

AL 172

Interviewee: Virginia Perkins

Interviewer: Faith McCarthy

Date: October 13, 1993

M: I am here at the house of Virginia Perkins and I would like to do an interview with you concerning your life and nursing and your career. Can we start with you giving your full name and address?

P: [My name is] Virginia Perkins. [My address is] 1421 N.E. 20th Avenue, Gainesville.

M: Let us start off with some background. Can you tell me a little bit about growing up around here, and a little bit about your home community?

P: I was born in Montverde, Florida, which is in Lake County, but my family moved to Hawthorne when I was two. And I grew up on a farm north of Hawthorne and went to school at Hawthorne High School. Of course, it is a small community. It is still about the same size that it was, as far as population is concerned. But there are a lot of people living there now in the outskirts of the town and around the lakes that work in Gainesville and live there. I came into nursing school in 1945 here in Gainesville at the Alachua County hospital.

M: Tell me a little bit about your family and your home life.

P: My father was a teacher. He taught agriculture at Hawthorne and Waldo. [Waldo] used to have a school, but they do not anymore.

M: Was it a high school?

P: Yes, it was. And I was one of nine children; there were six boys and three girls. We lived on a farm, and it was very much a working farm. My family believed very much in education; everybody had the chance to go to college. I chose not to, because I wanted to go into the nursing school here. But everybody else in the family did go to college, and that is about it.

M: So as a young girl growing up in the South, it sounds to me like you had quite an opportunity.

P: Oh, yes.

M: Do you think that was particular to your family?

P: I think it was particular to the fact that my father was a teacher and that my mother was probably better educated than most women of the era, too. They

were very educationally minded, and it was just a natural thing for us to want to learn and to go to school. We liked school; it was a big part of our social life. Church, school, and home – that was it.

M: Did you and your brothers and sisters work on the farm?

P: Oh, yes.

M: So that must have been a big part of your life too.

P: Oh, it was. When we would get home from school, we all had chores to do. The boys mostly worked in the fields, although the girls did too. We knew how to, and there were certain things that we did and did not do, [such as] the more strenuous jobs. But we knew how to do them all.

M: [Regarding] your two sisters – did they continue their education?

P: Yes, they did. They were quite a bit older than I was – eight and ten years older than I – so by the time I was in grammar school they had already finished school and gone to college. They both went to the Florida State College for Women in Tallahassee. One graduated with a degree in home economics, and the other went to Florida State for three years, and then went to Johns Hopkins [University, Baltimore] for three more years, and went to nursing school there. So actually it took her six years. And by that time the war had started. So her entire graduating class of doctors and nurses from Johns Hopkins joined the army and formed the 118th general hospital. They were sent to Australia during World War II.

M: Was she a big influence on you in becoming a nurse?

P: I think she was, but not as much as [it would seem]. Even though she was going into nursing – and I knew she was – I had still planned to go to Florida State and study liberal arts. But several things happened that influenced me to go into nursing. One of them was that I became very ill when I was sixteen, and went to the hospital for the first time. I got a taste of what a hospital is really like, and what it is supposed to do. And then when I graduated from high school in 1945 the war was ending, but one of my brothers was killed early in the last year of the war. It seemed to me rather frivolous to go up and study liberal arts when there were so many people that needed medical care. So I thought nursing was a nobler sort of thing to be doing; I could contribute more to the world that way. And so that is what I did.

M: So your choice was to not only go on to nursing, but also to go specifically into the nurse cadet corps?

P: Right. When I decided to go into this, the war was still going on. And there was a lady that came from the hospital, named Margaret Kingman. She came to all of the area schools and talked to the senior girls about going into the nursing program. They were trying to get one started here; they had never had one at Alachua County Hospital. She was also a big influence, because she told us all what it would be like as far as learning [was concerned], and she gave us just a smattering of some of the Latin that we would learn. We did not have an opportunity at Hawthorne to learn Latin. I took two years of Spanish, and that did help me to learn some of the Latin names because the root words were similar. There were three of us who decided that was the thing for us to do. Well, the other two girls, they were unhappy and got homesick and went home. But I was just having a wonderful time, so I stayed. They really got homesick, but I guess I was ready to leave home. I was seventeen, and the timing must have been right for me, because I just took to it like a duck to water.

M: Tell me more about this recruiter.

P: Margaret Kingman was her name. She went on to become one of our instructors. When I was in nursing school, she was our nursing arts instructor. She was a very motivating person, and she knew how to talk to young people to get them interested. I remember one thing she said: "Do you know what is the shortest muscle in the body, with the longest name?" Well, this fascinated me because I am fascinated with words anyway; I always have been. It was the muscle that wrinkles your nose. I do not know if you have ever heard this: levator labium superioris ala nasi. Well, that just fascinated me. I thought, "I can learn Latin. I can learn all of these things and what they mean." Of course, I knew that I could also learn that at the Florida State College for Women, but it would not quite mean the same [thing]. And she was also a very good practical teacher of nursing arts, and we learned a lot from her during our three years in school.

M: I have noticed [that] in the literature about the corps, there is quite a bit of emphasis on the uniforms and what the nurses would look like. It sounds like they try to appeal to young girls, that "you too can be in uniform." Did she discuss that?

P: She went over that very lightly. That was not a highlight or anything, but I do think the image was important. Now, of course the government supplied our uniforms and our books. [They] gave us a place to live at the nurses' home and took care of our laundry and our meals and everything. In fact, they even paid us a small amount per month. I think we worked it up to \$15. [laughter] I honestly cannot remember; it was a small amount. But it was money. [And] we did not need anything. We would spend a little money on frivolous things, but [we did not need it]. And so that took care of that.

We had inspection every morning when we were students. We had to come down to the living room of the nurses' home every morning before we left to be inspected. And we all had to look right. Our uniforms had to be neat, our shoes [had to be] polished, our hair [had to be] in a hair net with our caps on, and the whole deal.

M: So it was very much like being in the military.

P: It was. And of course, you got used to this right away because you knew that if you were going to be inspected, you had better have those shoes shined. And it was a simple thing to me, because when you grow up in a house with nine children you had better take care of yourself and have things organized. So that was nothing to me, but some girls had a terrible time getting it going.

M: What were the consequences if you did not have it [done]?

P: You were sent back, and you got so many demerits. People did not really like to get demerits. I do not know that it would ever lead to anything worse than demerits, but it was not something you wanted.

M: It was probably [just] a shaming device, in front of your peers.

P: I would imagine. People would look at you funny [laughter].

But we knew that if when we graduated we were still at war, we would have been expected to go into the service because we were cadets. That was the object, of course, of training nurses – so they would have a reserve of nurses. As it turned out, the war ended the month before we started our training in September, but we had already been accepted. So they honored the commitment and we did too, even though there was not any obligation to go into service or anything. But we got very good training, I think, and time has proven that we did. We affiliated at Chattahoochee in psychiatry, and at the Children's Hospital in Philadelphia for pediatrics. And we did very well in comparison to the other hospitals represented when we were there. This is, I suppose, how you can really tell. And some of them were long-established nursing schools, so we felt pretty good about how we did.

M: Part of your education then was to take your psychiatric at Chattahoochee?

P: Yes, it was the state mental hospital then; the only one in the state.

M: For how long of a period?

- P: That was three months there, and then three months in Philadelphia. That was during our senior year.
- M: From the literature I have read, towards the end of your senior year you had a choice of staying at your home hospital or going into a federal agency type, like Indian services or a veterans' hospital.
- P: We did not have that. That probably would have been true had the war still been going on, and it was probably true in some other areas, but we did not have that. We did have the choice the last six months of our training period of choosing where we wanted to work if we had completed all of our services. For instance, I was in the operating room at that time, and that was where I chose to stay. I also went to work there after graduation.
- M: Much is made about the accelerated program. It sounds to me like the nursing requirements before the war were about three and one half years, and with war it accelerated the need for nursing. And these programs – the nurse cadet programs – were shortened to three years. Were you aware of this conflict at the time?
- P: No, not really. Two I have to compare are my sister's and mine. Johns Hopkins would accept you if you had three years of college first. I suppose you could call that a pre-nursing type of thing. But their school itself was three years, as my school was three years. They just did not demand that you have three years of college beforehand. And you ended up taking the same type of state board exams. Of course, that was in Maryland and ours were in Florida, but the standards were high in Florida when we took state boards. I never thought of the three years as being accelerated, frankly, because we were there for the entire three years and we had like two weeks off in the summer for vacation. It was not that we took all three months of summer off. If they compared the four-year schools – the B.S. programs – we probably spent more time in a school than most of them did, because we were there all of the time. We were also working; [we were] working and going to classes. But we were not aware of any acceleration then. I would call the two year programs accelerated. As you know, I suppose it is still the same; I suppose they still take the same state boards.
- M: The two-year [program] that is presently being used at community colleges?
- P: Yes.
- M: Back to the recruitment. Was this your first initiation – meeting this woman – or had you seen any of the posters or the pamphlets?
- P: No, I had not seen any of those. Of course, this was my first exposure to any of

that. We were very aware of what was happening as far as the services were concerned. I had four brothers, and two brothers-in-law that were in the service, and my sister [was] as well. So I was very aware of what was happening with troops and movements all over the world. But, as far as recruitment – no, I had not seen anything before that. I was not even aware of it. I had not even thought of it.

M: Now, your family is unusual because of the opportunities that they provided you and your sisters with. But you must have met girls in school that really felt that they were very, very fortunate to get an education like this.

P: Yes. I also met a lot of girls who were not prepared for this kind of study. We started out with actually, I think, about thirty-five girls. I do not even remember exactly how many [there were]; there were so many. But we ended up with twelve graduating. A lot of them dropped out fairly early. It was just harder than they thought it was going to be. It was not hard for me, because learning was something that I enjoyed doing. Of course, reading, I think, is the basis for it all. And if you have learned how to read and comprehend, you can pretty much learn anything if you want to badly enough. So I am probably a good example; out of the three of us that came from Hawthorne, I was the only one that stayed. And it was never hard for me. It was demanding and the hours were long. But as far as the learning part of it [was concerned], that was not hard.

M: Do you know what happened to the two girls? Did you ever keep in touch with them?

P: Yes, I did. One of them married a boy and moved to Gainesville. She died not too long ago. And the other one is still living in Hawthorne. She is still living there. They married and made other types of lives [for themselves] and apparently did not miss nursing at all.

M: From what I have understood about nursing programs in general at this time, the suggestion has been made that they were quite exploitative of the students. [It has been suggested] that students were expected to run the hospitals and that there were not very many graduate nurses on staff. The hospitals depended on the students on staff. Do you have anything to [add]?

P: I think the hospital did, but I think they waited until they felt that they could, with safety. And I think that is the way it turned out. When we were juniors, we worked all shifts; we worked evenings and nights and days and we still had our classes. When we were juniors, we started going on night [shifts] and there were a lot of nights that we would be with a graduate nurse running the floor. But very seldom would you ever be expected to run a floor alone. On the maternity floor, you would have three sections--labor and delivery, postpartum and nursery. You

might be taking care of the nursery, but there would be a R.N. on the floor.

Now, when we were seniors, we ran the floors. We had completed all of our services; it was just finishing up time for us. A lot of times there would be maybe one or two other R.N.s in the house, and there would be the house supervisor for the three floors, and we would be running floors by then. But we were capable of it. I know that in some hospitals [the students] felt that they were being exploited. We did not really feel that way; we were eager for responsibility and – I think – took it very well.

M: When you became a nurse, your older sister had really broken the path. So your family was familiar with the idea of having a nurse in the family. Let me ask you, what was their feeling?

P: That is interesting; that is a good question. My mother was very happy because she had wanted to be a nurse at one time, and it was frowned on. In her youth, ladies did not go into nursing. My father never really got used to it. He worried – not about the reputation or anything – but he just did not want me to have to do that kind of work. He felt that was a lot to ask of me to do that kind of drudgery work – taking care of people that were sick. We had a lot of talks about it, and I told him that I would always have help. And I did. Back then, you did not take care of men patients all by yourself. You had orderlies that would come in and help finish baths and things like this. [They would] bring bedpans in and take them out, and so forth. Later on that changed, but at that particular time he was thinking that was a terrible thing for a seventeen year old girl to have to do, and I had been pretty sheltered at home. So he felt one way, and my mother felt another. So I was exposed to both sides of this. I was so independent, but they raise you to be independent; my folks did. And that is good, because all of us wound up with something that we could do in life to make a living, no matter what happened to everybody else. Which, I think if you really think about it, to raise your children to be self-sufficient is all you can really hope for. But that is a good question. It was frowned upon by a lot of fathers.

M: Do you think your sister experienced the same response?

P: I think she did, but I think she eased into it because of the three years at Florida State first.

M: She was not a seventeen year old.

P: That is right; she was not. She was – by that time – older. Of course, Johns Hopkins was a very prestigious nursing school – then and now. And so this was an unknown quantity here; we did not know what this was going to turn out to be. Of course, I never worried about it, but I am sure that my father and mother did.

M: Was his main complaint that it was an unladylike profession?

P: No, [his complaint was] that it was degrading to a young girl to have to do this sort of thing. [His complaint was that it was] more degrading than anything else. Because he knew me well enough to know that, as far as reputation was concerned, what I would do would be much more important than what someone thought I would do. But he thought it was a degrading thing for me to have to do.

M: What about your friends? Were they surprised when you made this decision?

P: No, they really were not. A lot of them thought about it very carefully before they decided not to. They had already decided on some other course. There were not that many, either. In my graduating class from Hawthorne, I think there were only about fourteen of us.

M: Fourteen girls?

P: People [laughter]. So, there were really not that many. Three out of that size of a class was a pretty good percentage to come and start.

M: Out of fourteen, how many were women?

P: There were more girls than there were boys. I think there were four or five boys, so there were nine or ten girls. Some of the boys had already gone into the service. There was one that came back for graduation in his navy uniform.

M: Now, had you met your future husband at this point? Was he a part of this decision at all?

P: No, he was not. He was part of the experience when I was in nursing school. His mother was a nurse that worked at the hospital there, and she worked night duty. One of the busiest floors – the medical surgical floor – was the second floor. When we went on night duty, we learned so much then because there was still a lot to do and there was less staff. So you learned more responsibility. You also learned how to do specific procedures, such as starting I.V.s and catheterizations. We learned these on day [shifts] but you had a lot more of them to do [on night shifts] and you got better at it. But I think the one thing that I enjoyed the most was the practice I got doing the I.V.s. And she [my mother-in-law] was one of my teachers there and was very helpful. She sort of had picked me out to meet her son when he came back from the service, which was in 1946, when I was a freshman. We met, and I had not intended to meet anybody, or to get interested in anybody at all, because I was all education-minded. In fact, I probably would have gone on to get a B.S. degree after that had I not decided to

marry. But anyway, that took care of that. We were engaged for two years and got married the first Sunday after I graduated from nursing school.

M: Tell me a little bit about the application process. Once you decided to join the cadet nurse program at Alachua General Hospital you had to go through the application. Tell me what that was about.

P: I really do not remember that much about it. It must have been fairly simple, because we were told to report to the hospital on a certain day in September and we were shown our rooms in the nurses' home. I do not remember anything at all about the paperwork, so it must have been fairly simple and straightforward. I am sure that we had been thoroughly checked out by the powers that be, before we ever got there to that point. But we were all put on the third floor of the nurses home. It was a three-story building, and we were put on the third floor because we were all freshmen. And down on the second floor were some of the nurses that worked at the hospital. And the director of nurses lived on the first floor along with the superintendent. It was all women who were concerned with working at the hospital.

M: What were some of the restrictions to the program?

P: You could not be married. You had to be in at a certain time every night and from 7:00 P.M. to 8:30 you had to be in your room studying. From 8:30 to 10:00 you could go out, but you had to be in your room, ready for bed, at 10:00. Later on we got more privileges; we got weekend privileges where we could be out until 12:00. Or, we could get a pass to go home for certain weekends. But it was a definite routine and you had to be down in the living room for inspection every morning at 6:15, to breakfast at 6:30, and on the floors at 7:00. So it was very well regimented. I thought it was very interesting that they established study hours. Now, of course, you cannot make anybody study, but you can say that they have to be in their room and [they have to be] quiet. So if they are going to study, that is the time to do it. A lot of the girls thought it was a very restrictive life. It was not to me, because I had already been [in that kind of life]. [laughter] That was more freedom than I had ever had anyway. You work on the farm and you have supper and you do your homework and [you] go to bed. So that was more freedom than I had ever had. It was quite nice for me; I enjoyed it.

M: Now, you were seventeen. Was there an age restriction?

P: I do not know that there was any written age restriction. Most of the girls were seventeen or eighteen. There were two ladies in our group who were in their thirties. One was a widow and the other was still married, but her husband was quite old. They were still in their thirties, but still fairly young. We would consider them young now. So I do not really know the restrictions. I think it was more a

matter of you had to have graduated from high school.

M: You had to have a high school diploma.

P: Yes. And I assume they figured that if you got that, you had to be a certain age.

M: It is curious that the woman was married, because that was a restriction: that you could not be married.

P: But she was not living with her husband; she lived in the nurses' home. Now later they allowed some that were married and lived outside of the nurses home to come into the school. Of course, they had not only the hospital's restrictions to go by, but [they] also [had] the cadet program's restrictions. And I do not know which was which really, because I never delved into it.

M: When I look at the pictures of the program, it is striking that there are no people of color in there; there are no blacks. Can you tell me a little bit about that?

P: That is true. Everything was pretty well segregated still then. The schools were still segregated. Hawthorne, for instance, had a school for blacks and a school for whites. And the hospital itself was segregated; there was one separate section for all black patients. This lasted for quite a few years after that. When we built the new hospital and moved into it in 1960, the O.B. [obstetrics] department was where you noticed this the most. Well, all of the departments were integrated in the new hospital.

M: What year was this?

P: We moved into it in 1960, I believe it was. It may have been late 1959, but it was around that period. But the O.B. department in the new hospital had eight private labor rooms, and then the delivery rooms and nursery and everything. But it was all integrated, which was much easier for the nurses, because in the old hospital the annex, or the department that had the black patients, was on the first floor. Our O.B. department was on the third floor. So getting the patient from the first floor to the third floor at exactly the right moment for delivery [was difficult]. As you can imagine, it did not always work out. We sometimes got them up there too early, and we sometimes did not have a chance of getting them there at all.

M: So you had babies delivered along the way?

P: That is right. Babies in the elevators, and in the hallways. I have helped with some of both. But it was much simpler taking care of patients after integration. But of course, it was viewed with a lot of different types of viewpoints then. There were some nurses who said, "Well, I've enjoyed working here; I won't be

here anymore." There were others that realized this was a coming thing, and that we could make it harder, or we could make it easier for everybody. I was one of those. You could obviously see it coming, and you could also see the benefits from this, because of just some of the things that I have told. And the sicker patients need the best nursing care. You cannot do that if you have got everybody – babies, mothers, severe illnesses, traumas – lumped in one area. And it took people time to get used to this – both sides of the question. It took them time to get used to the change.

M: So the patients were segregated. Was the staff segregated? Could a black nurse work with a white person?

P: No, staff was segregated too. We as students worked in the annex. But the black nurses did not work on the white floors. We learned a lot working in the annex because we got such a variety of cases there. We also learned how to make do with managing all of these differences. You could go to the second floor and it was white medical/surgical. You could go to the third floor and it was white maternity. That is different from going to one section and having every kind of ailment that the hospital takes care of.

M: Was the annex – the black floor – supplied equally?

P: Yes, it was. But of course – here is another thing, too, that you might not ordinarily think about – there were not as many private rooms there because you had a big men's ward and a big women's ward, and a maternity ward with everything. You had to have some private rooms because of people who needed isolation. But the old hospital was not air conditioned and it was hot everywhere. But I think it was hotter in not only the annex, but the other end of the same floor, which was white. There was the first floor white, and then the annex, which was also on the same floor. So the heat would sometimes become intense everywhere, and if you had to be in isolation and you were the nurse to take care of that isolation, being in that gown and mask and everything, you could get very hot.

M: I suppose that at this time (you had grown up with this in Hawthorne), having a segregated system was just accepted; you did not question it.

P: Yes, it was natural, because I had grown up with it. I never questioned it really, because I had been used to it. Yes, you are right.

M: You talked about a black nurse that worked on the annex floor. I suppose [that] not all of the nurses lived in the nurses' quarters.

P: Oh no, most of them did not. The nurses' home was only for those who did not

have homes or apartments. And there was another place across the street that they had where some of the single nurses lived before the nurses' home was completed. But most of the nurses were people who lived in the community, were married, had families, and, of course, had places to live. Some were from nearby towns. My first husband's mother, for instance, lived in McIntosh, and drove in every night, and [drove] back home in the morning. And they came from other small towns around. But [it was] just the ones that were single and did not have homes of their own, that lived in the nurses' home.

M: Do you remember the name of the black nurse?

P: Yes, that was Florence Woods. She was very good. We all knew Florence. We worked with Florence and she worked with us. She was a very good teacher also. And we had a good relationship with her.

M: And she lived off the hospital grounds with a family?

P: Yes.

M: Can you think of any negative aspects to your nursing education?

P: Actually, I cannot. I am probably an optimist by nature, so I tend to look at the brighter side of things. It was very difficult sometimes to work all night and then go to class the next morning. But after we started getting patients, even the girls who were working days would go to the floors, and we would have perhaps ten patients to take care of from 7:00 until 10:00 in the morning. And by the time we left to go to classes at 10:00 they [patients] would be bathed, their beds would be made, they would have whatever treatments we were supposed to give them. So you learned to organize your work that way. And for a junior student to do this, or even before you were a junior, you had to learn to organize. And this really paid off as we came into more responsibilities.

It was kind of hard sometimes to stay awake in classes; that would be one of the negative aspects. I went to sleep in class several times in Chattahoochee because we worked 3:00 [a.m.]-11:00 [p.m.] or 11:00 [p.m.]-7:00 [a.m.] a lot; I worked a lot of night duty there. And you would go directly from breakfast to classes. It was just difficult to stay awake until you could get off and go to bed. So yes, that would be a negative [aspect] – you would get tired.

[End side A1]

M: Can you think of any conflicts that were going on in your program? It sounds like you got a lot of support from your supervisors, from the doctors, and from the hospital administration. But can you think of any aspect that was a problem?

P: I really cannot. I think the hospital was so glad to have us for several reasons. When you have students you have to have the highest standards you can get in the hospital for them to learn. And it also helped the nurses that were already there, because they had to know what our instructors had been teaching us, and what they expected us to do on the floor to cooperate with them. And the doctors were tickled because when we gave complete care we gave *complete* care. We would give A.M. care in the morning and have them ready for breakfast. And then we would give them baths and everybody got back rubs. Those little things that nurses – by and large – do not have time to do anymore, and probably have not for a long time. But we wanted to give excellent care, we were expected to, and we did. And so I think any negative things were far outweighed by the positive things.

M: Now, what year did you graduate?

P: 1948.

M: And what did you do? Tell me how that went.

P: I had been working in the operating room. After graduation they hired me as a graduate nurse in the operating room because that is where I wanted to stay. We graduated in June of 1948 and we did not take state boards until December. So we were graduate nurses until after we took the boards and passed. That was interesting too. I suppose these things change as time goes by and things evolve, but we went to Jacksonville for two days. We stayed at a hotel there and took our state boards exams. And there were a lot of essay questions then and fill-ins and true and false – much more of that than there was of multiple choice. You had to know specifically what to answer in a lot of cases, which was fine with us, because that is what we had been doing for three years anyway. And we all did pass the state boards, which was another test of the school. All of us passed, and that showed everybody that we must have been doing something right. And most of the girls went to work in the departments that they had chosen because we had all proven ourselves wherever we worked – particularly in our senior year – because we had been given a lot of responsibility and we took a lot [of responsibility].

M: Would you say the majority of your co-nursing students stayed at the hospital?

P: Yes, I would say so. There were a few – one or two – who married and moved away or something. But the majority of them went to work right there.

M: It sounds to me like you had quite a bit of camaraderie. You said twelve of you graduated?

P: Yes, we did. We were very close. We were like a whole bunch of sisters, really. We [even] borrowed each other's clothes. And on each floor we had a little kitchen where we could kind of gather and have coffee or hot chocolate, or whatever. It sounds very innocent and it was, because there was not really anything in which we could get into trouble with back then. And we had a laundry room. It was like a big sorority house, really. We had a house mother who tried her very best to keep us in line, and [she] did [a] pretty good [job].

I had a habit of coming in late after I started going with my future husband. We had a terrible time saying goodnight, so the house mother would be waiting for me and would be sure that I did not get locked out every night. She would say, "You have got to start coming in earlier." [And I would say], "Yes Ma'am, I will."

M: What was her name?

P: Zella Avon Dew.

M: Was she a nurse?

P: No, she was a southern lady of the prototype southern ladies. She had never married. She had beautiful grey hair. And she was very dainty and sweet. If you dreamed up a house mother, this would be it. She never fussed at anybody, and never really raised her voice. There were one or two other house mothers before [her], but she was the one I remember best because she was the one [about whom] I really felt, "Now this is the house mother. I have found the house mother." [laughter] I am sure she lost her patience with me a couple of times, because I would come running in right at 10:00, right when she went to lock the door. And she would wait there and give me that exasperated look. But we got through it.

M: Was there a staff to take care of the students, like cooks or anything?

P: We ate all of our meals at the hospital; there was a cafeteria there for visitors and doctors and so forth. And yes, they did take care of us. They took special care of us. Diet kitchen was one of our rotations, and we went through there. That was probably where I worked the hardest. That was like twelve and thirteen hour days, because you did special diets. It was just hard work. And I still love to cook, even though I sometimes wonder why, because I worked myself to death in that place. Yes, that was probably the hardest work that we did – mostly because of standing on your feet for so long.

But when we would go in there to eat any meal, all of the cooks and the servers and everybody on the line – it was cafeteria style – would just give us extra stuff.

I mean, let us face it: we were everybody's pets. Here we were in a town that had a men's university – it was not coed yet. And the men were coming back from the service. A lot of them were going to college who had never thought that they would go, because they were on the G.I. Bill. And it was a small town; basically, the town was the University. They had never had student nurses here before, so we were giving extra care to the patients to learn how to do it. But it was a benefit for the patients, too. The ratio of student nurses to men students at the University was just astounding. We did not lack for invitations to go places.

M: What sort of invitations would you [receive]?

P: Oh, [we would receive invitations] to dances and football games and the military ball at different fraternities and to the movies – anyplace we wanted to go, or anyplace we could go. We did not have very much free time, but we were allowed special dispensation for different things: for dances and the homecoming weekends, and stuff like that.

M: Would you go with a group?

P: Sometimes, but not always. We had a lot of boys that would come by the nurses' home and pick girls up, just to take them out for an hour. They would go out and get a soda. Sandwich Park – one of the little restaurants – was right down the street from there. And then Piggy Park was another one that the people liked to go to. They would go out and get a hamburger and french fries, or something.

M: So the boys would just come by for some female company?

P: They would, and they would call for dates. Some of the girls met their future husbands this way. I met mine through his mother but there are others that I met this way that could have become husbands, had I not found this other fellow. But frankly, we pretty well had it made, socially.

The only thing we lacked was time to develop it.

M: What were the students' relationships with the doctors? You say there were not very many?

P: Yes. That is a very good question. We came along in an era when the doctors were treated with the utmost respect. When a doctor came into the nurses' station, you stood up and offered the doctor your chair. It was "yes sir" and "no sir," and we were very formal. But, of course, we also got very close to them. They treated us like daughters – they really did. The government had taken over

our health care as part of the program, but of course the local doctors were the ones who implemented it. And we were taken care of royally. There were several of us who had to have surgeries; I had to have a tonsillectomy and an appendectomy while I was in nursing school, and so did some of the other girls. And we got the very best of medical care. They actually did treat us like daughters. They would give us parties; we had parties given for us at graduation. They were always doing something special for us. It was a very good relationship.

M: I guess for a seventeen or eighteen year old girl, and her first time away from home, that really felt good.

P: Yes, it did. The school itself went to great pains to take care of our other growth as well. For instance, we had a softball team (you have seen pictures), [we had] a basketball team, we played sports and we had a very good chorus. We had a teacher who came in and taught chorus once a week, and we put on programs for different things.

We had religious meetings once a week of different denominations. Preacher Gordon was the Presbyterian minister here. He was there probably the most often, because he practically lived around the corner from the hospital. And he was there a lot. But others were invited in too.

They tried to take care of every aspect of our lives, just as if we were at home or in a college someplace. And I think they did a very good job of it.

M: From what I have read, some of the schools were unable to provide recreation.

P: Yes, we were very lucky. We had a good time.

M: It seems like you developed a close relationship with your roommate that has continued over the years. Tell me a little bit about that. With your sisters being older, it must have felt like another [sister].

P: I enjoyed that a lot because I had never been around that many girls my age, or been that close with them. My roommate was from Cross City, from Dixie County. She was a little bit older than I was – by just a few months. But she was older in other ways than I was, because she had worked outside of the home. She had worked in a drugstore, and she had also been a page at the legislature one session. So she knew a lot more about the world than I did.

M: You might have looked at her as being sophisticated.

P: Oh, I did; I thought she was terribly sophisticated. And she was, compared to me. We were roommates for the three years. And then I married, and she went

on to work. She went to Duke and took some more courses. She later married.

M: What is her name?

P: Her name is Faye Thomas. Her name was Faye Green when she was in nursing school. We sort of lost contact with each other for a few years, because my husband and I moved away. We moved to Tampa and Orlando, and then back. And she moved away also and then came back. And the strange thing is that we are now living within a mile of each other [laughter]. It is just about a mile from my house to where she lives. And we got back in contact with each other to write this book about Dr. W. C. Thomas, Sr. And we worked very closely on that for two years. We got it published in 1991, and we still keep in contact with each other. So it is really strange, for this many years, for us to still keep in touch and be as close as we are.

M: Yes, it says something about the bond that was formed.

P: Yes, and [there is a bond with] the other girls in the class – in fact the other girls in the school. We have had a couple of reunions of the alumni and it is amazing how many you can contact and how many will come. Some of our number have died of course, and some have moved away to we-do-not-know-where, but a lot of them are still around. See, I do not know if you know about this or not, but the school only lasted until 1957. 1957 was the last graduating class.

M: And then the University of Florida took over the program?

P: Yes. The University of Florida opened its nursing program and then [Santa Fe] Community College opened its nursing program. So there would have been a lot of overlapping.

M: Was that a coordinated effort?

P: I really do not know. From my viewpoint, it looked like it was coordinated. But it might have just been that the powers that be were cognizant of what was happening and thought this was the prudent thing to do – I do not know.

M: When you graduated, you went to work at the same hospital – Alachua General. And you continued to work as a nurse for how long?

P: I started there as a graduate in June. I left the following June because by that time I was expecting my first child. And she was born in October of the following year. So in July it seemed like it was the time to quit, because it was beginning to get hard to be on my feet to scrub for surgeries. But I went back from time to time and worked. I worked some private duty, I worked in labor and delivery some. I could not be on call and run out in the middle of the night anymore

because of the baby, but I did work in different capacities there. I floated some. And then we moved away in 1952. So from 1952 to 1957 we lived in Tampa and Orlando. But I came back in 1957 and I went back to work full time.

M: When you lived in Tampa and Orlando, did you work as a nurse?

P: I worked in Orlando; I worked at Orange Memorial in Orlando. I loved it. It was good work. I did not in Tampa, because I had another child while we were there. But when we came back in 1957 I went back to work, and I worked there until I retired in 1978. I was only going to go back for a couple of years and I stayed twenty-one.

M: Tell me a little bit about your marriage and your family.

P: My first husband and I were married for about twenty-four years. We had five children. He died of cancer of the colon. We had twins in the five. And my twin son was killed three years after that. He was killed in the army; he was in Germany. It was an accident.

I remarried after three years to my present husband. He has three children and I have the four now, so together we have seven.

M: And two of your daughters went on to become nurses?

P: Yes, my first two daughters – my oldest daughter and my middle daughter – both became R.N.s and both work in I.C.U.s [intensive care units]. One is working at Alachua General in the medical I.C.U. still, and one is working in Starke, at Bradford Hospital. She works I.C.U. and the emergency room.

M: How many girls did you have?

P: I had three girls and I have the one son left.

M: And your third daughter is [what]?

P: She is a coach at Gainesville High School. Right now she is enjoying an unbeaten season with her volleyball team [laughter].

M: Do you think you influenced your daughters to become nurses?

P: Yes, I think so. For one thing, both of them went into nursing after they were married. They did not go straight from high school into this. One daughter went to Florida State University, and met her future husband there. She was going into the nursing program there, but since she married and they moved back here,

she went into the two year program at the community college. And then the other daughter went into the community college program also, and graduated. And they have both taken extra courses in critical care nursing. I think I was an influence.

Also, my other sister – the sister who did not go into nursing – was a teacher. And my father being a teacher, I think that influenced my youngest daughter to go into teaching.

M: You retired from nursing. Tell me about this book.

P: I retired from nursing in 1978, and for a few years I just went around doing all of the things I had not had time to think about doing before. And I had always wanted to write. I have written some short stories and different things, and it occurred to me that nobody had ever written a book about Dr. W. C. Thomas, Sr. He was a man who was like a pioneer in the medical field in this area. He delivered 8,000 babies and was in practice here for forty-eight years. That is a long time. And he took care of a lot of people. So my former roommate and I got together and decided we would write a book about him. We went around to a lot of different people who had known him, and did over fifty interviews. From those we made chapters in the book of personal experiences they had with him – from their viewpoint. We got it published in 1991, which was the one hundredth anniversary of his birth, and we are very proud of it. We think it is a good picture of him. You will never get a complete picture of him; he was too complex for that. But we enjoyed doing it very much and we think that at least it is a lot of the things that people can look back on and read later and say, "Oh, this is what he was like. This is what happened." It is a history of Gainesville too, of course, because in telling your experiences with him you have to tell the history of what was happening at the time.

M: Tell me what you think about nursing now. You hear stories from your daughters.

P: I think it is significant that they are both in specialized care. Nursing – as we knew it – has ceased to exist for quite a while now. In order to find any kind of satisfaction in doing a job well, you have to be – I think – in a specialized area. Because in I.C.U.s you get patient care – close patient contact. You get to see them come in very sick and – hopefully – go out much better. And you are in on a lot of life and death situations. I think it is unfortunate that the general floor duty is not what it used to be; that paperwork and administrative duties cut into so much of the time to spend with patients. I think it is an interesting commentary that the graduates of Johns Hopkins, which used to be – and still is – a prestigious school of nursing, do not even go into bedside nursing at all. They go into administrative positions straight from the hospital school of nursing. This seems like a great waste to me. I would think you could go to any

university or college in the world and learn administration. But you cannot go to any one and learn nursing. And I think that is really too bad.

M: What changes do you think are going to happen with the new health care moving towards a nationalized system? Do you think nurses will take a more active role?

P: It is hard to tell. So much is unknown, but I think that they will have to. Because I think nurses will have to assume a lot more responsible roles; they already are. [They have to deal with roles] like home care and visiting nurses, and the different aspects of that, and hospice-type care. I think the doctors are not going to know exactly what is going to be expected of them for a while. And we are going to have to kind of keep things going until we can find our footing again. I say "we" as nurses. I will not be doing it, but somebody will. That is a simplistic view, I realize that, but there are so many unknowns right now and it is a big upheaval.

M: Well I think we have covered quite a bit, and I really appreciate this. Thank you very much.

P: You are so welcome. I have enjoyed it; this has been fun.