year program, because the two-year schools had started up around that time, or about the time they phased out the diploma program, here they had the two-year program. We all took the same exam nationally. And that was a bone of contention. Lots of the schools argued about that for a long time. The degree schools thinking that they should not do that, that we should have a different kind of exam for us. Because supposedly our education was wider and deeper than what the other students were, particularly the two-year schools were supposed to be fairly narrow but also a deep program. But it was, I don't know how they do now. They maybe get over—

Caldwell: Well, the two-year program came out of the community colleges, too.

Satchfield: Yes, that's true.

Caldwell: And sometimes you had older women who had started nursing as a registered nurse for three years. And then were unable to complete the course, and then came back maybe ten or fifteen years later to the community colleges and finished up a two-year program. Because I had a couple that worked on my unit. And they were very good.

Satchfield: I know.

Caldwell: But they were older women who'd had a lot of experience.

Satchfield: So that's true. Lifetime experience, you mean, doing other things. And we wrote exams. The national exams for the state boards, we wrote three days. Did you?

Caldwell: Yeah. Actually, when I took the national boards, Oregon had its own national boards that we took. It's not a full continental one. And each state had its own. And then you had to meet the criteria of usually New York State. And if you met the criteria with the study that Oregon had for exams, then now that one is complete for the whole country. It's the same one that they use for everybody.

Satchfield: Yeah, I know that. We had to write, and we wrote in communicable disease, OB/GYN, and pediatrics and surgical nursing, and medical nursing. We wrote all those examinations.

Caldwell: Yeah.

Young: And June, you focused on obstetrics?

Satchfield: Uh huh. I did. Uh huh.

Young: And Jean, what did you—

Caldwell: Internal medicine, mostly. And I filled in over in the ER for a year when they didn't have a head nurse. And then I filled in for another one of the supervisors that worked days until she went back and got her master's degree. And then I moved my unit three different times to three different floors.

Satchfield: But you were evening supervisor for a long time. For three years, you said.

Caldwell: Yeah. That was really surprising. And I've always been a little bit surprised that I ended up being a supervisor with no more experience than I had.

Satchfield: I know!

Caldwell: And it was a little disconcerting, but I learned an awful lot. And it was well worth it.

Satchfield: You did a lot of walking. Oh, you walked, you wore a pager. Or no, first they'd page you overhead. Overhead, they'd call you--

Caldwell: That's right.

Satchfield: --every five, every second, you're wanted here and you're wanted there. You call this number, you call that number. And then when I was an evening supervisor, I'd been there quite a while. Then we started to wear pagers.

Caldwell: Oh, I never had one of those.

Satchfield: Then as a supervisor, well of course, in the beginning, there wasn't any ER. Remember that?

Caldwell: That's right.

Satchfield: We didn't have an ER. And there was a room in Multnomah Hospital in admitting where the patients would come in if you had to see them. And as an evening supervisor, you were also the person who had to be with the doctor when he examined the patient that came in to be seen. Which was like a little ER just by itself. And then whatever had to be done to that patient as a supervisor, you had to do. I remember that.

Caldwell: Did you ever fill a Coke machine?

Satchfield: No, I didn't have to do that.

Caldwell: I filled a Coke machine. Summertime. Ran out.

Satchfield: But we always had to fill, as I said, the keys to the pharmacy. We had all the keys to the whole hospital. Which was a whole bunch of keys, you can't even imagine, you could jingle them, they'd make a lot of noise. And half of them, we didn't use. We had the key to the morgue. And we had the key to the supply rooms downstairs where we'd have to go get things. And we had a key to the pharmacy.

Caldwell: Yeah. And the record room, over in the outpatient clinic.

Satchfield: Oh, we had to go get all the records. You know, that was a really, quite a dangerous job for us to do as the evening supervisor. Because you had to go through the outpatient clinic, which was all dark. Nobody was there. There might have been a janitor cleaning the floor.

Caldwell: I never saw one.

Satchfield: Well I saw one, and I had quite an experience with him. But I used to go over there. I always would go alone. And you'd get into this room which sort of reminds me of the library now, where you have all these shelves everywhere around you. And you were just, you had to hunt for the charts. They were filed in a certain way and you'd know where the charts were. But you'd get between these files, these charts, and there you were, way back here. Well, this creepy guy came into that room when I was in there all alone.

Caldwell: Didn't you lock the door?

Satchfield: I didn't lock the door. He got right in. And I saw with my peripheral vision him come in. And I said, "I know you're in here. And you better get out of here." And then he kind of got up and grinned and out he went. But they got rid of that guy. Because I don't know what he would have done. Here I was in there alone. I never went back there alone again. I always took somebody with me.

Caldwell: Oh, is that right?

Satchfield: Uh huh.

Caldwell: The thing that surprised me was that I don't remember, when I was doing evening and night supervision, that there was ever anybody around patrolling anything. I mean, everything was locked up. And I always carried a heavy flashlight in my pocket. And I never went anyplace that had a lock on the door that I didn't lock the door. But basically I never saw a guard. I never saw a patrolman—

Satchfield: No, there wasn't anything like that. Nothing like that.

Caldwell: I never saw anybody during the course of the night. And I remember we got a new orderly one time. And somebody died. And I always went down with them. Well this one fellow was really nervous about going down. And it was in the sub-sub-basement, where the morgue was.

And he said, "Are you going to go with us?"

And I said, "Yes, I will be with you the whole time." Well, he was really nervous down there. And you know, you got down there, you were two floors below the first floor of the building. And I thought you know, the only thing that is really nice about this, it's warm down there and the lights work. And he had a key to the morgue. And never had a problem.

Satchfield: You know what else was down there? The walls were covered with asbestos. Remember that? All that white asbestos, everything around there.

Caldwell: Yeah, that's right.

Satchfield: Everything was asbestos. But about the morgue, one time I was evening supervisor and my orderlies had taken somebody down. And they finally phone and they said, "Mrs. Satchfield, you know, he's warm. You know, he's still warm." I thought, oh, brother. So went back down there to see. And sure enough, he was warm. And we sat him up and he gasps at us. I thought my gosh, is this man alive? But come to find out, the body temperature can stay warm for a while, and his lungs were full of air. So when we sat him up, he breathed at us.

Caldwell: I see.

Satchfield: But oh my goodness, that was one of my worst experiences with the morgue. Other than that, it didn't bother me to, the corpse or anything.

And we always had to tag every body. Remember that? A big tag. This was on their big toe, so they knew who was what down there.

Young: And you both spent most of your time at the county hospital?

Satchfield: All mine.

Caldwell: I never worked anyplace else.

Satchfield: Uh uh. That's the only place. Uh huh. I worked thirty-six years up there. How long did you work?

Caldwell: Thirty-eight.

Satchfield: You worked thirty-eight. Mm hmm.

Caldwell: And my ward was moved several times. And then eventually I ended up in the South Hospital.

Satchfield: Yes. So I ended up in the South Hospital, too, yes. As a supervisor.

Young: Once they merged?

Satchfield: Yes, they did merge.

Caldwell: Yeah.

Satchfield: Uh huh. But I still had the same position. Well, eventually I was associate director of nurses. So I didn't have as much contact with the patients or anybody as associate director. It was mostly all paperwork stuff. But the most, the place where we really learned something was the evening supervisor. For me. And for you, I suppose, maybe was head nurse?

Caldwell: Well, I think it was, because I was young in the career. But I liked head nursing. I liked that better than anything else. I mean, supervision was fine. I could fill in places. That was good, and it was good experience. But I liked to have people around me that were working that I could see what was happening and what the outcomes were. And made a lot of great friendships during that course of time.

Satchfield: Yeah.

Caldwell: And I've never regretted it.

Satchfield: No.

Caldwell: For somebody who started out thinking they were going to be a high school history teacher, I made an abrupt change, that's for sure.

Satchfield: Yeah.

Caldwell: Never been sorry.

Satchfield: I always wanted to be a nurse. All my life. But I thought I wanted to be a stewardess.

Caldwell: Oh, yeah.

Satchfield: You know, at that time you had to be a nurse to be a stewardess on any of the lines. And you had to be a certain height and a certain this and certain everything else. I think I met

those requirements. But soon you didn't have to be a nurse anymore to be a stewardess. And by that time I was more interested in nursing. But I always wish I had gone on, after all, the doctors lectured to us. And I thought, gee, they have so much knowledge. I'd like that better than being a nurse. But by that time, I was too far in it to think about doing anything else.

Young: So did you both retire around the 1980s?

Caldwell: I was '87.

Satchfield: I retired in '85.

Caldwell: Oh.

Satchfield: Mm hmm. That's why you have the extra time on me?

Young: So Medicare came in while you were working?

Satchfield: Medicare was there a long time before that, I think.

Young: Right. Did that change at all working in the county hospital?

Satchfield: No.

Caldwell: Uh uh.

Satchfield: e didn't know anything, on our part, we didn't know about any of who paid and who didn't pay or anything like that.

Caldwell: Yeah.

Young: That didn't affect you. Okay.

Satchfield: We just knew county patients that were coming in. But we used to get a lot of transfers from other hospitals that were problems they couldn't take care of. Or mostly nursing problems, I think, and they were sent to us.

Caldwell: Well, yeah. A lot of those people had no money at all. And the private hospitals did not keep them if they could send them to us. And we would take care of, the county would take care of. But then it took probably more than twenty years before the state and the county finally got together so that the whole system was run under one system instead of having both state and county.

Satchfield: That's right. That's right.

Caldwell: So that lingered for many years.

Satchfield: We had a lot of patients that were alcoholics. And we had a GI ward where these patients would go. And that was an interesting experience, too. Got a lot of experience with far advanced alcoholism. Cirrhosis of the liver. In fact, we saw things that most nurses in the private hospitals didn't even see. But the nursing diploma programs in these other hospitals, like at Emanuel and—

Caldwell: Good Sam, Providence

Satchfield: --and Saint Vincent's closed. It was Saint Vincent's with the degree, wasn't it?

Caldwell: It is now. I don't know what it was then.

Satchfield: I think they were all diploma programs at that time.

Caldwell: They may have been. Well, I'm sure Emanuel was and I know Good Sam. Was Saint V? That was probably--

Satchfield: Well it was diploma and then it became degree, I think.

Caldwell: Yeah, I think that's right. Because Providence is affiliated with—yeah, I'm sure that's right. It's been a while ago.

Satchfield: Oh, a long time ago.

Caldwell: Oh, gee.

Young: What about memories of the building itself, the county hospital? Was it a well-maintained building?

Satchfield: Oh, yes.

Caldwell: Oh, yeah.

Satchfield: It really was. I came for, as you know, from the Midwest. I had my first experience with an earthquake in that hospital in 1948, I think it was. And that's when those floors in Multnomah Hospital are all marble tile. And they cracked all the way around, they cracked and the cracks go up the steps from that earthquake.

Caldwell: I didn't remember that.

Satchfield: Uh huh. I remember that.

Caldwell: Yeah.

Satchfield: Multnomah Hospital used to have, right at the head of the steps, when you go in the main door and you turn right and there's some offices in there. I don't know what they are now.

That used to be a dining room. And that dining room used to have white linen tablecloths, remember? And we had white napkins that we would use when we'd go into that. It was just really very nice. And as a student, of course, we were the last ones to go there. And all the tables were full. And people told us, well go down and eat under the steps. Go and eat under the steps. Well, we didn't know that there was a little room under the steps. You know, there is a little room there going outside. I saw a lot of people using it. You can go down the steps and go around, go out a little side door, and there used to be tables down there. So we sit on the bottom step and everybody had to go by us.

And one of the dietitians came, "What in the world are you sitting out there for?"

"Well, that's where we were told to sit. We were told to sit at the bottom of the steps."

She said, "That means that room."

So that's how we learned there. But they changed that before too long. That room was gone before, I think I was through my first year. I mean, we didn't have that white tablecloth and all that kind of stuff anymore.

But the hospital was always well-maintained. Always. And the janitors were very nice. Our biggest fear was fire. And we always watched, particularly as a supervisor, that was one of my biggest fears. Then we had to have, we knew how to work the extinguishers. We learned how to do that right away.

And one time when I was an evening supervisor, and it was a day much like this. And I was walking from the nursing office towards One West, which was down there. And you know there was a men's bathroom in there, it was kind of setback, do you remember that? There was a men's bathroom and a closet in there where the janitors kept their old cloth mops in there.

Well I walked by there, there are no outside windows. And I saw this kind of a flicker. I thought well that's funny. But I didn't think fire. And I went to look, and sure enough that mop was on fire. And I closed the door right away quick. And what we think happened is that somebody, one of the patients waiting in a waiting room to be seen had gone in there and thrown a wooden match in on that dry mop. Then I ran up and called and switched the thing and a man came. But that fire could have burned through the wall, which was a stairway, would have gone right up like that.

But the next morning, I remember our administrator came and said, "Thank goodness you saw it." But it was just a miracle that I saw it. Because I was just walking down the hall. It wasn't even smoking yet. It was just this flicker on the wall. But I always think of that. How terrible that could have been. I don't know how we would have moved patients.

Do you also remember how each head nurse hung onto their beds? You'd have to move a patient from one ward to the other, or up or down. And they'd call me up and say, "You moved a patient in my bed! I want my bed back." Do you remember that?

Caldwell: I don't remember that.

Satchfield: Oh, I do. More than once. As a supervisor, I got bawled out for moving a patient. Because the doctor wanted him moved. And would you take this poor sick patient out of the bed and try to put him in another one? I thought the nurse could worry about their own beds when they got time.

Caldwell: Maybe it was a time when they were beginning to switch their bed service, that they had some newer beds instead of the old one.

Satchfield: I'm sure they had a better bed that they wanted to keep track of how many beds they had and kept their good ones. But I had them on another ward.

Young: Well, I just have two more questions. One relates to any patient stories that you can remember. Notable patients. You mentioned the deceased patient in the morgue. Just things that stick out in either of your memories.

Satchfield: I can remember a little old lady. She was in her nineties. Now I'm in my nineties. And I used to think my gosh, look how old that lady was. I was about twenty or something. And she called all the doctors laddies. And I thought that was so funny. She called all the doctors laddies instead of calling them doctor, that was a laddie.

I can remember when I was a student nurse. I was twenty-four. And my students that worked in my class were about oh, eighteen, nineteen. They weren't as old as I, because I was late going into school for being a nurse anyway. We had to go around with the intern when he started all the medicines. Remember they started all the IVs?

Caldwell: Uh huh.

Satchfield: So-called scut service. And this one intern found out that I was twenty-four. And he said, "You know, you're well-preserved." And I felt just like a pickle. Well-preserved. For twenty-four.

Young: Jean, any patient stories that stick out in your mind?

Caldwell: Oh, gosh.

Young: Or unique cases that came into the hospital.

Caldwell: Gosh, you'd think after all these years, it's been too long, I guess.

Satchfield: Oh, I remember another woman. I'm the only one that's talking.

Caldwell: Go ahead. Maybe I'll think of something.

Satchfield: Okay. I was a student nurse. And I must have been maybe a gray stripe. And we had a ward on Two South. Do you remember how awful that ward south?

Caldwell: Yeah.

Satchfield: And she had a cancer on the side of her face. And she didn't come in until it had eaten the whole side of her face off. And you could see the vessels pumping, moving and pumping like that. And one day I was taking care of her, and one of those burst. And oh my gosh, what can I do? So all I knew what to do was stick my fingers in there and try to stop that artery that was pumping at me. And Dr. Krippaehne was making rounds. And he came in. And she lived! They took her to surgery and she lived.

Caldwell: Good.

Satchfield: So that was amazing.

Caldwell: Another save.

Satchfield: Yes. But it scared me to death. I was blood from head to foot. Oh, it could really spurt!

Caldwell: In latter years, I think it was sort of interesting, we got quite a number of Southeast Asian patients. And also we got a number of people from Russia. And they had left Russia, ended up in China. Went from China to Brazil and then came to the United States. And they were a very interesting group. Because the women did very minute embroidery on the collars of the shirts that the fellows wore. And they didn't speak very much English. But they had special foods that they had to eat. And the dieticians really had to scramble sometimes to get the food that they were used to eating, that they would eat. But I thought it was a very interesting group of people that we had. Their customs were very different. But they adjusted, I thought, very well. Frightened of the modern technology that we had even then. Which wasn't all that modern, but it was something that they were not used to. We're not used to people coming in and pulling back the covers and injecting things into their arms. And the food was not always—and they were also very aware of whatever went on, that you didn't go in and burst in on them. You sort of went quietly, so that they didn't have any, I'm assuming, bad memories brought to the front that maybe they had tried to forget since they left Southeast Asia.

Satchfield: I can remember patients like that were immigrants that were here and couldn't speak English. And their children would come along as interpreters.

Caldwell: Yeah.

Satchfield: So they could interpret to the doctor what was happening. But we didn't mention Gypsies. Do you remember Gypsies coming?

Caldwell: Yeah.

Satchfield: And they'd always come to our hospital. And if the king would happen to be one of those patients, they camped on our front yards. Remember?

Caldwell: Oh, they didn't camp so much in the front yards. They camped down in the TV room. The whole family came.

Satchfield: Well, this was before, that's right, but this was before the TV room. They were right there on the front lawn. And they were everywhere! But I can't remember them ever hurting anything. Disturbing anything.

Caldwell: No. They didn't. They were just, there were more people than we had space for. That's the problem.

Satchfield: The what?

Caldwell: Too many family members came.

Satchfield: Too many. I know. Uh huh.

Caldwell: Everybody came. It was their way of supporting the person that was in the hospital. And I appreciated that. It's just that we didn't have space for them.

Satchfield: I thought they were a nuisance.

Young: Well my last question is if you could share some memories of specific nurses that you worked with. Either each other, or other people that stick out in your mind.

Satchfield: I told you Thelma Long.

Young: Right. Exactly.

Satchfield: In mine. Let's see. Mrs. Scharff.

Caldwell: Oh, yes.

Satchfield: Mrs. Scharff was head nurse in OR.

Caldwell: No, no. Operating room.

Satchfield: I mean, operating room. Operating room. Before we had an ER. We had swinging doors on both sides, remember, to get into ER? To get into the surgery? And those doors, I can't even imagine, you'd open and they'd swing. Can you imagine dust going back and forth? But she was, we thought, a holy terror. Believe me, you had to have everything just right for Mrs. Scharff. And I can remember somebody going through that door and banging it. She said, "You go back. And you close that door one hundred times until you know how to do it." But also, besides her being such a demon, was do you remember Ma Chattleberg, who worked in OR? She was not a nurse. But she washed all the instruments. And she knew all her instruments. And the doctors used to say, "If Ma Chattleberg says a piece of that instrument is missing, you pay attention to what she has."

And I can remember one time being in OR as a student and the doctor was closing. She came to the door and she said, "There's a clamp missing." Not a clamp like this, but a little clamp on the instrument that she was washing. She said, "I can't find it anywhere."

He said, "Quit." They took the patient to ER and it was still in the patient. So those are the kinds of things that are behind the scenes that you never know about.

Caldwell: Yeah. Mrs. Scharff was a good scout. She used to scare the daylight out of me.

Satchfield: Everybody.

Caldwell: I was the only kid in the building that was a nurse that was allergic to penicillin and streptomycin. And we used a lot of it. And I ended up using rubber gloves to get through nursing school. I thought I'd never make it. And I ended up in the operating room. And she knew that I couldn't use rubber gloves. And I didn't do much in the way of helping out in surgery. But I did an awful lot of prepping patients before surgery. And then they did let me help with the GU patients, with terps and that kind of thing. That worked fine. And then I did blood donors with the intern.

Satchfield: Oh, yes.

Caldwell: And that worked out okay. And when it came time for my final review and I thought, oh, it's not going to be good. She said, "I'm going to give you a C." And she said, "I don't want to ever hear of you being anywhere in anybody's surgery in this country, from now until the day you die." And I got my C and I waved goodbye to her. But I learned to appreciate her when I was doing evening and night supervision. She ran a tight ship and she ran a good ship.

Satchfield: I'll say she did.

Caldwell: And she and I developed a good rapport after a few years there. But I tell you, it was a struggle. I mean, I dreaded every time I went in the morning.

Satchfield: Well, everybody else did. Not only you, the doctors and everybody else. Oh, it was terrible.

Caldwell: Oh, yeah.

Satchfield: We had the autoclaves were in OR. We didn't have any disposable equipment when we first started out. Everything, the nurses wrapped themselves. They weren't nurses, they were aides and stuff would wrap them and fix them. And then they'd autoclave them to make them sterile. And we'd have to take them, we'd get them on the floors all ready to use. But she used to run, take care of, I mean, supervise that part of it, too. And believe me, she really supervised that.

Caldwell: Yeah. She was a good scout. I learned to appreciate her. That was a, oh, my.

Satchfield: I know we all went through that. I got through pretty well from her. And after I was a graduate, she asked me if I wanted to work in OR. I said, "No, thank you. No thank you." I didn't want to work on OR, that's for sure. But lots of nurses liked OR so well.

Caldwell: Yeah.

Satchfield: Even in spite of Mrs. Scharff. But I always felt I did everything wrong while I was there. Everything I ever did. Especially when I was a scrub nurse. I was doing everything wrong.

Caldwell: I enjoyed being a scrub nurse. I thought it was very interesting to be a scrub nurse. But I didn't have much opportunity to do it. That was okay. I often thought that had I finished prior to the end of the World War Two and for some reason or other went into service as a nurse, that if she'd ever found out I was working in a foreign country in the army or something, she would have—

Satchfield: She'd come and get you.

Caldwell: -- swum across the Atlantic to get me out of there. Because she said, "Don't ever, ever do that."

Satchfield: I know that. She was a big lady. Muscular, not fat. But she was of big stature for a lady. And I can remember her, and she was a pretty woman, too, if you realize. She had very high cheekbones.

Caldwell: Yeah.

Satchfield: I found since, afterwards, that she was part Indian. Native American. Boy, she really ran a tight ship. I don't think OR's ever been the same since. Or ever would be. We had some interesting experiences. And you bring them all back to us.

Young: It's been wonderful. I mean, I think it's been a really great interview. I don't have any other questions. I don't know if anyone else does.

Satchfield: I feel like I did all the talking.

Caldwell: Well, you're supposed to do all. I did more than I should have. I mean, I didn't even look at the page after I got halfway down it.

Satchfield: Well, good. That's fine. Turn that thing off.

Young: Thank you.

[End Interview.]