

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Barbara Hiatt Jacob

Interview conducted August 31, 1998

by

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SUMMARY

Barbara Hiatt Jacob is a native Oregonian, born and raised in Lakeview. In 1943, she entered Oregon State University on a scholarship and began pre-nursing studies. She entered the nursing program at the University of Oregon Medical School (UOMS) in 1945 as a member of the wartime Cadet Corps. Jacob describes the daily life of a nursing student, working 44-hour weeks in the Multnomah County Hospital with additional time spent on class work. Jacob further illustrates her nursing student years with a description of student housing, nursing uniforms, and the capping ceremony which was held after the first six months of training. She also comments on Henrietta Doltz, the director of the School of Nursing while she was a student, and remembers several of her nursing instructors. Nursing rotations are also described, including work at Multnomah County Hospital and the Doernbecher and Shriners children's hospitals.

In 1947 Jacob received her nursing diploma, which she explains was issued from Oregon State University because that is where she began pre-nursing. The School of Nursing did not yet grant degrees as a department within the Medical School. She married while still a student and, after graduation, followed her husband to eastern Oregon, where she worked as a private duty nurse in Fossil. Upon the couple's return to Portland, she started working at the Tuberculosis Hospital (TB Hospital). She also worked as an assistant instructor in tuberculosis nursing at the Nursing School. In 1953, she became the superintendent at the TB Hospital.

Jacob earned her master's degree in Nursing from the University of Oregon in 1957. In 1963, after 10 years as superintendent of the TB Hospital, the Oregon Legislature closed the TB Hospital in Portland, consolidating to the TB Hospital in Salem. Jacob was transferred to the Salem TB Hospital and remained there for four years until that hospital was closed, and she then returned to reopen the TB Hospital in Portland. She explains the hospital closures were not only a money-saving measure for the state, but were the result of dwindling numbers of tuberculosis patients. In this interview, Jacob describes medicine and surgical procedures used as tuberculosis treatments. She also discusses the hospital's relationship with community public health agencies.

Ms. Jacob next comments on the role of the State Board of Control and Department of Revenue in billing and collecting for services provided by the TB Hospital. She also shares her thoughts on Dr. James Speros, who was in charge of the outpatient clinic, hospital Chief of Surgery, Dr. William Conklin, and Dr. Charles Holman, who hired her as hospital superintendent. When the Portland TB Hospital finally closed in 1973, Jacob became an assistant hospital administrator for years, retiring in 1979. The interview turns to a detailed view of the life of a tuberculosis patient, including patient education concerning the communicable disease, occupational therapy, and diversionary activities for long-term patients. Jacob also includes details in the interview on surgical procedures at the hospital.

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Interview with Barbara Hiatt Jacob
Interviewed by Linda Weimer
August 31, 1998
Site: History of Medicine Room, Old Library
Begin Tape 1, Side 1

WEIMER: This is August 31st, 1998. We're in the History of Medicine Room, and I am interviewing Barbara Hiatt Jacob, and I'd like to thank you for agreeing to this interview. We ask all of our interviewees where they were born and where they were raised.

JACOB: Well, I was born in Lakeview. I'm an Oregonian, and I was raised there until I went off to school in 1943.

I got a scholarship down in Lake County. There was a very historical kind of scholarship. Dr. Bernard Daley was an old miser of a physician who gave all of his money to be used for scholarships. So I went off to Oregon State.

WEIMER: That was for college?

JACOB: That was my pre-nursing.

WEIMER: Pre-nursing. So did you know you wanted to be a nurse that early?

JACOB: As I started out, I was going to be an interior decorator. But World War II was on and everybody was real patriotic. I had a roommate who was coming up to the School of Nursing, and I got kind of interested in what she was doing. So I changed my major and scrambled to get all my prerequisites finished and came up here in April of 1945.

WEIMER: How many years did you have to have of undergraduate work

before you came up here?

JACOB: It was five terms.

WEIMER: Five terms, and was it a four-year program?

JACOB: Well, it was totally about a five-year program because here in Portland we went year 'round.

WEIMER: That must have been because of the war at this time?

JACOB: Well, no, not really. As I understand it, it was because it took, shall we say, almost four years to get our nursing in, and we had all the pre-nursing down on the campus. Also we were under what was called a cadet nursing program.

WEIMER: So you were a member of the Cadet Corps?

JACOB: Yes.

WEIMER: How did you become a member?

JACOB: Well, you just registered with Miss Henrietta Doltz, who was the Dean of the School of Nursing and the recruiter.

WEIMER: What did it entail?

JACOB: Well, first of all, we got to wear some snappy-looking uniforms, and that was attractive.

WEIMER: Could you just describe one of the uniforms?

JACOB: Well, the winter uniform was a medium grey woolen suit, a skirt and short jacket, and a beret to match, and we had red epaulets with little caduces on them, and we had some kind of a pin on the lapel, and an emblem of

the Public Health Service, I think it was on our beret. And we had a summer uniform, too, which was a lightweight cotton. But they were very attractive.

WEIMER: Were you actually a part of the military? I'm not quite sure how that program worked.

JACOB: No. We had an obligation to remain in nursing for the full extent of the war—and the war ended before I graduated from the School of Nursing, so I really had no obligation—and for this we got our tuition, books, all of our fees, room and board, and our hospital uniforms were all furnished.

WEIMER: What else attracted you about the program?

JACOB: I was beginning to decide that I wasn't going to like the home ec. major they required to get to interior decoration, and I'm glad I did.

WEIMER: This is wartime. What was it like? You were a student. You had joined the Cadet Corps. What was it like to be a student at that time?

JACOB: Well, all of the fellows that were here on campus—and of course it was just medical students, no dental students at that time—they were all in Army, or Navy, I think, too, anyway, they were in military programs, and there weren't a lot of them. Of course, this was the case when I was down on the campus, too. In fact, I never went to a college football game because they didn't have a team.

But no, it was very serious. I was studying downstairs in the library stacks when I heard the war had ended. So of course everybody left the campus at that time, and we went downtown and made whoopee.

I don't really know how to describe it to you. We started out working a 44-hour week in the hospital. Class time was additional. We always had to do a certain amount of night duty and things of that sort. We were given a lot of responsibility. At that time, the wards were each at least forty-five patients. I remember I did most of my night duty on what used to be Two West, the men's

urology floor. I was responsible—the only person on duty aside from the night supervisor who was floating the whole hospital—all of the medicines, treatments, everything. The first few nights when I went on, I remember I took one look at everything that had to be done and promptly lost my dinner.

It was when penicillin was brand new, and they were using a lot of it on that type of patient. I remember one night I had fifteen penicillins to do. Of course, we did it every three hours in those days, and you had to boil up all your syringes and everything else in between. They weren't using autoclaves that much for that kind of thing and no one had yet heard of disposables. I had lots of dressings and hot packs to do. Medicine was kind of primitive then.

WEIMER: You've already explained some of the duties that you had, the extra duties you had because of the war, but could you just give me a description of an average day in your life as a student then.

JACOB: Oh, okay. We'd be on duty at 7:00 unless we had temperatures to take, and that was when you had to go on at 6:00 and take everybody's temperature, pulse and respiration, and be finished in time for seven o'clock report. And then we'd probably work a split shift, and that would be like, oh, 7:00 to 11:00 and 2:30 to 7:00.

Most often, we'd have classes sometime between, depending on what we were taking. Of course when we were on duty in the war, we were under the supervision of head nurse and the clinical instructor. You had a certain amount of procedures to learn. You had to get checked off on everything before you could do it unsupervised. So you were always looking for procedures to get your list checked off.

We had a half hour off for lunch and a half hour for dinner if you were working clear till 7:00. There was another shift that was 10:00 to 7:00, and another one was 12:30 to 9:00, and so on around the clock.

Things pretty well quieted down about seven o'clock in the evening. But then there were fewer people on duty, too. But over in the dormitory, we had

closing hours, of course, and a house mother. All the kinds of things that the kids don't have these days.

WEIMER: I was going to ask you about your living arrangements. Which building were you living in?

JACOB: Well, we started out over at Gaines Hall, and we'd have to run across the rickety old bridge that went over the campus; that big gully was in the way. And then of course we'd be going back there at night. We usually didn't have split shifts when we were in Gaines. But after 6 months when we received our cap, which was a historic event, when you were able to really work on the wards and not just observe, we were moved into Emma Jones Hall.

WEIMER: Was Emma Jones alive when you were there?

JACOB: No.

WEIMER: I have heard about her.

JACOB: No. The Director of Nursing was E. Katherine Sears. I never knew what the 'E' was for. We were all curious, though.

WEIMER: And she actually lived in the hall, also?

JACOB: No, just housemothers. Miss Sears was the Director of Nursing. Emma Jones had been the first Director of Nursing, as I understand it. I never knew her. And that was at Multnomah County Hospital.

WEIMER: Oh, yes, because what we know now as Hospital North was Multnomah County at that time. You mentioned the cap and how that was an important day. Can you tell me about the capping ceremony?

JACOB: Okay. Before that, we had just been in our white pinafores and grey chambray dresses with starched collars and starched cuffs. When we got the cap, that was after we had been here for about six months and completed nursing arts

and learned how to make beds and give back rubs and all the very minor things. They had the ceremony downstairs in the auditorium. The Director of the School of Nursing—it wasn't a dean at that time, of course—had a large ceramic white lamp, and we all had little lamps, and we got our candles lit like Florence Nightingale. We knelt on this little stool, and they put the white cap on us. Have you ever seen one of the white caps of the School of Nursing?

WEIMER: I saw the uniforms that they have on exhibit at the School of Nursing, but they were dolls. I haven't seen a real live cap, no.

JACOB: Well, this cap was flat and heavily starched, and after you graduated, you never found anybody that could starch it like the laundry here. It was folded a certain way, at the back was a peak, and the front was a stiff band. As you started your second year, you got a grey stripe, and your senior year you got a black stripe. As a graduate nurse you wore the black stripe forever. Of course, then you got your RN pin and all the rest of it and a white uniform.

WEIMER: That was your tradition. Is it true that each nursing school had their own unique style of cap?

JACOB: Absolutely, and you could identify a lot about a person just because of that.

WEIMER: It's hard to imagine now, but it probably brought you closer together to the people that you went to school with...

JACOB: Oh, yes.

WEIMER: ...because you just naturally knew where they were from?

JACOB: I think I felt a lot more kinship to the alumnae than I would at this point.

WEIMER: Because you were so easily identifiable?

JACOB: Oh, yes.

WEIMER: You mentioned earlier the Director of the School of Nursing, Henrietta Doltz. Could you tell me about her?

JACOB: I got to know Henrietta real well. Henrietta was a preacher's kid. Her parents were missionaries in China, and the Philippines mostly, but she had been to China. She came over to the U.S. to school and graduated from Presbyterian Hospital in New York. I think she got her master's at Columbia University Teachers College. I'm not sure about that. But she was the Director of the School of Nursing, and she had followed Elnora Thomson, who I got to see.

WEIMER: Oh, you did?

JACOB: Little bitty gal. And it was interesting, under her desk, Miss Thomson had a stool because she was so tiny that she couldn't sit in this chair and be at desk height. She needed that stool. There's still a picture around here.

WEIMER: I've seen a picture of her.

JACOB: White hair, aquiline nose, piercing eyes.

WEIMER: Her portrait is downstairs.

JACOB: Right.

WEIMER: The one woman downstairs with all the other portraits.

JACOB: Henrietta Doltz had others assisting her—people in the graduate nursing program in public health and so forth. She was a very proper person as you would imagine with her background. I got to know her much better after I graduated and was working over at TB [Tuberculosis Hospital]. At one time, we went together to the American Nurses Association convention in Chicago. We picked up a new car for Henrietta at Detroit and drove it back to Portland, and so over the years I got to know her quite well.

WEIMER: This may be in later perspective since when you knew her first you were a nursing student, but what do you think her major accomplishments were in her professional life?

JACOB: Well, it's kind of hard to say. Of course, being a master's graduate in those years was quite outstanding of itself. Of course, during her tenure here she opened the graduate program, not that it was like anything that it is today. But I also graduated from the graduate program and have my master's from here. I was in the first class of master's students.

WEIMER: Oh, I didn't know that.

JACOB: And she was a very forward-looking person. She was president of the Oregon Nurses Association, and she was highly thought of by all of her colleagues.

WEIMER: What other instructors or mentors do you remember from that time?

JACOB: From my basic program?

WEIMER: Right.

JACOB: Oh, I remember a nursing arts instructor, Guhli Olson, a very Swedish person, very starched and stiff. I had my senior experience in operating room, and so I had more work with Alice Scharf than I did anyone else. She was a martinet, but she knew her work. We used to say you always knew you were right or you knew you were wrong, and God help you if you were wrong.

WEIMER: A black and white type of person?

JACOB: Oh, yes. She had supervision of interns, residents. She only had a couple of RN's on her staff besides all of us students, and it had to be right. She didn't have time to go back and tell you twice.

WEIMER: You've mentioned the tremendous work load that someone like an RN would have. Was that typical, do you think, of those days?

JACOB: I think it was, and perhaps not quite so much in private hospitals as it was in the public hospitals.

WEIMER: What kind of—because it was the only hospital up here at the time, which was Multnomah County Hospital.

JACOB: Well, that was the beginning, and of course, there was Doernbecher.

WEIMER: Right.

JACOB: And TB was also built before I got here.

WEIMER: So as a student nurse did you rotate among the hospitals?

JACOB: Yes. We also went out to the Shriners Hospital when it was out on 82nd.

WEIMER: What was Doernbecher's like at that time—this would have been in the 40s—as a nursing student?

JACOB: Well, Doernbecher was the fourth and fifth floors of that building. Well, surgery was down on the third floor, and food service and everything was on second, as I remember it. But anyway, the patients were mostly on four and five, and on five was the nursery. We had preemies, incubators. Took care of one little girl that was one pound two ounces. I'll never forget her.

WEIMER: Very small, particularly for that time.

JACOB: Yes, to give her a tube feeding was... well...

We had the preschoolers in the rest of that floor, and then the school-age kids were on the floor below where the classroom was. We had a full shift there of days, evenings or nights just like I described in the other hospitals. But that was pretty typical.

WEIMER: I think we'll wait and talk about the Tuberculosis Hospital when you get there. But tell me about Shriners because you actually got to visit there on rotation?

JACOB: Yes, they sent us out there for about six weeks as I remember it, and it was a beautiful building. It was very different in that respect because the buildings up here were so utilitarian, and Shriners had plate-glass doors and long shiny corridors. Oh, one of the times I really got scolded, I had walked on the floor that was newly polished, that they were waxing. But they kept the place just spotless.

The boys were at one wing, the girls at the other. I was on the boys' ward. I never worked on the girls'. There were thirty to thirty-five boys, all the way from—well, a little bit beyond bassinet, but clear up to teenagers with a variety of orthopedic problems. At that time they didn't have much service for cleft palates and things of that sort. I guess they do now, and they didn't have burns. We got all of that experience at Doernbecher. While I was at Shriners, I was there over Easter and the kids got in so much stuff from all of the Shriners. They bring truckloads of...

WEIMER: Gifts and...

JACOB: Yes. You see, these kids were not really sick. We always had some post-operative kids, but mostly it was braces and casts and things of that sort. These kids got candy every night before they went to bed, and the parents when they visited could only bring balloons because the kids had to be treated equally. They couldn't bring their own toys, but the hospital had many.

I remember once we had a—I don't know whether you want to record this or not—we had a little boy who was so constipated, and we didn't know what was happening, and I had to give him enemas and enemas and enemas. And finally here came a red balloon.

WEIMER: Oh, no. Poor little guy. In that time, it sounds like if a child had orthopedic problems, they would tend to go to Shriners, or did Doernbecher also get orthopedic cases?

JACOB: I can't remember orthopedic patients at Doernbecher. But at Shriners we had lots of club feet. We had hip dysplasias. We had spinal problems where they had a full body cast. I understood that somewhere along that time, they were treating bow legs by a procedure where the leg bone was cut, but I didn't see any of those.

It was fun over there.

WEIMER: I have to ask, since you mentioned the restriction on parental gifts at Shriners, were there any restrictions at Doernbecher at all for what you could give a child?

JACOB: Yes, I think there was because I don't remember candy, personal toys. The thing at Doernbecher that I think was too bad, and it went on for years and I understand why, visiting hours was only one day a week, it was on Sunday. And of course the kids were so excited before visiting, and so crying and hard to deal with afterwards. Sunday was a bad day.

WEIMER: You said you understood why. What do you think the reason was for that?

JACOB: Well, everything was much more disciplined in those days. I do know that we had more problems with the kids and had trouble treating them, doing the things we needed to do for them after visiting hours. But maybe they were saying to the parents, "Get out and let us do our work."

Also at Doernbecher was one particular ward for tonsils, and one day a week (maybe it was more than that) all we did was tonsils. The kids would come in in the morning and go up to surgery and come back and vomit and vomit. We'd send them home with their parents that same day. We really didn't get to know them. It was a system, do it and get them out of here.

WEIMER: It sounds like a little bit of an assembly line.

JACOB: It was, yes.

WEIMER: They were all prepared, and that was what you did. You told me you just celebrated your 50th reunion, so you must have graduated in 1948?

JACOB: Yes, we actually finished in December of '47, but our diploma is 1948. Mine's from Oregon State because that's where I took my pre-nursing. You see, you got your degree from the school that you started with, except if you were out of state. My classmate from Boise has a University of Oregon degree, and mine is from Oregon State.

WEIMER: Even though you both graduated from the same nursing school?

JACOB: You see, the School of Nursing wasn't degree-granting at that time.

WEIMER: It still was only a department then, rather than a school.

JACOB: Yes.

WEIMER: Well, what did you do after graduation? This was December.

JACOB: I had gotten married during my School of Nursing.

WEIMER: Were you allowed to do that back then and continue to be a nurse, or nursing student?

JACOB: Yes, but you had the same housing restrictions and everything else.

You went through all of the same routines.

WEIMER: You had to live on campus?

JACOB: Oh, yes indeed, and you still had to have curfew and sign in and out.

[End Tape 1, Side 1/Begin Side 2]

WEIMER: This is Side 2 of our Tape 1, and we were just talking about being a married student, and you were saying your husband was, I believe, in the service.

JACOB: Yeah, he was in the Navy at first. When he got out of service, he was working over in Eastern Oregon, and he would get in Portland, every month or six weeks.

WEIMER: Oh, so you actually did get a little time with him?

JACOB: Oh, yes. I didn't feel very married. I suppose it was more a feeling like an illicit love affair or something.

But you asked what I did after. I went to Burns and lived there for a few months, and then we moved to Fossil.

WEIMER: Oh, Fossil, near Condon, right?

JACOB: Right, yes. When I was in Fossil, I did a little part-time private duty. I didn't have enough experience, and I got into some situations I shouldn't have. So I tried to do as little of it as I could because the medical profession there was three-quarters retired and really didn't want patients. They wanted everybody to go to The Dalles. And I also took accident patients into The Dalles and things like that, that could be done in a small town.

About that time, my husband decided he wanted to go to school on the G.I. Bill, and so in 1949 we moved here. He went to school and I started work at TB.

WEIMER: Okay, 1949. What was your first position?

JACOB: It was September 19, 1949.

WEIMER: Ah, you remember.

JACOB: Yes. I was a general duty nurse on the surgery ward, 5th floor over there at the TB Hospital. I was mostly assigned to the medicine and treatment schedule, and I worked at that for nine months. Then one of the instructors—who had been a classmate of mine, by the way—was leaving, and so I was asked if I would be an assistant to the clinical instructor.

WEIMER: At the Nursing School?

JACOB: Yes. At that time, I was just at TB and paid by the TB Hospital. But that was my first experience in teaching.

WEIMER: What did you teach?

JACOB: Tuberculosis nursing. We had students from all over the state, and some Washington, and an Idaho school sent students in for experience in communicable disease. Of course tuberculosis was still a very important disease, and we were one of the few hospitals that was doing much chest surgery, that is, treatment of TB other than bed rest. So I began teaching at that time and continued on until the middle of 1953.

WEIMER: And then what happened in 1953?

JACOB: Well, over at TB Hospital they had what was called a superintendent. She was director of nursing and was also responsible for all the other departments. The laboratory, x-ray, housekeeping also, and food service all had their supervisors, but the superintendent was an administrator for the rest of the hospital and director of nursing. I became the fourth superintendent the TB hospital ever had.

WEIMER: I believe that started, what, in the late 1930s?

JACOB: It was built in 1939, and at that time there were two men, Dr. Ralph and Dr. Ray Matson, who were the first thoracic surgeons in the area. They were the medical staff, and then the first superintendent was Margaret Granberg Sargent. I've seen her name in the records.

When I was a student, there was a Miss Lavella Phelps. When I became superintendent, I replaced Juanita Murr in this dual role. Doernbecher had the same kind of setup. So I wasn't a complete fish out of water, there was another person on campus doing the same sort of work. But it was my first experience with other departments.

WEIMER: How did that work out?

JACOB: It worked out very well. I enjoyed having more than just nursing to worry about. I had been teaching and along the way decided I had to learn how to teach. So I started taking classes in principles of teaching, philosophy of education, etc. I got to the point where it would be foolish if I didn't keep going and get my master's because I would soon begin to lose credits. You had to have all your credits within seven years. So pretty soon, I had to double-time it. So I was getting interested in a variety of other things besides nursing, and that's why I finally got my master's. I started being superintendent in '53 and got my master's in '57. There were seven of us that graduated in that group.

WEIMER: And it was here at our School of Nursing?

JACOB: Right. It wasn't the School of Nursing then. My M.S. degree is from the University of Oregon.

WEIMER: You got around. Even though you took most of your classes one place, you got around.

JACOB: I also had some down at Portland State in order to get in my curriculum sequence and my minor in education. So I continued then as super-

intendent of University TB Hospital until June of 1963, ten years.

WEIMER: And then what did you do at that time?

JACOB: That was another time that the legislature was trying to save money. They had already closed one TB hospital, which was at The Dalles. They wanted to close either the one in Salem or the one here, and so they decided that they were going to close this hospital. I was transferred down to Salem as several of us were, and the Medical School took over operation of that hospital. Thoracic surgery residents rotated down there and care of our patients, that is, consultations for obstetrics or general surgery, or whatever, all came from the Hill. Internists were employed full-time by the hospital.

I was down in Salem for four years. We started with about 200 patients. By the time the four years was over, we got the patient load worked down to where we could again fit in the 80-bed hospital up here.

WEIMER: But, in my own mind, to make this clear, you talked about the Portland hospital being closed, but had it been closed during that period, or it was just ...

JACOB: Yes.

WEIMER: It actually had been closed, and then everybody moved down to Salem, and then you started talking about moving back?

JACOB: Mm-hmm.

WEIMER: Oh, okay. So you had, it wasn't just talk, it really had closed, moved all the patients.

JACOB: Yes, I think I have the dubious honor of having closed more hospitals than anyone else around.

WEIMER: Except I think Mike Baird might try to argue with you on that. I

think he told me the same thing. Well, in one way that's good. You did your job. I mean, the problem of tuberculosis, they thought, was over.

JACOB: Well, it was down to where it was much more workable.

WEIMER: So when did you move back up to Portland?

JACOB: It was July 1st, 1964. We were down there two bienniums—from '63 to '67. Then I moved back up here and closed the Salem hospital. We moved 53 truckloads.

WEIMER: Fifty-three?

JACOB: Yes.

WEIMER: Full of?

JACOB: Furniture, supplies, you know, it's just like moving a house. Of course, the patients were moved in a bus, ambulances, however was appropriate. I had some good help reopening this hospital while I was closing that one. You know how everything is when you shut it up for four years, what it would look like. It had to be all cleaned up. All the systems had to be started again. We got all the records, supplies, and equipment transferred here. We got all the patients transferred here, and we started out all over again.

I should explain that when I moved to Salem they had a director of nursing, and I then became an assistant administrator. Dr. Holman was the administrator, of course.

WEIMER: Dr. Charles Holman, our man who became dean.

JACOB: Yes, way back in '53, he was the one who hired me for that position as superintendent.

WEIMER: So you were assistant superintendent or assistant director?

JACOB: I was assistant administrator. Dr. Holman was Medical Director and Administrator of the Hospitals and Clinics.

WEIMER: I must get my positions and names all correct here because I know they change between the school and the hospital. Tell me about the Salem hospital. How did it differ from Portland?

JACOB: Okay. The Salem hospital was built in 1905 as a sanitorium. The typical sanitorium of those days was open air, and so had what were called pavilions. Think of a long narrow building with a wall down the center of it, the heads of the patients' beds against the wall, and back beyond the heads were all restrooms, closets, whatever. The patients faced a long row of windows, and those windows were screened, and whenever possible (and also when it probably shouldn't have happened) those windows were opened. Patients got fresh air and sometimes the snow blew in on them.

But the treatment was bed rest, and they were under the covers, and they were warm. At the foot of each patient during the cold weather, there was a big crockery container called a "pig." If you looked at it in profile, it had a snout like which was a cork in a big ceramic container that was filled with boiling water, and that was wrapped in towels and put at their feet to keep them warm. I have a pig as a souvenir.

WEIMER: About how long was that, about twelve inches, fifteen?

JACOB: Yes, I'd say fourteen inches, and you had a little satchel sort of container made of canvas to carry them in.

WEIMER: It must have been pretty hard if you had filled them with boiling water.

JACOB: Oh, and they were heavy. Yes, they were because they were, oh, I'd say like half inch thick of crockery.

That hospital had added on to it a five story modern building for modern

care. In that they had surgeries and treatment rooms and things of that sort which were more like the hospital up here. Part of their trouble was it was very costly to operate when they weren't near other facilities like we had available to us through the Medical School. For instance, they had trouble keeping surgeons, and just before our hospital up here closed, we were actually transferring the patients from Salem to Portland to do surgery. That just wasn't very satisfactory.

So they gave us the hospital operation and a much more aggressive treatment program with our style. We discharged one patient that had been in the hospital for twenty years.

WEIMER: Twenty years? Talking about years seems so unbelievable in today's modern philosophy of getting patients in and out within hours or days.

JACOB: Our average hospital stay was much shorter than that.

WEIMER: Can you remember what your stay was on average?

JACOB: I think it was somewhere around eight to ten months. That was because we did surgery. We actually cut out the disease and put it in the garbage, and treated what was left—of course, you couldn't always cut all of it out—aggressively, with drugs.

We also had a very active outpatient program at this hospital, and we had an outpatient clinic in Salem.

WEIMER: So you didn't have to be isolated all the time if you had tuberculosis?

JACOB: You were isolated as long as your sputum was positive.

WEIMER: So when you got into the negative stage, then you were allowed to be treated on an outpatient basis.

JACOB: Some treatments—such as pneumothorax (where the air was put in

between the chest wall and the lung to collapse the lung, to put it at rest)—was an outpatient procedure that continued for years. At University TB Hospital we would have for both inpatients and outpatients a hundred pneumothorax treatments a week.

WEIMER: That sounds like quite a few.

JACOB: Yes, yeah. I remember the day we put through 63 in one day in the outpatient clinic, and everybody was just humping to get it done.

WEIMER: And then they could just go home. If you were doing it on an outpatient basis, I'm sure you looked at, I mean, you watched over them like you do now, and then...

JACOB: Dr. James T. Speros was in charge of the outpatient clinic. He was the tuberculosis control officer for the city of Portland. Also coming up to help us in the clinic was Dr. Sidney Hansen who was the Multnomah County public health officer. You see, we brought patients in from the community because they were referred by public health, and we treated them in the hospital. We maybe kept treating them as an outpatient, and our discharge planning was with the community. So we did a lot more referral back and forth than occurred in a general hospital.

WEIMER: How were the town-gown relationships between the tuberculosis hospital and the community?

JACOB: I think they were generally pretty good. Our Chief of Staff, Dr. William S. Conklin, maintained a practice downtown, and also in his office were people like John Tuhy who are still in the community, and Dr. Lawrence Lowell—Conklin, Tuhy, Lowell and Maurice were the main ones.

We received patients from private physicians all over the state. Not from out of state intentionally, but sometimes they would come in through the back door, so to speak. They'd be under the care of an Oregon physician and get into the hospital that way.

Sending the patients home, we wrote letters saying, "We're planning to discharge so-and-so, and their treatment program recommended is...", and we never took a patient and kept him forever unless the patient insisted. But we did lots of medical reports and things of that sort that the general hospitals didn't do at that time.

WEIMER: And all this treatment was paid for by the State?

JACOB: Yes.

WEIMER: No individual billing at this time or... ?

JACOB: The way the law was set up, there was what they called the Means test, and if a person was, quote, "able to pay," end of quote, the State Board of Control collected, and until 1963 we were operated as a Board of Control institution. Even after we returned in '67, we had visits from the State Board of Control. We had the Department of Revenue man who came in and saw our patients when it was necessary.

WEIMER: And what was his role?

JACOB: He was the bill collector. He would interview the patient and assess what he thought they should pay. He was a nice guy. He wasn't a typical bill collector. I guess that continued, then, until the hospital finally closed.

WEIMER: I wanted to ask you about some of the physicians who you have already mentioned. I have heard about the Drs. Matson, the two brothers. Would you tell me just a little about them?

JACOB: I don't know a lot about them. All I know is hearsay. But I think they were twins. If not, they were very close together, and very similar in some pictures that I've seen. They had received the old type of TB education, as well as something in thoracic surgery, I don't know what or how. I know they had some experience in Europe.

There was one particular procedure that we used to do that they were experts for. I told you about the pneumothorax. As the lung was collapsed, there tended many times to be adhesions between the lung and the chest wall. There was a procedure called pneumonolysis, and it reminds me of some of the things they're doing nowadays. A telescope was put into the pneumothorax with a light. Scalpel or cautery were inserted through the chest wall and adhesions cut so that the lung could collapse down. This procedure is like the arthroscopy done today.

The Matsons were very well known for pneumonolysis. They had an artist come into the surgery and look through the scope. They didn't have the ability to take pictures, but Clarice Ashworth Franconi...

WEIMER: I've heard that name.

JACOB: ...did many watercolors. They were watercolors used to teach student nurses. These adhesions because they were—well, they're kind of like the things you see down in the Oregon Caves, stalactites and stalagmites. The watercolors showed them lit behind from the endoscopic light. Sometimes they were like a cobweb.

WEIMER: The other person you mentioned was Dr. Speros. Tell me about him.

JACOB: Dr. Speros was a great person. Dr. Speros was born in Greece, and he came over to this country when he was ten years old. The family lived in Baker, Oregon, where his father owned a restaurant. Dr. Speros, when he was a little kid, earned his money shining shoes. His family remained in Baker, as did an uncle.

Dr. Speros attended Oregon State when it was a college, like I did, and he came up here to Medical School. He took his residency in internal medicine, and he went back to Johns Hopkins and studied public health. I didn't know him during any of that time. He was in his position as clinic and medical director of the hospital when I came to work.

Dr. Speros was a rather short, slightly-built man, dark hair and eyes, typically Greek. He had married a graduate of the School of Nursing, and she died before I came back to work here on the Hill. He was raising twin sons and a daughter, and received quite a bit of help from the wife's sister. She worked at the Medical School for Dr. [Edwin E.] Osgood. I think she was a lab tech type person. Later he married his wife's sister and continued raising the kids.

Dr. Speros was a very down-to-earth person. He was with us throughout the whole length of my tenure at the hospital. At the time we closed the hospital the last time in 1973, he came over to the OPC [outpatient clinic] and did some work in the clinic because our outpatients had to move for follow-up care since the clinic was closed too.

About that time he retired down to the coast. He spent many years in Arch Cape. He was widowed again and continued living down there. I don't know exactly when he went to be with his daughter. He died in Iowa.

[End Tape 1, Side 2/Begin Tape 2, Side 1]

WEIMER: We're on Tape 2, Side 1 of the interview with Barbara Hiatt Jacob, and we just finished talking about Dr. Speros and how he brought back memories, and just briefly you mentioned Dr. William S. Conklin, who was the...

JACOB: Chief of Surgery.

WEIMER: ...Chief of surgery.

JACOB: He was responsible for the residency in thoracic surgery.

As I understand—Dr. Conklin was born in Europe, and I believe his father was in the diplomatic service. At any rate, Dr. Conklin was raised in Europe and came to this country for his college. He attended Dartmouth and University of Pennsylvania.

He had his residency under the Matsons, and somewhere along the way he

took a position as medical director of a tuberculosis hospital. I remember him telling the story that he grew a beard because he was so young and he had to look old so they'd listen to him. But Dr. Conklin himself developed tuberculosis and was treated, and I think this was down in the south somewhere, and I seem to think it was around New Orleans. I know he had connections to Dr. Ochsner who was in New Orleans.

But Dr. Conklin had begun doing some cardiac surgery, as well as thoracic surgery. During the time that I was a student, I knew of him doing coarctations of the aorta and some of those procedures while I was training in the operating room. He always had two or three of his residents working with him. He also took his residents to wherever he had private patients all over the city. Providence, St. Vincent, etc.

Matson Memorial Hospital was a private TB hospital down in Milwaukie, where he used to take his residents. And when I was teaching, I used to take my students there to see yet another kind of TB hospital. We used to observe surgery there.

When we went down to Salem, Dr. Conklin came also. He came down twice a week and took a lot of time out of his schedule, and that's why I say I think we had a good relationship with the town.

Another sideline on Dr. Conklin: He always drove a convertible; he was a dashing sort of a person. And he used to drive up to the hospital in Salem, and sometimes he'd just sit there for a while, and I'd look out the window, and wonder "what's he doing?" He had a tape recorder, and he was learning Spanish, and he was practicing it on his trip.

When we moved back to Portland, of course, he continued with us, and we got to know him really well throughout all of these years in different kinds of circumstances.

When Dr. Conklin retired, he went to Spain. We knew he was looking for a place to live there. He settled on the Costa del Sol and would come back to visit. He had a couple of kids. They're still here in the community. Well, no. His son is. I

don't think his daughter is. His daughter married one of the Ochsners down in New Orleans. His son Robert is an attorney here in Portland.

So Dr. Conklin kept coming back for a visit in the summers. Around 1970, '71, he developed cancer, and the last visit he made, we knew that things were not going well for him. He went back to Spain, and he died in Spain.

WEIMER: There's one other person I'd like to talk about. It was Dr. Holman who later became dean, who I think sometimes might be overshadowed a little bit by Dean Baird and his legacy, but could you tell me about Charles Holman?

JACOB: Yes. I used to say I had a peaceful triumvirate: Dr. Speros, Dr. Conklin, Dr. Holman. They were all quiet gentlemen, and if we had a problem, we used to have a heck of a time getting them to make a decision and pound it, because none of them were disciplinarians. I first knew Dr. Holman when I was a student. As he used to walk down the hall he would always greet you. You always felt like he was a real person.

I didn't know Dr. Holman well, until the time came that he was looking for a replacement for Miss Murr. One day she came in and said to me, "Dr. Holman wants to see you."

"What's happened?"

And she said, "Nobody knows it yet, but I'm getting married." She was 55 or so, and she said, "I want to do this in June, and we have to have a replacement, and Dr. Holman wants to see you," and then she said, "Do you have any clean shoelaces?" Being of the old school, you had white shoes and you always had to have clean shoelaces. So she got them out of her desk, and we put them in my shoes, and I came over to see Dr. Holman. He told me about what he wanted to have done. And of course, I had seen Miss Murr in her role for couple, three years. First of all, I was shocked she was getting married, and then I was shocked that I was asked to take the position.

So Dr. Holman was my boss from 1953 until we closed the hospital in 1973.

During that period of time, I could call him about anything. I could always get through to him. He taught me how to budget. I had no ability in that line at all, and whatever counsel I needed, I got. When they were building the South Hospital, he was extremely busy, and I tried so hard not to bother him. But even so, whenever I needed help, he was there.

When it came time that the legislature was going to close the University Hospital the first time...

WEIMER: You mean the Tuberculosis Hospital?

JACOB: University TB Hospital, that's right. First of all, they started in by saying we should reduce that hospital down to nothing, and so we had to develop several budgets. One was for only one ward—down to 25 patients. It was just heartbreaking to go through this process every time, and take it back to them, and no, that wasn't what they wanted. And of course, during that period of time, too, we were thinking about laying off seventy employees.

WEIMER: Quite a few.

JACOB: Yeah. But when the word came down that they were going to give the operation of the Salem Hospital over to the Medical School, and he asked me if I would move down to Salem, I knew I'd have the same kind of support. So he came to Salem every week for four years.

WEIMER: That was a big-time commitment.

JACOB: I got to know Mrs. Holman a little bit during that time because they used to come down to our hospital picnics and things like that.

When we moved the hospital back—of course, by then he was beginning to have more and more responsibilities for the school. I can't remember exactly when he became the dean, but at that time I had, like—"been there, done that" you know. I no longer needed a day-to-day sort of support.

What I really needed was—I don't know; so much was changing here at the school. I needed counsel to adapt to what was my role in all this. And with the Portland hospital opened again, we had a Director of Nursing. The administration for that hospital was no longer a full-time job. I could do it—I won't say like falling off a log—but you know, there were no new decisions to make.

So then Dr. Holman began asking me to do certain things to help on this side of the Hill. That was when I began working in other departments and overseeing some of them and how they related to the medical and to the hospitals, rather than just to the school part. As an example, I worked in medical reports, medical correspondence.

By that time, Dr. Holman had Gary Rood as assistant administrator at the Medical School Hospital. Gwynn Brice was his assistant in the clinic. He had an assistant administrator, Max Kersbergen in the clinic. So I could help Max or I could help Gary or I could help Gwynn. So I began to move away from only TB, and I got much more of a picture of all kinds of hospital operation.

The time came that the census in the TB Hospital was down to where I couldn't hold a staff. There was not enough challenge. For instance, the operating room nurses were losing all their skills because they didn't do enough surgery. It was decided TB Hospital would close, and the TB patients would be taken care of at Hospital North. I think it was still Multnomah [County Hospital] then.

But meanwhile, I had begun attending staff meetings that Dr. Jarvis Gould headed for the most part, Dr. Baird many times, and so then there was Dr. Gould and Dr. Baird, Max Kersbergen, Gary Rood, Gwynn Brice, and me. So in December, 1973, when TB Hospital closed, I locked up the door.

WEIMER: You did?

JACOB: Yes. I came to the other side of the campus and continued being an assistant administrator.

WEIMER: You've seen a lot of changes in your career.

JACOB: Yes.

WEIMER: How long was it till you retired?

JACOB: I became an assistant administrator over here in beginning of '74, and I retired December 31, 1979.

WEIMER: So about five years as...?

JACOB: Yes, I had worked here on the Hill for thirty years and three months.

WEIMER: Very nice long record.

JACOB: And of course, I'd been a student before that.

WEIMER: You've seen a lot of changes. What do you think are the biggest changes up here during that time?

JACOB: Just sheer logistics, buildings, people. The Dental School came up, more students, programs in dietetics and medical technology, x-ray technology. We began having students everywhere you turned around. During the very last years that I was an assistant, we had students coming up from the College of Pharmacy at OSU. All of these things are our relationship to—you remember the play *Our Town*?

WEIMER: Yes, I do.

JACOB: And they're talking about your relationship to the universe?

WEIMER: Mm-hmm.

JACOB: That's what we were doing. We were getting exposure to all these things where we had been insulated.

WEIMER: If we can just go back for just a moment to the Tuberculosis Hospital, I wanted to ask about a typical day in the life of a patient there. I ask that because today we don't treat tuberculosis like we did back then, but because their stay was so long, what did they do to help pass the time? I mean, just to make it manageable to cope with a long stay in a hospital?

JACOB: Let's start out early in the morning. In order to get a specimen from their lungs, if they couldn't cough it up, if they were negative to the point where they didn't have sputum, we used to do gastric lavage. Put the tube down and wash out their stomach, and when they became negative on gastrics, they were ready to be discharged. And then they continued with—like any hospital patient—breakfast, baths, beds, bed making, medicines and treatment.

The only thing was, it was a group isolation. All of the people that took care of them wore isolation garb, but it wasn't for the individual room or the individual patient. I'd go from one room to the other with a cap, gown and mask.

Some of the main treatments were kind of painful, I guess. Intramuscular medication, streptomycin was one of the mainstays for years and years, and that was a two-inch needle and a two cc injection into their buttocks twice a week, and they got real sore. I mentioned the pneumothorax as a treatment that many of them had, which might happen a couple of times a week.

The meals that were served were high-protein, a very palatable diet. The staff and the patients ate the same food all the time, and you can bet that it was better than it was in a lot of hospitals.

The next thing that happened during the day was a rest period because it was important that they rest. Many patients were flat in bed, and as they were getting ready to be discharged, they had more up time, more ambulatory time, more freedom. Bathroom became a privilege. Otherwise, they used bed pans then. So they were real happy to get going home. During the rest hour, doors were closed, everything stopped, no treatments, no nothing. In fact, if the paging operator paged, she had to get corrected because they were not to be disturbed.

Dinner was early. They had bedtime about nine o'clock. It was a very quiet day, but to overcome the boredom, we had services from the public library. A librarian had a cart that would go around to see the patients. All kinds of books could be borrowed on loan. We had an occupational therapy program that wasn't just for sore muscles and things like that. Most occupational therapy relates to activities of daily living and that sort of thing. But we had a diversional program where any kind of hobby or handwork or—oh, the fellows tied flies, and they learned how to knit, leather work. We didn't do ceramics because we couldn't very well get all that mess up in the bed. Some of them learned some weaving. I learned, had my first interest in weaving at that point, and that's my hobby now.

But all of these things were going on. The student nurses were a big diversion for the patients. You should remember that the patients back then were young. The patients were my age all the while I was with the TB Hospital. They got older as I got older, and we began having lots of people in their fifties and sixties towards the last of my experience in TB.

The patients got into a lot of problems, too. They were naughty. They were bored. I'm sure things went on behind those closed doors at rest hour. Surprisingly, the patients didn't elope out the window. They had a lot of—we had to drill into them their responsibility as a person with communicable disease. They didn't have passes in those days. Towards the end of the time I was with the hospital, we began to have passes. The patients began to have their meals in the dining room. That was because we had a larger number of anti-tuberculosis drugs. We had more with which to fight. I don't know. It just evolved.

WEIMER: What did kids do? I assume kids got tuberculosis also.

JACOB: Not very many. I remember a few. We mostly had them in a crib in a single room. We had one little boy whose father was in the hospital at the same time, but we had them in different rooms because it was harder on Paul to take care of Johnny and get well, too. But I remember several of them. The head nurse became the mom.

WEIMER: I have seen a picture of an open-air school. Do you know anything

about that?

JACOB: They had lots of those in Europe. Not so much in this country, only in some of the largest of the tuberculosis sanatoriums. In Minnesota, there was Glen Lake. Glen Lake had just about everything any tuberculosis hospital ever had, and they had quite a few children, as I understand it.

WEIMER: So then they would provide for education?

JACOB: I didn't mention that. We also had a teacher from the Portland Public Schools. With only one student at a time, we didn't have a classroom. But they'd have to study for exams and so forth.

WEIMER: Well, I think we're close to the end. We've talked about the Tuberculosis Hospital and also some of the people that you knew. How did the technology change through those years that you worked at the Tuberculosis Hospital?

JACOB: Well, I'm thinking about some changes that occurred in surgery, surgical procedures. Some of the things happened while I was a student, before I went back on staff. During World War II, they learned a lot more about anesthesia than they had before, and of course, when you're operating on the lungs or on the chest, anesthesia is terrifically important. Because it can interfere so tremendously with what you're doing, and we were able to do a different kind of procedure than we were before World War II.

We were still doing a fair number of what they call thoracoplasties. This is taking out ribs to make the chest wall collapse down on the lung. They would go in and cut along the rib and then split the periosteum off the rib. It would hang down a little like a little hammock, and then they would cut off the rib that was denuded. This type of collapse treated many, many patients with tuberculosis, and it was done in stages. You'd do like three ribs, and then you'd do four, five and six, and then you'd do seven, eight and nine. So they went back to surgery several times. As we got better surgical technique, and anesthesia got better, we were able to do more pulmonary resections. First of all it was just pneumonecto-

mies, and then we did more lobectomies, and then segments.

I remember one patient that had surgery on both sides. She had segments from all over taken out at one time or another. It was not a typical surgical situation, but it shows how far we had gone from the beginning.

WEIMER: Yes, it sounds like it.

JACOB: We used to provide special nursing care for our patients from the time of surgery until the following morning at 7:00 a.m. by our own staff because special duty nurses didn't know how to handle the type of care needed.

[End Tape 2, Side 1/Begin Side 2]

WEIMER: This is Side 2 of Tape 2, and we were just talking about the changes in surgery over the years, and I'll have you continue.

JACOB: Well, I just started to say that because we weren't able to hire in special duty nurses, the staff would provide this. If we had very sick patients that didn't recover quickly, that required long-term special duty, every nurse on the staff would do an extra shift. We paid overtime, of course, but it was just understood that they would work overtime if necessary. And I remember—I'm sure you've heard of Dr. William Krippaehne. Dr. Krippaehne's father was a patient of ours, and the old gentleman was not recovering from surgery well. He just didn't have any resilience left, and I remember we specialied him around the clock for a week.

WEIMER: Long time duration.

JACOB: Yes.

WEIMER: What are you the proudest of during this long career you have had? A wonderful career.

JACOB: I suppose my survival. I don't know, it was...

During most of this time, I was a single person, and I spent lots of time with my job. I don't think my job was my total life, but it was first, and I think I owe my sanity really to being able to go to work and lose myself in what I was doing.

WEIMER: I think that's a wonderful tribute to your job that it was that engrossing, it had that much to it that you could make it a major priority in your life.

JACOB: It was—I mean, many times I was able to. I know when I was teaching, I'd go into the classroom, I'd just be in a blue funk about everything that had gone wrong, and I could go in there and I'd come out a different person an hour later.

WEIMER: It's like you were self-absorbed—I mean, not self-absorbed, but absorbed in that class, into the teaching.

JACOB: I enjoyed teaching, and—oh, I know, I've taken psychiatry, and I know I'm sublimating and I knew everything that was going on, but it worked.

WEIMER: Well, that's important, one of the important things. Is there anything you'd like to add, something that we haven't covered? I know you've known a lot of people that were involved here at the University and the Medical School. You've certainly seen a world of changes in the nursing and medical profession over the years.

JACOB: I thought it was going to be hard when I retired. I was married again in 1978, and I retired at the end of '79—and I thought, "You know, I don't know whether I'm going to like this retirement or not; I don't know whether I can." And it took some work. But I've been back on the Hill to come to a Christmas party or something, but that's all. I left a lot of good department heads, some who are still here. And—I don't know, it's so different.

WEIMER: Well, I would like to thank you, Barbara, very much. I've enjoyed this hour, almost two hours, actually, and I would like to thank you for sharing your memories.

JACOB: You're welcome.

[End of Interview]

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