Bertha's Experience as a Junior Nurse

Bertha Keller and her friend Betly Bray as student nurses in 1940

NURSING

AT SMHC

FROM

1937 to 1942

By Bertha Kwitoski, nee Keller

Prologue

I had my heart on being a registered nurse, but since I had no funds for uniforms and training, I took advantage of my acceptance to the Selkirk Mental Hospital where I commenced training on the 1st July, 1937. The lectures and the twelve hour shifts proved too much and by the end of December, I was burnt out and went home to recuperate. The Matron, Miss Nichols, asked me to return in 1938. She suggested that since nursing attendants were being hired, I could work as one until I was ready to resume my psychiatric nursing course. With that in mind; I went back!

I was in a unique position because I had completed my initial training but was not now taking psychiatric nursing to qualify as a senior nurse. I was assigned to Ward 3 where I worked as a junior in the Infirmary, the Main Ward and fitted the requirement in the West Wing. Next, I was the night nurse on Ward 1, definitely not a junior's position, and after that I spent nine months of afternoon shifts in Ward E working alone after the ward supervisor left at 4:00 PM.

The Nurses' Residence

In a vast complex of the Selkirk Mental Hospital stood a three storey red brick building. It was the Nurses' Residence. Miss Nichols, the Matron, Miss Morrison, the Hospital Supervisor, as well as the Ward Supervisors lived on the one-half of the main floor. The front door was the dividing line for the other half. Next to the entrance was a visitor's reception room and next to it was a kitchenette. On both sides of the long hallway were nurses' bedrooms and a bathroom. At the end of the hallway was the nurses' recreation room. Stairs led to the two upper floors that were entirely bedrooms and bathrooms.

Miss Nichols interviewed and accepted applicants. She also taught psychiatric nursing. A beginner had a six month probation period in which time she worked on the ward as a junior nurse and took lectures. Uniforms were provided. The uniform was a teal blue dress, a white cap, white apron with a stiff white belt, white cuffs and a white muslin triangle which when folded made a collar and a "V" shape at the front to serve as a bib. During our first six months the probationer wore black shoes and stockings. At the end of the probation and provided we passed our psychiatric nursing exams and performed well on the wards;

we we allowed to wear white shoes and stockings. Two years of successful apprenticeship would qualify her to become a senior nurse. On graduation, after the third year, she would become Ward Supervisor. During our entire training we would be paid a monthly stipend of twenty-five dollars per month.

House rules were strict! Residence doors were locked at 10:30 PM every night and the nurses were expected to be in bed with lights out by 11:00 PM. The kitchenette, with stove, toaster, table and chairs, dishes and a well stocked fridge, was available for snacks. Even though there was a housekeeper in the residence, nurses were required to clean up after themselves. The housekeeper kept the fridge stocked and did general kitchen cleaning. She mopped and waxed the nurses' bedroom floors and dusted the furniture that consisted of a dresser, a small table and chair, a wing chair and a brown framed bed. She also returned the nurses' laundry - bedding and uniforms to their rooms. Nurses were expected to make up their beds and keep their room tidy. The Matron would make periodic surprise checks!

Nurses worked twelve hour shifts mornings or afternoons without a day off. The shifts changed every two weeks. We attended lectures three times a week. Those on the morning shift had their lectures in the afternoon after shift and vice-versa. Even though there was little spare time, in the summer a tennis court provided recreation for the entire staff. A pavilion in the park near by was the perfect place for staff to gather for an evening;s dancing and fun. Selkirk town was within walking distance and drew staff for shopping or a change of menu from hospital food. An enjoyable trip was available on the SS Kenora as it plied the Red River. Sometimes at Halloween, the staff would have a costume dance at the hospital;s recreation hall.

Winter recreation was confined to trips to town or walks in the snow. Staff could attend town dances or the cinema. Sofas in the large recreation room added to the nurses' comfort as they listened to the radio or played the piano, wrote letters, read, knitted or crocheted, played board games or quizzed each other for exams.

The Main Building

West of the Nurses' residence stood an immense tan-coloured building partially covered in vines. A winding pavement, bordered with colour-

ful flowers in summer, led to the wide front steps and into the main entrance. This large entrance was the hub for all the other areas with locked doors leading to each one.

On he left of the entrance, a door led to the female wards - Ward One on the main floor and Ward Three one floor up. Similarly on the right were the male wards - Ward Two and Four.

Another door opened to a large dining room for the nursing staff from all the wards of complex. Next to the dining room was a huge kitchen where food was prepared by hired staff with help from the patients from Wards One and Three. Farther down was another kitchen where meals were prepared for the patients in Wards One and Four. Also there was a door for the dispensary and three more doors that led to the lower floors - one to the tunnel, one to the bread room and one to the male staff quarters.

Somewhere in the bowels of the building were the laundry rooms. Male and female patients from certain wards assisted the hired staff to supply clean laundry for the whole complex. Huge water tanks just outside the building and manned by engineers supplied the water needs.

During summer, some male patients from different wards, helped the gardeners maintain the vegetable gardens and the flowers along the sidewalks. Others helped in the dairy or field work.

In the 1930's, the entire staff dissatisfied with the long working hours and the cleanliness of the food began to agitate for reform. Someone had seen a male patient mashing huge pots of potatoes for the staff dinner while perspiration dripped from his face into the potatoes. Kitchen staff reported that a patients from Ward One, who made pies for the staff, never washed his hands after using the toilet. In order to inform staff on both shifts, the organizers held surreptitious meetings in the nurses' bedrooms after 11:00 PM to report their progress in the negotiations and to plan further strategies.

The meetings dragged on and the organizers could not reach a consensus with the authorities until a nurse, to indicate that the food was unpalatable, sent her plate sliding across the dining room floor. That act brought matter to a head! To their chagrin, the organizers were fired but they had achieved their aim as an eight hour day and one day off

per week was introduced. The new shifts were from 6:00 AM to 2:00 PM; 2:00 PM to 10:00 PM and 10:00 PM until 6:00 AM.

With war drums beating in Europe, those that were fired went to enlist and soon other male staff and nurses followed suit so that the hospital suffered a shortage of staff. To alleviate the shortage, administration began to hire nurse attendants who were not required to take psychiatric nursing classes but worked under the tutelage of senior nurses. Because of the greatly improved conditions of work and pay; many young people applied.

Ward One

The door leading to Ward One first opened into a large room. Immediately on the right was the patients' visiting room and next to it the Ward Supervisor's glassed enclosed office. In the office was a desk, telephone, locked medicine cabinet, dressings and other hospital paraphernalia. On the left of the office was the patients's glass enclosed dinning room and the kitchen were cutlery was stored.

At the end of this room was a large locked oak door which swung noiselessly on well oiled hinges and opened onto a long wide corridor. At the end of the corridor the ward, shaped like a capital "T", opened out into East and West wings. Here were the patients' bedrooms, bathrooms, toilets and utility closets for storing bedding as well as night and day time wear.

The floors of the main corridor and the East and West wings were hardwood. The bedrooms and bathrooms were concrete for easy maintenance. The beds were white enamelled with iron frames and flat springs with thin mattresses. The beds were made up with white cotton sheets, foam pillows and grey blankets. Many patients made their own beds in the morning. A number of strong benches lined both sides of the main corridor. There were also bathrooms and toilets, utility room as well as a nurses' washroom with a good supply of green soap. The nurses were warned to wash their hands and keys well before meals.

The patients wore regulation dresses of blue checked cotton and bloomers. They had slippers for their feet if they would wear them. In winter, they also wore an undershirt, long black stockings and sweaters. Radio music and news were piped into the ward at times as the

patients were long term and not usually abusive. One teenage patient, a mute, was kept in a straight jacket because she pulled clumps of hair from her head. The straight jacket was made of striped ticking with ties at the back and long ties at the ends of the closed sleeves. The patient's hands were crossed at her chest, the ties looped around her back, and fastened at her elbows. The jacketed patient had to be taken to the bathroom periodically and even so, she often messed herself and would need a bath and change of clothes. The nurses carried the bathroom tap keys in their pockets and some patients were willing to help with the bathing and changing of clothes. When a teenaged patient once attacked a junior nurse on her introductory period, the patient was subdued, put into a straight jacket, given a sedative and tied to a bench until she became quiet.

The junior nurse had to be shown the method of self-defence which was to grab the abusive patient by her hair, yank her forward to make her drop to the floor, then straddle her and pinion her arms. To subdue her completely, we were shown how to press on the carotid artery in the neck until she weakened before trying to suit her up in a straight jacket. Every nurse wore a whistle on her key ring tucked into her stiff belt at mid waist. If she needed assistance, she gave a shrill whistle and help came immediately. Usually, it was helpful patients on the ward who arrived first.

There were three patients that had single occupancy in the bedrooms on the main corridor. Two of them wore their own apparel and the third one, who was the staff's pie maker, wore a white uniform. While the rest of the bedrooms were locked for the day, the three mature patients, who were usually lucid and often helpful, had access to their rooms.

One of those patients was very religious. She read the Bible, prayed and sometimes associated with other patients. She was congenial until she suffered hallucinations. Then she smashed window panes in her room, pushed all her clothing and bedding out through the bars, and took the mattress off the bed and dumped it on the floor. Naked, she rolled on the mattress, wailing and praying. When her mealtime tray was brought to her, she hurled it against the wall and refused her medication. She was then locked in her room where she could do

herself no harm and was checked periodically until she was spent. She, then, accepted her medication and slowly became lucid again.

Another one of the three knew all the routines of the ward and where everything was kept. She was most helpful to a beginner junior nurse in putting an uncooperative patient into restraint. She appeared well, except that she complained of voices bothering her for which she had her own cure. At mealtime, she surreptiously hid bits of bread in her bloomers or down her bosom and in her room she dampened the bread and stuffed it into her ears. Before long she reeked of stale bread and was given a bath.

When third patient had her off days she stayed in her room, refused to work in the kitchen, and the staff had no pies or dessert! The senior nurse pampered her, coaxed her to take her medication and in a couple of days she was back at work and we had pies.

Some of the other patients spent the days walking back and forth or in endless circles, muttering or gesticulating while shouting intermittently, singling or dancing. Some sat on the benches or lay on the floor, mutely staring into space. Still others sat silently on the floor with their arms clasped around their knees and their heads resting on their arms. Often the cacophony was deafening; at times such as after a meal, especially after supper and with soothing strains of radio music, reasonable quietness ensued before bedtime.

One reliable and happy patient, who periodically danced around a nurse and sang entertaining songs about her, was responsible for collecting a kitchen work crew at meal time. Before the food arrived, she and the crew were taken to the dining room and locked in while they set the tables. When the food carts came, the work crew served out the food, and the patients were admitted. Each one sat at her own place at a table for four. The jacketed patient had to be fed. Her restraint was not removed because she would immediately yank a wad of hair from her head.

Miss Wigglesworth, Ward One Supervisor, arrived at 8:00 AM and worked until 4:00 PM. She kept the ward files, prepared medication when needed during the day, also a tray of sedatives for the senior nurse to administer at bed time. She arranged patient's visits, took the

doctor on his ward rounds and was responsible for the smooth management of the ward in general.

For the morning shift, a senior and a junior nurse arrived at 6:00 AM and worked until 2:00 PM. While the senior nurse roused the patients and saw to their getting ready for breakfast, the junior nurse hauled out a long handled string mop and a bucket of liquid wax from the utility closet and proceeded to apply wax to the hardwood floor. She then took the work crew to the dining room and monitored their setting the tables and serving the food.

After breakfast, the patients were returned to the main ward. The junior nurse had to coerce patients to haul out the wax polishing blocks from the utility closet and pull them back and forth over the corridors to polish the waxed floor. The heavy rectangular wooden blocks were approximately 18 inches by 9 inches by 9 inches with a fairly long handle, and a brush underneath.

Meantime, the kitchen crew washed up the dishes and stored them on the shelves. The cutlery was carefully counted before it was stored. Then the working crew was returned to the main corridor and the laundry helpers were taken out by the laundry staff.

After the nurses had made sure that all the beds had been made, the dormitories were locked. By this time, the ward supervisor would have arrived and sent the junior nurses down to the bread room where she met a nurse from ward three. In the bread room was a hand-cranked bread cutting machine and shelves full of uncut long loaves of bread. The nurses brought the loaves to the bread machine and while one nurse fed the bread into the long chute of the machine and cranked the handle, the other nurse slid the sliced bread into a brown bag, tied it and returned it to the shelf. They worked in tandem and changed positions occasionally. They were given an hour to do the job without question, otherwise the ward supervisor gave a lecture on efficiency. One time a junior nurse had the tip of her finger sliced by the machine's sharp blade and had to go to sick room to get it dressed. After that, one of the nurses was replaced by an Attendant from ward two.

It was not long before the mid-day lunch was being served and the same procedure followed. At 12:30 the junior nurse was left to oversee the lunch crew while the senior nurse had a half hour lunch break.

After the senior's return, the junior nurse went for hers. By the time the patients were returned to the main corridor and settled, it was time for the afternoon shift to take over.

Since the morning staff had done the ward housekeeping, the afternoon staff started with bathing the patients, a certain number every day until all had their turn. They sent out the dirty laundry and with the help of some of the patients, they folded and stored the clean laundry from the incoming hampers.

One time when the supper crew came to do the dishes, they were nearly finished putting everything away when a controversy arose. One of the workers aggravated the leader to the extent that she became deranged. She snatched the dishes off the shelves and hurled them at the workers who tried to hide behind the tables. By the time she was spent, all the dishes were smashed and the glass doors and windows shattered. She was given a sedative and put into restraint. The next morning she was back to her normal routine. Throughout the night, the hospital work crew cleaned up the mess, replaced the glass doors and windows as well as all the dishes.

During the warm summer days, most of the patients from ward one and some from ward three were occasionally taken out for an airing in the afternoon. They were carefully counted as they went out through a side door onto a grassy area near the main building. There, they were formed into a square with an eagle-eyed nurse posted at each corner. Some patients lay on the grass absorbing the sun's heat; others walked around stretching their limbs; still others cavorted like lambs in spring.

The nurses were warned to particularly watch any patient working her way to the periphery of the square. If that patient bolted, the nurse nearest to her was to blow the whistle so as to the nurses and outside workers, and then give pursuit. That would end the airing and the patients were counted again as they were being returned to their respective wards. The run-away patient was invariably captured and returned to her ward.

Another treat for the patients in colder weather was a dance in the recreation hall for the female patients from wards one and three, and male patients from wards two and four. The dance was held after supper and lasted for two hours. Female patients, who wished to

attend, spent the entire afternoon bathing and primping. Some wanted their long hair curled in rag strips; others wanted their hair trimmed. Out came the make-up kits and the ward became a salon with nurses as the beauticians. Patients' best clothing was brought out - colourful dresses, fancy underwear, dress shoes, silk stockings and jewellery. The excitement was palpable. The ladies, dressed to the nines, especially the young woman that had attacked the nurse, looked quite fetching.

Carefully counted, the dancers were trooped to the hall. Chairs had been placed all around the walls for the patients to sit. The ladies, in their finery, sat on one side of the room, and the gents, equally decked out in suit, shirt and tie, sat on the other. The music was canned and on the first number, the gents immediately jumped up and while some headed for the lady of their choice, others headed for the nurses.

Staff was duly warned not to refuse to dance with the patients and both male and female staff found themselves in great demand. The male patients politely invited ladies to dance and dance they did, each in his different style that caused the staff to convulse with laughter. One eager Romeo would grab the nurse tightly around her waist, clamp her hand behind her back and despite it being a waltz, he would quick-march backwards around the hall, turning each corner at a precise ninety degree angle.

The ladies, too, whose dancing style was equally hilarious, sought out male staff dancing partners. After trotting for a couple of hours, the dance ended with happy voices ringing their "goodnights and see you next time" as the patients happily returned to their respective wards.

For the nurses, tired as they were, the work day was not over until all the patients finery was put away and the dancers in their beds. And, as the nurses wearily made their way to the residence, the climb to their bedrooms seemed a long way up.

Ward Three

On the whole, the layout and management was similar to ward one with the exception of additional areas for the most severely disturbed or ill patients. In the entrance was the supervisor's office, the patients'

dining room and off to the side, the infirmary mostly for the TB patients. The ward supervisor was in charge of the entire ward.

The main corridor and the East Wing housed the majority of patients. The bedrooms were in the East Wing as well as one lone patient in solitary confinement. A senior and junior nurse took care of those patients.

The West Wing, separated from the main corridor by a heavy wire mesh screen door, was locked and opened only to allow the patients into the dining room. There were about fifteen to eighteen most difficult patients, two of them had committed homicide and were in solitary confinement. A third nurse looked after those patients with the help of the senior nurse from the main corridor.

The infirmary usually had twelve to fifteen bed patients cared for by a senior and junior nurse. Uncooperative infirmary patients often spat into a nurse's face thus making it mandatory that nurses wear face masks at all times. Even so, an occasional nurse would contact TB and be sent to the Ninette Sanatorium to recuperate.

In the infirmary, the morning shift did the patients' ablutions, changed the beds if necessary, gave the patients their breakfast trays or fed them, and then wheeled them out onto the porch for fresh air. In winter, the patients were dressed in warm clothes, toques and gloves, snuggled down with hot water bottles and covered with extra blankets before they were wheeled out. After that, the junior nurse left to help with the patients on the main corridor. While she was away, the senior nurse attended to the housekeeping and the comfort of the bed patients until noon. The junior nurse came back to help with lunch and feeding and then returned to the main corridor to continue helping with lunch there.

Mealtimes on the main ward were staggered to accommodate feeding of different groups of patients. There were four older teen aged suicidal patients in restraint that refused to eat and had to be force fed. The food was sent up on a rickety dumbwaiter from the kitchen. The two junior nurses removed the big porcelain pots and set them on the nearby table. While one of the nurses went to bring the restrained patients, the other one set a separate table for them. At each of the four places, she set a large cloth bib, spoon, wedge-shaped piece of wood,

cup with a long spout containing a nutritious diet, and another one with milk. The food was the same for every meal!

Firstly, they tied each of the four patients securely to their chairs. After tying a bib around the patient's neck, the first attempt was to offer a patient a spoonful of the nutritious liquid which she invariably refused. The patient would close her mouth, turn her face away or spit at the food. After several attempts it was time to try another method.

The nurse would put her arm around the patient's head and squeeze her nose until she gasped for breath. Then she would slip the wooden wedge between the patient's teeth, insert the spout of the cup into the mouth, and make her drink the nutritious food and milk. To keep the patient from spitting up, the nurse slapped the bib over the patient's mouth and the feeding was done.

While two patients were being fed, the other two would laugh and kick at the table, sometimes hard enough to topple it and send everything crashing to the floor. Then, the mess had to be cleaned and more food obtained to complete the feeding. After that the patients were returned ; seated and tied to the benches.

Meantime, breakfast dishes were being sent up on the dumbwaiter and under the senior nurse's supervision, some patients from the main corridor set the table. When the food was portioned, the patients from the main corridor and the west wing were brought in, all except the ones in solitary confinement. They would receive their trays later.

There was a great hubbub when the patients arrived because there was one patient who, as she was being escorted to her seat, managed to snatch a handful of porridge from one table, a slice of bread from another and a slurp of milk from the third. The patients, whose food she took, raised a raucous and demanded their share of food while the thieving patient declared she did not get enough to eat. The exasperated senior nurse once declared that the thieving patient must surely have a tapeworm.

After the meal, the west wing nurse trooped her patients back to her ward. While the tables were being cleared and dishes sent downstairs to be washed, one of the junior nurses took a tray of food to the patient in solitary confinement in the east wing. The tray had no cutlery and

the food was in enamelled bowls. The other junior nurse waxed the hardwood floors and coaxed the patients to polish them.

Penny, the patient in solitary confinement in the east wing, was crippled from syphilis. She could not walk but slithered on her rear. Her arms were strong and she could use them like sledge hammers. Anyone within her reach was hammered. The nurse put the tray on the floor, unlocked the door and slide the tray inside, quickly locking the door again. She had been warned that Penny would sit behind the door and wait for someone to bend down to retrieve the tray. Penny would then nail her with a blow to the face. To pick up the tray, the nurse would coax a patient to do it. Then the nurse could open and close the door quickly without anyone getting slugged. But one time when a nurse could not get a patient to help, she decided to take a chance. Sure enough she got a blow on the nose that sent her reeling with tears in her eyes.

After the beds were made and dormitories locked, it was time for the bathroom parade. Besides the four teenaged girls, there were others in restraints because they were severely disturbed and uncontrollable. Also, there were a couple of lobotomized patients who had become imbeciles. Those were often found sitting in their own puddles and had to be changed which in winter took a considerable time and effort. And when the frost seeped under the window sills and made the ward cold, the patients gravitated to the heat registers that gurgles and wheezed with steam and hot water. Scantily clad, the patients sat on the registers in an attempt to absorb the heat. It was a job to keep the patients off the registers so they would not burn their buttocks. Some disrobed and had to be straight jacketed in order to keep them dressed.

Also, Penny's chamber pot had to be empted. Those in restraints or weak minded were done first. After their bath and before they were dressed in clean clothes, their bodies were carefully examined for sores or abrasions and treated with salves. Those that resisted bathing were often dumped forcefully into the tubs and scrubbed. In many instances, the nurses' uniforms were drenched, much to the delight of the patient. And then it was Penny's turn to have a bath!

The senior nurse filled the tub with just enough water, removed the tap keys, and left a towel and clean clothes. Then two nurses went to get

Penny. The senior nurse unlocked the door and swung it wide, then told Penny to come and have her bath. Penny gave a guttural sound, slid off her bed and slithered on the floor towards the bathroom. The two nurses walked along side of her at a distance and shooed the patients out of her way. Unfortunately, one aggressive patient stepped into Penny's path and in the next instant, the patient was on the floor and Penny was pummelling her. The two nurses jumped to the patient's rescue and by the time they freed her, their caps were scattered on the floor, their hair dishevelled and uniforms ripped. The junior nurse had sustained a deep scratch on her neck as well. Penny took shelter in the bathroom and when she climbed into the tub, the senior nurse locked the door. The two nurses then went to the supervisor's office to tend to the neck wound.

They returned with buckets of hot water, disinfectants and mops. The room was absolutely barren except for an iron framed bed with only a thin mattress and a couple of grey blankets. The floors and walls were of grey concrete. The barred window had a hard wire mesh screen affixed to the inside. The grey enamelled chamber pot sat in one corner.

They mopped the floors, washed the bed frame, removed the dirty grey blankets and left clean ones. When Penny banged on the bathroom door to indicate she was finished, the senior nurse unlocked the door and stepped back. Penny scrambled to her room making guttural sounds all the way. When she got onto her bed, the nurse locked her in.

Every few weeks, Penny needed her nails trimmed. Before she was let out of the bathroom after her bath, the senior nurse armed herself with a pair of scissors and a blanket, and then assembled three or four other nurses as helpers. When the nurse opened the bathroom door and Penny was faced with the assemblage, she snarled and hissed, her eyes flashing and her hands poised for a confrontation. Quickly, the senior nurse flung the blankets on top of Penny and held her down. With much tussling and grunting from Penny, they managed to extricate one limb at a time and hold if firmly while the senior nurse clipped her nails. After her finger nails and toe nails were done, the nurses made a quick exit and Penny scurried to her bed, hissing her displeasure all the way.

The nurses had complained to the ward supervisor about the food snatcher for so long that she finally had the patient taken out of the ward for an examination. For a few days the nurses were relieved of her disturbance in the dining room, and when she returned, she was cheerful and chatty as if she was a different person. No longer did she steal food or scream that she was hungry. On display in a jar of formaldehyde was her twenty-five foot long tapeworm! The nurses were informed that it was a fish tapeworm and had to be coaxed out with honey.

While a TB patient in the infirmary was critically ill, the nurses were speculating as to which shift would have to do the body's last offices. The patient lasted through the morning shift and relieved, they were free to go. But by late afternoon, the patient's face was hollow, eyes sunken and her mouth open. There was the familiar death rattle and her body was contorting in seizures.

The two junior nurses were quite upset about the patient's condition and wanted to know why nothing was done for her. The ward supervisor told them that the patient had been examined by the doctor; that due to her status epilepticus, and being unconscious; she was not in pain. When the patient finally died, they were quite relieved. But their relief lasted only until the evening when they were informed that they had to prepare the body because they had to learn how to do it!

At nine o'clock, the two nurses readied themselves for the unwanted task. Gowned, masked and gloved, they sponged the patient's emaciated body, reluctant at first to handle her. Following their instruction, they closed her eyes and stuffed her body orifices with absorbent cotton. The more they handle the body the more bolder they became. To keep the body's lower jar from sagging, they tore a strip of cloth, slung it under the chin and tied it to the top of her head, closing the jaws tightly. They put on make-up and combed the body's hair. They tied the big toes together as the final touch A pine coffin was brought to take the body away.

The West Wing

As part of the main ward, the west wing housed the most degenerate and violent patients. The corridor floor was hardwood, waxed by the morning nurse. Next to the wire-meshed entrance door, and along one

side of the corridor, was the toilet, next the bathroom and at the end, the dormitory. The barred windows had heavy screen mesh on the inside. On the other side of the corridor was the nurse's office for linens, blankets and patients' clothing. It also served as a hideout for the nurse if she was threatened. Next to the office was a homicidal patient in solitary confinement and next to that a utility closet for wax, brushes and cleaning utensils. At the end of the corridor was another homicidal patient in confinement. Both of these solitary seclusion rooms were like Penny's.

The patients were aggressive, disturbing, quarrelsome and uncooperative. Many of them did not keep their clothes on even in winter and left them lying on the floor. They suffered burns from trying to keep warm against the hot registers. They milled around, got in each other's way and had shoving and swearing matches. Sometimes they just sat on the floor. Some preferred to stay in the toilet rooms. A thirty year old patient usually sat by the drain in the toilet and rocked herself continually. She had lost her third child to crib death and blamed herself for it. She never talked but expressed her anguish in long drawn out howls.

One short stocky woman amused herself by talking, laughing and spinning like a twirling dervish. The nurse had to give her a wide berth or she would be grabbed around the waist and spun off her feet. In spite of that, the patient was a willing worker. She readily hauled the polishing block and polished the waxed floor and was willing to clean up excrements that frequently befouled the ward.

The most disturbing patient was Judy, a teenager. She appeared like a little waif but was subject to mood swings and pestered the patients constantly. Although she was straight jacketed securely, she worked herself out of it no time, laughed uproariously, dropped the straight-jacket on the floor with the ties intact, and continued to cause mayhem.

It was difficult enough in daytime but in the evening or night it was worse. After the patients were in bed, the senior nurse came to help tuck Judy in. First her straight jacket sleeve, made of heavy ticking that fitted the bed and had a cut-out around her head, was placed over top of her covers. The sheet had ties about a foot apart which, starting at her head, were firmly tied to the bed frame all around it. It seemed

that even Houdini would not be able to escape but in an hour or so, the patients would be screaming. There was Judy scrambling across the patients' beds and leaping like a monkey onto the window sill clinging to the mesh screen.

The two homicidal patients had their meals delivered to their rooms. Inga, who was next to the office, was of Swedish decent and spoke broken English. She was a large big-boned woman, middle aged with piercing blue eyes. When she spoke, her loud voice thundered like a man's. It was purported that in a rage she clubbed her husband to death.

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Usually, Inga was lying on her bed when the senior nurse came to carry in her tray. As they approached the door, the ward nurse unlocked the door and held the key to the keyhole. Quickly, they determined Inga's state, and if she was receptive, the senior nurse put the tray on her lap, perhaps even had a bit of conversation, retreated and the door was locked.

The same procedure was performed for Elizabeth in the next room. She was an English lady in her thirties, tall fair with a beautiful complexion, pepper-coloured hair and bright blue eyes. She was well educated and very knowledgeable. In a furious altercation, she had killed her mother, and then tried to commit suicide. In her lucid moments, she asked to be taken out for a stroll around the corridor while she engaged the senior nurse in intelligent conversation. The nurses were mindful of the fact that Elizabeth could go off like a firecracker.

On a certain day every month, the patients would manifest signs of restlessness. There was more bickering and screaming than usual. As the day progressed towards the evening, the patients became downright aggressive with vitriolic language accompanying their actions. The nurses concluded that the behaviour was due to the effect of the full moon and commented that the patient had "gone up the pole" that day.

It was bath day for the two patients that committed homicide. The ward nurse readied the tub for Inga, removed the tap key and left her clean clothes. Then she unlocked Inga's door. Inga was muttering crossly, and after one look at her glowering eyes, the nurse quickly hid in the office and peered around the door to see what Inga would do. Inga walked out of her room, her face stormy and shook a fist at the nurse who quickly slammed the door shut. In a few minutes, she peeked out again and saw Inga stride to the wood polishing block that had not been put away. With one hand she lifted the block and swung it around and around her head. The patients scattered in all directions, flattening themselves against the walls. As Inga let the block fly, it just narrowly missed a patient's head and hit the wall five feet above the floor. The block landed on the floor, showering the patient with dust and bits of plaster. Shaking her fist and shouting at the cringing patients, Inga stormed to the bathroom, her long heavy braid swinging across her shoulders like a thick strong rope. She strode inside and slammed the door shut with a shuddering thud. The nurse, propelled by terror, leaped across the corridor like a frightened gazelle and locked the bathroom door. Then she went to store the wooden block; it was splintered.

Soon after, the senior nurse came and they went to change the bed and clean Inga's room. When they lifted the blankets, they found them frayed. They raised the mattress and found all sorts of crotched strips from the blanket threads Inga had unravelled. Curious as to how she did that, they turned the mattress over and found a piece of wire hook stuck into it. They then examined the bed springs carefully and found a broken spring. After cleaning the room, the senior nurse collected the frayed blankets, the crotched strips , the wire hook and left.

When Inga banged on the bathroom door, the nurse unlocked it and scurried back to the office. Muttering, Inga went to her room and banged her door shut. Quickly, the nurse locked it but before she could move, she could hear Inga shouting invectives and the bed crashing against the door again and again as if Inga was using it for a battering ram with intent to knock the door down.

It was then time for Elizabeth to be let out to the bathroom. Warned by the morning shift nurse that Elizabeth was disturbed, the nurse unlocked the door cautiously and keeping the key in the hole, opened

the door just enough to peer in. Elizabeth was cowering in the corner, her hair straggly and her eyes wild. She screamed at the nurse to close that "so and so" door, because she was letting in more snakes. When the nurse did not respond immediately, Elizabeth suddenly sprang from her crouched position and flew towards her with hands out-stretched and teeth bared. Just in the nick of time, the nurse slammed the door in Elizabeth's face, turned the lock and leaned weakly against the door. She could feel it vibrating from Elizabeth's pounding fists. Elizabeth would not be ready for a bath that afternoon!

The commotion, wails and howls increased over the entire ward three all afternoon until by supper time, it was bedlam. After a hurried supper, bedtime started early. Patients were generously sedate and by the time the night nurses appeared, some order and quietness had been achieved, all except Inga and Elizabeth, who continued their vitriolic howls and poundings on the mesh windows screens. Bone-weary, the day nurses left the building with the cacophony of sounds still ringing in their ears.

Ward E

Ward E and F were located in one of of the brick buildings accessible by pavement that led to the front doors of the top floor; or the tunnel that led to the entrance of the lower floor. As one opened the door to the stairs in the main building and reached for the switch at the top of the stairs, a cavernous darkness yawned beyond. The tunnel was used mainly in winter and the staff was warned to carry a flashlight. The dim light in the tunnel gave an eerie feeling as one hurried along. The water pipes, which ran along the length of the tunnel, gave off gurgling sounds. Big pipes, which protruded into the passageway in some areas, left room enough for only one person to pass. Also, the tunnel curved so that it was impossible to see very far ahead. At the other end, steps ran up to the entrance of the lower E and F floors. At the top of the stairs was another switch to turn off the light and if someone was following, they would be left in the dark, hence the need for a flashlight.

Ward E was like a rest home. There were about a hundred patients most of whom suffered from chronic schizophrenia who had not responded to treatment or had been left to linger in Ward E by their families because of the stigma attached to mental illness.

The ward supervisor's office was on the top floor, glassed and over looking the large sitting room. There were no corridors and except for the outside doors, no other doors were locked. The supervisor's office was locked only when no one was in because of the medications.

The large sitting room was furnished with good quality furniture and the floor was tiled. There were four dormitories with brown frame metal beds like those in the nurses' residence and the windows had colourful drapes. There were toilets, bathrooms, linen closets and patients clothes closets.

A short stair led to the lower floor with a large dining room and a well equipped kitchen. There was a rectangular work table and well stocked cupboards. The floor was also tiled. The patients prepared the meals and did all the housekeeping. The ward was clean and well kept.

When the housekeeping was completed, the patients sat in the sitting room and did craft work, knitted or crotched, wrote letters, listened to music or just chatted. The nurses had a lot of time to interact with the patients and found that many were unhappy with their lot.

Because of a shortage of staff, a single nurse roused the patients in the morning and supervised breakfast and lunch preparations as well as the housekeeping. She left at 2:00 PM. The ward supervisor left at 4:00 PM.

The afternoon nurse came on at 2:00 PM and with the help of some of the patients she folded laundry, bathed the infirm and supervised the evening meal. At bedtime she gave out the medications.

On Sundays and holidays, many patients were taken out either to church and or a home visit. Some were happy about the outing; others were saddened to have to return.

Ward G

The G-H red brick building, known as the North Unit, was similar to the E-H building but with additional areas. The lower floor had the patients' dining room and well stocked kitchens with hired assistants to help prepare the meals and who also did the housekeeping. There was also a separate dining room for the doctors and supervisors. On

the upper floor were the dormitories, sitting rooms, treatment rooms and a nurse's sick room.

Doctor Johnson, who was the head of the hospital, looked after wards G and H as well as the nurse's sick room. He prescribed and supervised the insulin and electro-shock treatments. Every morning at nine o'clock the patients scheduled for treatment that day where gathered into a small sitting room and waited for Doctor Johnson's rounds.

The patients manifested a variety of symptoms. One patient, whose husband had been accidentally electrocuted, maintained she had electric charges shooting through her body unless she diverted them with newspaper rolls. She placed the rolls under the seat of her her favourite chair and her mattress. She pleaded with the nurses not to remove them when she was having her electro-shock treatment.

Another patient, whose husband had lost his job in the Great Depression and could not support his wife and four children, went into great delusions of grandeur. She did not improve with electro-shock treatments and was commenced with insulin coma treatment. If that did not work, in due course she would be transferred to another suitable ward.

Before the treatments, the patients were taken to the treatment waiting room. There was much interaction between the nurse and the patients who voiced their worries and fears. Upon awakening from the coma after treatment, a patient would look pale and often in her confusion would shout loudly which made those waiting even more fearful.

When the patients recovered enough after the electro-convulsive therapy and could walk unaided, they were returned to the sitting room. There they would wait for lunch. Those that had insulin shock treatment and whose convulsions had ceased were given glucose and left to rest. Generally, those under treatment were lethargic, disgruntled and difficult to get moving.

The patients that were more rational and awaiting treatments were also demanding of attention and consequently there was more communication with them. Many had hospital ground privileges and the nurses were continually letting someone out or into the ward.

There was a catholic patient whose parents, who had found her sleeping with her boyfriend, had her committed to a convent.

She tried to atone for her sins by constant prayer and fasting until she became so withdrawn and developed schizophrenic symptoms. She dogged a nurse's footsteps, begging to see a priest so she could confess her sins before she died. Losing her patients, the nurse ignored her request, telling her she is not about to die.

Late that evening, the patient requested a sleeping pill. The nurse went to the office to check what was prescribed. She unlocked a cabinet only to find it was the wrong one. She walked across the room, unlocked another and concentrated on measuring the medication. Hearing a click of a metal cap on a metal counter, she whirled around to find the patient gulping rubbing alcohol from a bottle. Lunging at her, the nurse knocked the bottle out of the patient's hand and both the nurse and patient tumbled to the floor. Twisting herself free, the nurse rose to her knees to pinion the patient's arms, only to find her limp. Several days later, the patient did not survive her first electro-convulsive treatment.

Night Nurses

Before 10:00 PM the night nurses arrived on the wards for the night shift. After the rounds with the senior nurse a table and a light was set up in the central area of each ward. Throughout the night, a night supervisor toured the wards to check if everything was all tight and to see if the nurses might have fallen asleep.

The night supervisor relieved the ward one nurse at 5:00 AM and sent her to wake u[the nurses for the 6:00 AM shift. With a list of nurses to be on duty and the residence key in hand, the nurse jogged to the back door of the residence. She had to knock on each nurse's door, open it and call out her name until she heard her reply. Sometimes when she came to the residence, a nurse who had spent the night elsewhere, without permission, would be waiting for her colleague to let her in!

Epilogue

In 1942, I was admitted to the nurses sick bay with an undiagnosed illness. My tiredness increased and was treated for a couple of months with aspirin for my debilitating headache. Finally after two lumbar punctures, I was told that I had encephalitis and was advised to forgo the stressful job of nursing. I went home to recuperate. Once well, I went into teaching a supposedly less stressful job. What a laugh!

The End