B: It's June 9, 2005. I'm at the home of Ethel Hill in Crystal River. This is part three of my interview with Mrs. Hill in connection with the Bayfront Centennial. Mrs. Hill, I'm looking at some notes that I've made on our conversation here recently, and wanted to ask you about some specific personalities that you may recall from your years at Bayfront, especially in the years after you came back to Bayfront from having worked up north in Indiana. You mentioned the finance director who came to work at Bayfront when Mr. Swanson came to be the administrator, and the name of that finance director as I have it is Acton Chalu. Is that right?

H: Yes, that's right. Acton was helpful in working with the finances of the nursing department as well as [with] the whole hospital. He also helped us remember how to control our budget so that it would be within balance of what the hospital was able to operate under. He was very helpful with any financial questions you may ask him. He was very influential in helping us with our nursing budget, which is the large part of the budget of a hospital.

B: Is it true that most employees of a hospital are under the nursing department?

H: That's very true.

B: Then most of the materials and supplies that the hospital consumes are actually handled by the nursing staff as well.

H: That's very true, yes.

B: So the nursing department/operation is really a large part of the expense side of running a hospital.

H: Yes, and in order to have a budget you could live by, Mr. Chalu was very good at going over the budget with you–the numbers of people you needed for patient, as well as the supply costs, and whatever else was anticipated in what we would call big-budget purchases.

B: Big ticket items?

H: Yes, big ticket items that we would need in the nursing department for the coming year. He was very good about that.

B: What can you think of that would be a good example of a big ticket purchase for the nursing program?

H: Well, when you decide to change your patient care a little bit. For instance, we had regular sheets we had to tuck in and work with to get them in tight. Then the market came in with what they called fitted sheets. [break in interview] To furnish a whole hospital with fitted sheets would be quite a large expense, and this would be considered a big expenditure for the nursing department.

B: Just out of curiosity, what kinds of numbers are we talking about in terms of sets of sheets for beds. You have to change sheets how often, for example?

H: Usually just once a day, but then there were other patients that needed them changed quite often. It was just a matter of determining how many beds we had and how many sheets we needed to take care of a patient in a twenty-four hour period.

B: How many beds did you actually have to plan for at Bayfront during the second part of your time there, during Ken Swanson's administration for example?

H: Well, you know the patient load varied quite a bit at different times of the year, and when we had an influx of patients, there would be up to five hundred. I don't quite fully remember the number of beds at that period.

B: But several hundred in a full house at any rate.

H: Yes, and that's a big expenditure when you think about that many beds, and that many sheets for the beds.

B: You and Mr. Chalu wound up having to work together pretty closely.

H: Yes, we did work very closely, along with the director of nursing and other people in nursing who were involved with the item that we were looking at. Then in the cardiac department we needed to get monitors and things of that sort, and that's considered a big expenditure. The x-ray department I know has their big expenditures, as well as the lab.

B: The cardiac monitors are the actual bedside monitoring devices that the nursing staff then keeps an eye on to observe the condition of a patient.

H: Right.

B: How many of those did you have? Do you recall?

H: Well, I think we started off with two or three and we kept building it up. I don't know how many they have now, it's quite a big department now.

B: Did the technology change a lot in cardiac monitoring equipment?

H: _____ I'm not real certain, but it did change a lot.

[break in interview]

B: You've mentioned that Mr. Chalu was important in budgeting, and I guess his two

challenges as finance director were trying to keep a lid on costs on one hand, and at the same time, just trying to look around the corner into the future and figure out what kind of needs you were going to be having from day-to-day and week-to-week and month-to-month. Who used to do that before Mr. Chalu? Do you remember any of the people who preceded him?

H: I don't remember as to who did that before Mr. Chalu.

B: You seem to believe that he really made a big difference when he came into that job.

H: I think he was one of the most important people there. Next to Mr. Swanson, he was the most important because he always had his finger on the finances and where we stood and the goals that we were trying to reach, if we were able to reach them monetarily.

B: When you say goals, how would you define your goals? Give an example of a goal that you would try to meet.

H: We had a goal one time of setting up a specialized–well, it was the cardiac unit again. The cardiac unit had to have special kinds of beds, special kinds of equipment, and to set up that department it would take quite a bit of money. You needed to know how much usage there would be for that item and estimate the number of hours it was used [to see] can we afford it, will it pay for itself, or do we have to wait until we have other funds available? By other funds, I mean donations to pay for them. He had to have a lot of expertise in how to make the best use of the money available that could be done.

B: Did he seem to be concerned a lot about having to account for money to the public or to the hospital's board of directors? Was that a theme in his remarks about his problems?

H: Well, I think he was more or less telling Mr. Swanson what was being needed and they were collaborating anyway because you don't just move in and say, we need this; you have to do a lot of background work to be sure that that is the item that you really need and that the best use for that department is to have that. Another thing, it did come in to thought, as to how often it would be used and how often we could realize return on the investment that the hospital made.

B: When you had to buy a specialized piece of equipment like a cardiac monitor or some other expensive piece of machinery, would it be Mr. Chalu who would actually do the research and come up with the buying specifications for it?

H: Yes. Mr. Chalu researched the request as to the cost of a piece of equipment and he did some studies on how often it might be used. He had a lot of expertise.

B: You say that you think his background before he came to Bayfront was as a business accountant, maybe a tax accountant for a corporation up north?

H: Yes.

B: So he wasn't really a healthcare specialist, but he was a finance specialist.

H: Yes.

B: Would you say that you worked with him everyday, or almost everyday?

H: At times of the year I would meet with him most everyday for just brief periods. It would depend on what we were doing, like what budget preparation. I'm sure you've been involved with [that] in someway or another--that you need to have an idea of what figures you can work with to take care of that certain item or that certain procedure that you want to do. How long you needed to use a machine for procedures would enter into how much you would charge for the use of that machine.

B: You were a hospital employee who had the responsibility of making sure that patients got taken care of.

H: Yes.

B: A lot of times, in any business, the financing department people are seen as sort of the enemy. [break in interview] I was saying that sometimes the accountants and the finance department staff sometimes are having a tug-of-war with the people who actually do the work of a business or an institution like a hospital, and I'm wondering if you ever had that kind of a feeling about your relationship with Mr. Chalu and his department. Were you at odds?

H: No. We had, I think, a real good relationship in being able to talk about things and not to feel like the other person was trying to deprive you of having that piece of equipment, or could the hospital afford to give it to you to use. I got along with him very well because it wasn't all give and take–well it was all give and take actually, he'd give a little and I'd take, I'd give a little and he'd take. It was fine. Being together when our goal was to get this piece of equipment for the hospital. [It's] not that they didn't want us to have it, but we had to assure them that this is an item that we would be using, not just something that would be sitting there and saying, oh here it is, who's using it?

B: What kind of personality was Mr. Chalu would you say?

H: Well, I especially liked Mr. Chalu, so I think he was a very nice guy. I never had any problems with Mr. Chalu. He and I got along very well together and I think he

was a real fine man.

B: Was he similar to Mr. Swanson in personality or demeanor?

H: I wouldn't say similar. They complimented each other.

B: I wanted to ask also about some of the other personalities that you recall from this later phase of your work at Bayfront. One interesting name that came up earlier was a laboratory staff person who I understand you became acquainted with, at any rate–the sister to Joseph Waller. For the readers of our interview, Joseph Waller is significant because he was extremely active in St. Petersburg's civil rights movement. Some would characterize Mr. Waller as a radical, and apparently his sister Emma worked with you at Bayfront Medical Center. What do you remember about her?

H: Well, she didn't exactly work with me, but she was on the staff of Bayfront and she worked in the laboratory. I believe that she was very calm, very quiet, very friendly, and cheerful, almost the exact opposite of her brother. I'm sure her and her brother thought maybe basically the same way, but they expressed their opinions in a different ways.

B: Isn't that interesting that siblings turn out to be so different sometimes?

H: Yes, that is very interesting. It was interesting to know–I said, she never talks much, she never says hardly anything, and they said, no, she doesn't because she's not like her brother.

B: Did she use the name Waller?

H: Yes.

B: So she was not married?

H: I don't know about that. No, I guess she's not married if her name is Emma Waller and she was his sister.

B: That doesn't always guarantee anything, but that's probably true. Do you think that anyone ever talked to her from among the staff about her feelings about the civil rights movement or her feelings about her brother's activism?

H: I don't think very many people were aware of the fact that she was his brother because she didn't talk about it at work.

B: Was there anyone on the staff that you remember that you would say really was someone who talked a lot about civil rights, or if you wanted to know about

something going on in the civil rights movement would be someone you would ask about that? In other words, were there any activists?

H: The time I was there I don't think they were very actively engaged in doing very much agitating in the nursing department or even in the hospital that I know of. I think most of their problems at that time was with the city; the garbage workers. The mural that hung in the city hall, which I thought was a stupid kind of situation, they objected to the mural and the reasons they gave for it was in harmony with the time that we went through that. I think they should have just taken the mural down and forgotten it. It was just like, I won't give you a bite of my ice cream because it's mine, and I want a bite of ice cream because it is yours. [I] just want to do away with what you have and I don't want you to have what I have. It just seemed sort of petty.

B: Kind of juvenile.

H: Yeah, it seemed sort of stupid at that time. Now other things that they did fight for, I agree with them.

B: As far as the staff at Bayfront is concerned, those didn't really seem to be big issues during your time there?

H: No, there was no conversation about [that].

B: You mentioned a couple of physicians who were on the staff at the hospital from that period of time. I'll drop a couple of names and ask you what you remember about these people. First of all, Dr. John Thompson, who was he?

H: Dr. John Thompson was in the role of just a neurosurgeon, and he was a conservative man.

B: A conservative man?

H: Right.

B: How do you mean conservative?

H: Well, he would be sure before he started the operation that this is what would help the patient. He wasn't just one to fly in there to see what was going on; he wanted to be sure. I think he was a very excellent man, and I know he was a good practitioner. He had good results as far as I was aware of, following his surgery and his treatment of patients. He retired about the same time I retired, and his reasons for retirement was the insurance cost, because insurance cost for neurosurgeons was going sky-high.

B: He told you this?

H: Yeah. He said, it's not worth the trouble.

B: Do you think he retired earlier than he would have wanted to otherwise because of that?

H: Well, I don't know because he was a very–I don't want to use the word religious man–but he went to the Baptist church very close to the hospital there, and he was a Sunday school teacher, which gives you an idea as to his character. He had a very nice wife. His wife was an OR nurse.

B: That's operating room.

H: [She was an] operating room [nurse] before they got married.

B: Did they meet at Bayfront?

H: I do not know where they met other than she had been an OR nurse. He had high standards. We did set up a wing of the hospital for his patients, and his nurses were specially trained to take care of his patients.

B: Were you involved in supervising those nurses?

H: Yes, I was.

B: So you worked with Dr. Thompson at a level that had more to do than just patient care?

H: Well, we talked about who he would like to have and what he would like to have. He would like to have these nurses educated so that they could better take care of his patients.

B: That's interesting, do you recall anything that he asked for in particular?

H: No, I don't.

B: What would be a characteristic that would be useful to a neurological care nurse, do you think?

H: Well, they were taught more about the reasons why certain symptoms occur, like when you're examining the eye after a head injury how your pupils dilate or contract. [It was] those kinds of things that only doctors usually know about, they would teach them that so that they could more adequately take care of his kind of patients.

B: So he would sort of hand pick people who would work well with patients in his specialty. Did he get involved in helping direct and guide them and train them as well, and supervise them?

H: Yes.

B: Did he seem to get along well with the nursing staff?

H: He did. He got along very well. He was a very quiet-speaking man and he was very nice.

B: Well let's see, I have a name here, a Dr. Sidney Grau. His name has come up before, but I wonder if you recall anything particularly about him, his specialty and any interactions you had.

H: Dr. Sidney Grau was a character, but he was a nice man. He was a very demanding man–I don't know if he was internal medicine or just [a] plain medical man, I can't remember–but he had high standards for nursing care. When he wanted the patient to have their blood pressures taken every four hours, that's what he wanted. If he had any problems in nursing he would give me a call and we would discuss in a friendly way what could be done about it. I found that working with Dr. Grau, if you didn't lose your temper and explode, he wouldn't lose his and explode. So we got along very well. A good example for Dr. Grau was, one time I was talking to him and he was mumbling about insurances–about this time everybody in the medical field was wondering about insurances. I said, well, why don't you retire? Well, I could he says, but what would my office staff do? They depend on me for a living and that's why I continue to be a doctor.

B: Was he serious?

H: Yeah he was serious. He really thought a lot of his staff.

B: That's interesting.

H: I said, well you're a great man Dr. Grau, not many people would do that. He was a nice guy.

B: You mentioned Dr. Thompson and Dr. Grau both complaining about the cost of insurance. I guess this was a common theme among doctors at the time.

H: Yes, it was quite common; it still is I believe a common theme.

B: Oh yeah, it's a big issue, and of course it keeps getting more and more important every year. In the time that you were a nursing supervisor or director at Bayfront Medical Center, when this subject came up to do with insurance and the cost of

insurance, who got the blame for that cost going up all the time?

H: They didn't seem to give any blame–only to the insurance companies being greedy. They didn't place any blame on their coworkers who made mistakes.

B: I guess I wondered whether the attorneys came in for any lambasting as a result of this the way they do now.

H: Not that I remember of, just the insurance companies.

B: Okay, the insurance companies wanted more money.

H: Yep.

B: Well let's see, another name that's come up in conversation here and there has been a Dr. Mason, and I don't have the first name.

H: James.

B: That's the same name as the actor, James Mason. What was his specialty?

H: He was a cardiologist.

B: Was he an important figure on the medical staff at Bayfront?

H: Yes, he was on the medical counsel and the other physicians did listen to him and I'm sure took note of his complaints about the nursing staff and about the hospital.

B: Did Dr. Mason have a lot of complaints?

H: Well, he wanted to run his department. I guess he got the idea from Dr. Thompson having his department, so he wanted his department too.

B: A kingdom.

H: Copycat. [Laughing]

B: I gotcha.

H: But we weren't ready to do it yet in the cardiology department. It was still being organized in the cardiology nursing department.

B: The first official specialty division among the nursing staff responding to a doctor was this neurological nursing unit for Dr. Thompson. Then what I understand

you to say is that Dr. Mason, having observed that, thought that would be a good thing for his cardiology operation on the staff as well.

H: At that time we had a psychiatric unit as well.

B: I see. Had that already been established before the neurological unit?

H: Yes, it had been established before I even arrived there. They had a special area for these patients.

B: Psych is a specialty really–a long time specialty.

H: Yes. I remember, and I can't think of the doctor's name now, [but] he went to see Mr. Swanson.

B: This would be the doctor involved with psych?

H: [Yeah], the one with the psych unit. He came into Mr. Swanson–of course I got called [in because] this was in this two-year interim where I was the acting director of nursing–so I went in and we listened to him. We were sort of agreeing with him and sort of going along with what he wanted. Maybe it's good that I don't remember his name because as we were sitting there, the next thing I know he was crying, this doctor. I asked him why he was crying, was it something we were doing? Then he told us he wanted to run his department as he saw fit. I said, and what do you consider running your department then? He said, well I want to interview my own nurses. I said, well I can't have any problems with that; if you want to interview the nurse from your area, that's okay with me. I'm sure Mr. Swanson won't object. [Mr. Swanson] said, no, whatever. I said, okay, who do you want to interview the nurses? Do you want to delegate that to someone? [He said], well I'll do it to start with, and then I will choose someone in my department to do the interviewing. The funny part of it was, every nurse I would send to them, they accepted. I thought, well, if that's all it takes to keep harmony, so be it.

B: That suggests maybe that it was you who was doing a good job picking out nurses to send over there to be interviewed.

H: Well, but he didn't realize that, and that's okay with me too.

B: Well the psych unit existed and then Dr. Thompson's neurological unit existed, and then Dr. Mason wanted to establish a cardiology unit. Apparently that was controversial because, as you put it to me, the hospital administration didn't feel ready to do that, I guess because of the cost? Is that right?

H: Because of the cost and the fact that there wasn't anyone properly prepared to

run the unit.

B: When you say anyone properly prepared, [what do you mean]?

H: I mean our nurses were still learning how to do cardiology nursing.

B: I see. Did you have such things as cardiac monitors at that point?

H: Yes, we had them, but we were learning the hard way, so we had to send nurses off to learn about this and to bring it back and teach the other nurses what they had learned at this conference or wherever they went to. Then we did send them on some field trips, like we sent them over to Tampa General to look at their cardiology department. It was rather humorous–I went along on that trip–and I said to the Tampa nurses, what would you do to improve your department? They said, burn it down.

B: Really, why?

H: They said, it is not functional the way it is.

B: What was the problem for them?

H: I don't know what their problems were. I had enough of mine; I could hardly listen to theirs. We did get a good idea how to set up a department by going to Tampa General.

B: Had Tampa General had a cardiology unit for a long time?

H: They had one in operation; I don't know how long. That was a fairly new, what would you call it?

B: Sub-specialty?

H: Yeah.

B: About what year was this happening at Bayfront do you think? It was certainly during the 1970s I guess.

H: Yeah, it was in the early part of the 1970s. We did a lot of growth in the time after Mr. Swanson came. That was a lot of growth and a lot of new ideas brought into nursing, as well as into the hospital.

B: Was that because the whole field of medicine was changing a lot at that time, do you think?

H: It was that, and I think because you had an administrator who was willing to listen and who would put into effect what he thought would be effective. It was a cooperation of all departments.

B: Dr. Mason, I think you said he was a member of the medical counsel.

H: Yes.

B: Can you tell me what that medical counsel was? That's not something I'm familiar with.

H: The medical counsel was comprised of the chief-of-staff, the medical staff. The counsel was–I'm not sure I remember correctly what doctors were in the counsel–I think to start with it was the heads of the departments like surgery, medicine, cardiology, urology, psych. All those were represented on the counsel.

B: Was it strictly doctors?

H: Only doctors.

B: There was no one from the nursing staff?

H: The director of nursing was in that.

B: I see. How about the administration?

H: He was always it.

B: What was the purpose of the medical counsel?

H: They brought up problems and discussed problems and what would be good for the hospital. It was pretty much an advisory sort of thing.

B: The final word still always resided with the hospital administrator I guess.

H: Right.

B: When it came time for the decision to be made about Dr. Mason's cardiology unit, was that something that the medical counsel considered?

H: Yes, they did.

B: Did they have a scrap about it?

H: Yeah they did, and we did too. They had the doctors who went along with Dr.

Mason, of course, and they had the doctors who didn't go along with this idea. Our own reason was that we didn't feel adequately prepared to set up the department.

B: Your reason; you're referring to the nursing division.

H: I had my nurses come down to the counsel meeting and tell them why. We asked to be heard at the medical counsel.

B: How did that seem to go?

H: It went very well. I didn't have to say anything. I just made a statement at the beginning saying that each one of the nurses here wants to make a statement. We were sitting like little ducks in a row. They started next to me and they all went down the [row]. The doctors all listened very politely and then we very politely got up and left the meeting.

B: What did the medical counsel decide to recommend?

H: They said to wait until we felt adequately prepared to handle it.

B: Is that what Ken Swanson decided?

H: He went along with that, but he was afraid to make too many definitive statements about it. He had to keep the good will of all the doctors.

B: I understand. The hospital has to attract doctors to come practice there.

H: Yes, and send the patients.

B: And bring patients with them. So there are some delicate politics always going on between the administration and the medical staff. When it comes to the nursing staff, I guess the nursing staff sort of has a role to play in that political equation, right?

H: Yes, the director of nursing is invited to the counsel meeting, but does not have a voting privilege. She is there to answer any questions concerning the nursing department.

B: Would you, for example, occasionally find yourself discussing with Mr. Swanson or Mr. Chalu, I guess it would be mainly Mr. Swanson, these issues that the medical staff might want that he hospital was perhaps either not ready to do, or thought perhaps it was better not to get involved in doing? Would you find yourself trying to help hash out these areas of push and pull between the doctors and the administration?

H: Well first of all, we are responsible to [the] administration to help run the hospital in favor of the patient care. Then from then on you can talk to doctors and ask doctors for help in promoting an issue, and they will sometimes help you and sometimes not, depending on what the issue is. It sort of is a give-and-take between that–you give a little, you get a little. It's not just strictly yes or no.

B: Do you think the medical counsel is pretty influential with the administration? Were they powerful would you say?

H: Yes, I think so. I would say [they were] very influential.

B: Do you recall who the chief of the medical staff was at that time?

H: I know Dr. Baker was for quite a few years, but I'm not sure he was at that time.

B: Let me back up for just a moment and ask you a question about Tampa General. You mentioned going over there with some of your nursing staff to have a look at their cardiology unit and talk with their nursing staff about it. Did you think of Tampa General as being a pioneering hospital with things like that? In other words, on the St. Petersburg side of the bay, did you think of Tampa General as being more cutting edge or more advanced in any ways?

H: Well, I think Tampa General has some departments that are more advanced than any hospitals in our area, and at that time they had gone into cardiac nursing, earlier than we had started. We were anxious to get one going to meet the needs of our community. So we were doing everything we could do to get the department ready to function, like having our nurses educated on what they were doing and why. It's a lot of education you have to do there.

B: Sure.

H: You do have cooperation of the administration to move out into the community where there's things that you can observe and come back and use the best ideas that you have observed while you were there.

B: Let me throw another name out on the table for discussion. Crayton Pruitt; who was he, and what did he do around Bayfront Medical Center?

H: He was chief-of-staff for awhile. He was a surgeon, and I'm not sure if he was a general surgeon, but he was also a thoracic surgeon who did a lot of chest surgery. I don't recall him doing any cardiac surgery at all, but he was a very fine surgeon. If Dr. Pruitt operated on you, you were in fine hands. He was a very accomplished surgeon.

B: Did he get along well with the other doctors? Was he congenial?

H: He was very affable. He was always smiling, he was always shaking hands, he was always patting people on the back and he was very congenial.

B: Was he easy to get along with for the nursing staff as well?

H: Oh yes, the nurses thought he was wonderful. Dr. Pruitt. You almost had to have a guard to get him through those halls.

B: I see.

H: He was very nice to the nursing staff. I've known of him doing nice things for nurses outside of the hospital situation, and helping nurses out. That was still close to the Depression years yet, because the salaries were not too high. A lot of nurses got themselves into some financial problems.

B: We're talking about the 1970s here now, right?

H: Right.

B: You're comparing nursing salaries in the 1970s to . . .

H: They were not too high yet. Not until Swanson came along did I notice–well not until we got away from the city because we couldn't give a raise to a nurse until the city approved. After we got away from the city we were able to raise the salaries in other areas. Nurses are not always too good at managing their own finances.

B: Well, it's not what they're trained to do.

H: No.

B: It seems to me as though, after you returned to St. Petersburg in the late 1960s, a lot of things changed at Bayfront Medical Center. The hospital went private and spun off from the city, Ken Swanson took over as the administrator, medical specialities started to proliferate. You had people wanting to create sub-specialities, even among the nursing staff, the technology changed a lot, you had to spend more to keep nurses happy with their salaries, [and] doctors' insurance costs were going up. It seems like all of a sudden it must have taken a lot more money to run that place than it ever had before. Was it always a struggle for you as you understand it, or for Mr. Chalu to figure out where to get all that money from?

[End of Tape A, Side 1.]

B: You were saying you remember talking to Mr. Chalu about these finances.

H: Yes. To help keep the costs down and yet have up to date premises, like the fitted sheets against the other sheets. We even tried a procedure where you have a beach-sized towel that you dipped in the solution and wrapped the patient in and then massaged them for a bath, instead of a hand bath with soap and water. That was interesting. Patients liked it.

B: I should think so.

H: I don't know whatever happened to that, I think it went the way of all things.

B: It seems interesting. It just must have been more and more of a problem to meet the financial requirements of a big, sophisticated hospital like that, especially if you did what it was that you were saying you were all about trying to do, to keep meeting the needs of the community, which seemed to be changing quite a bit. The more there is that's available in the way of medical skill or practices, the more people want that, right?

H: That's right, you want to go to the best place you can possibly go to take care of what's going on in your life.

B: How did Mr. Chalu and Mr. Swanson go about trying to juggle all that? Did you ever get involved in discussing any of that with them?

H: Yes, we did. Mr. Swanson was a great guy to have meetings [with] and listen to people. He'd have meetings, and it was usually after five o'clock, and we'd sit there talking and talking and talking and talking and talking. My husband would say, was there a telephone in the room? I'd say, yes, And he'd say, well why didn't you call me and tell me you were going to be late? I said, I think you should learn to expect this thing to happen because Mr. Swanson does like to have a lot of input into his thinking so he can think about what to do for the hospital. You know, you do operate on input, you and I, nothing in, nothing out.

B: That's right, the more the better. Those must have been very challenging years.

H: I tell you, it was one of the most interesting times of my life.

B: I should think.

H: I did enjoy working with Mr. Swanson, Mr. Chalu, and with all the doctors. I feel like I had a pretty good rapport with everybody in the institution; most everybody I will say.

B: Okay. Well we've added several names to our discussion of people that were important during that period. Any names that you can think of that you would throw in here now as we're wrapping up for today?

H: I think it's time to wrap up what Ethel Hill thinks.

B: Well, we can think of other things, but I'm going to stop the tape now and say thanks again.

H: Well, I thank you and I do want you to thank those transcribers.

B: You just did.

[End of Interview.]