

Westman Oral History Collection**Interview Date: 1981-04-21****Interviewer: Shirley Hunt****Interviewee: Jean Lyall****Location: Kenton, Manitoba****Transcriber: Brianna Workman****Date Transcribed: 2014-09-24****Recording Format: digital mp3****Length of Recording: 00:36:37**

00:00:05: [Tape shuffling]

00:00:17

Answer: General Hospital. [unclear] 29, I graduated in 1932, and there was a class of 32 of us, and it'll be 50 years next year when we have our reunion. And I worked in Regina for two years. I went out to Lampman, Saskatchewan, that's near Estevan and I worked until the summer of '35 when I returned to Oak Lake, to my home.

Question: Did you work in uh... in a hospital?

Answer: Yes, I worked in a hospital, both hospitals. Lampman was a small hospital and we were, there was about three or four nurses there and we were really on 24 hour duty if an operation case come in or a maternity case. And that's where I did got a lot of experience in operating room technique. And from there I came home and I started to work for Dr. Yule [?] country nursing. And Dr. Yule [?] lived in Kenton. In the summer of 1935 and uh... when Dr. Yule [?] as the doctor before him, Dr. Tisdale did most of their operating all the maternity cases were in the home, uh... unless it was a very big operation such as gallbladder or gastric ultra something like that they were done in the home. We prepared the home for an operation. I tried to go the night before unless it was an emergency and got a room ready. We, the room we did the operating in, uh...was the room with the most light and always on the floor the patient was going to be on. We took down the curtains and all the pictures, moved out what furniture we could and any upholstered furniture was covered with sheets. The windows were dusted, the walls were dusted. Dr. Yule [?] brought his own sterile equipment like gowns and swabs, and everything like that. He done his own [unclear], and he brought his operating table, and we borrowed the instruments. And there was either 2 doctors and a nurse or 2 nurses and a doctor. Dr. Hudson helped uh...when he could from Hamiota. And when he couldn't, Ms. Patty Perrin [?] from Lenore, Virden District would be, she helped us. And uh...when there was 2 nurses, I assisted Dr. Yule [?] in operating. When there was 2 doctors I gave the anesthetic. And we never lost a patient [laughs]. There was, we never had any infection. Some of the patients had ruptured appendix, and we had no antibiotics, we had no penicillin or sulfa when we started. We depended on fermentations, mustard plasters. If they had high fevers, alcohol or ice cold baths to get their temperatures down. [papers shuffling]. And uh... I usually slept in the room the patient was in, so I was on 24 hour duty. Uh...I think it was five dollars a day I got if it was a welfare case and if the municipality was helping them it was three dollars a day. And uh...sometimes in the homes, especially a maternity case if there was just the mother there I was nurse, cook, bottle

washer, what have you [laughs]. I always did the baby's and the mother's washing regardless. After an operation or maternity case I washed all the linens of the doctor's, and folded them, and put them back in packs ready for him to take back to sterilize. Sometimes, if there was a lady, mother in the home she did the washing for me, but mostly...

Q: Did many of these homes where there [unclear] aunts or, or grandparents, the grandmother or uh...or someone like that to uh...to help with...

A: Not too often. Sometimes they came in for two or three hours a day, but a lot of the times I was on my own. Very often the phone was a mile or half mile away if you wanted the doctor. Dr. Yule [?] was very good of contacting you, he come out nearly every day or phoned or did something if the patient was very ill. But uh...it was... you just made do with everything, uh... I carried a suitcase with me with, well I had an enema equipment, a hot water bottle, and the enema attachment. And at that time a patient stayed in bed till his stitches were out, if it was an operation, that was 8 days and a maternity case was 9 days. Seeing as they didn't get out of bed they had a lot of gas pains and we used the rectal tubes and tried to relieve them of the gas that way. And we carried catheters, hypothermics [?], morphine, kidney basin, forceps. Anything, thermometers, that you think you might need in the home. Very often binders because everything in you bundled up tight, with a [unclear] binder if you had your appendix out, if it was a maternity case you had breast binders on. Uh...I don't...

Q: You carried all this equipment to every home that you had...?

A: Every home I went to because when I left home I just got a call to be in a certain place, I wouldn't know what it was uh...what kind of an operation it was to be. We did uh...appendicitis, hernias, suspensions, repairs, [unclear], or any minor operation was, it was dozens of 'em. And uh...you never knew what you were going into, except a maternity case, you had an idea then because you had an idea when they were going...were due. But other than that you just carried everything with you in case you needed it. And if you didn't ah well good. Sometimes you had to borrow bedpans, every home didn't have one. Dr. Yule [?] usually had one. And he, in the winter time I was usually brought up with my, with my brothers usually brought me up to Kenton. I lived 12 miles south of Kenton. And then from here I'd go with Dr. Yule [?] or whoever I was nursing for would come this far and bring me. And that was the arrangement going home too, bring me to Kenton. And if I had another case coming up in a day or two I would stay at Dr. Yule's [?]. They were very good that way, I had a bed there whenever I wanted. Some of the cases lasted for 6 weeks. Uh...some of them, I know one chap at Lenore, he was a boy 12 years old. We opened him for appendicitis and his appendix had been ruptured for some time. And it meant 24 hours duty and putting fermentations on uh... There was a big family of girls there therefore when I could rest they carried on. But, without all these antibiotics and penicillin he got better! [laughs]

Q: It's amazing what they did do in those days when they didn't have the antibiotics.

A: Yes, and we never lost a patient. The first, I had a little boy 18 months old, he lived uh...on Jim Hudson's place I believe the father worked for Jim Hudson, I can't remember their name. And he had

pneumonia and that was in the late 1930's. And Dr. Yule [?] had just got a sulfa drug, and I had given him sulfa, and we just thought it was a miracle, no mustard plasters. And it, that was the first time we ever had sulfa and we, I never did have penicillin or antibiotics when I nursed.

Q: Did you have many react to uh...that new drug?

A: Yes, quite a few. There was uh...a lot couldn't take it, we gave it with baking soda, we gave it milk and magnesium, we tried to give a quarter of a tablet every half hour, so but, a lot of them just brought it back as soon as they got it down. They just couldn't...and we didn't have any sleeping pills, we didn't have any painkillers other than morphine and codeine. The only other pills that I can ever remember giving very much was, 222's and aspirin. And when we quit codeine, quit giving morphine, we gave them 222's for a night or two and that was it. But, we never had any, any problems. I can't ever remember having any problems.

00:10:02

Q: Do you think the people in those years were more, uh, tolerant of pain than what they are now?

A: No, I don't really think are, they are, because I think now they don't get a chance to say no in the hospital, they get a sleeping pill at night whether they want it or not. And I, we never thought of, when morphine for two or three days and that was it. They just didn't seem to require it, and they slept. There was no infection because you were in the home, and they were used to all the germs in the home. At least that's what I used to put it up to, and there was anybody coming in. And it was easy to say no visitors because I just kept them away from some people! [laughs] But uh, anyway I enjoyed nursing in the country home, because you were right with the family all the time. I don't know, it was just...

Q: Do you think that maybe that made a difference in how your patient got uh, well?

A: Yes, I really do, because uh, I think most of the nurses at that time could do the same, if the patient was worried about something not being don, if they had another youngster or two in the house, worried about them, we'd just take over and they wouldn't have the worries. I know one place I went, uh, I did, baby was born the next day I did two cases of plums and canned corn. [laughs] That's what made them feel that, you know, everything's going all right, they never worried. So I think they were far better off, and it was hard work, we worked 12 hours a day, or 24 hours a day I should say, in the homes. In the hospitals at that time, when you were working there, it was 12 hours a day with 2 hours off, and uh, if you had worked finished, your notes and your, our charts were always the last thing to get done, we did them after our 12 hours was up. We never, we never thought of trying to going off early because we never did. And we had a half a day off a week in the hospital, and we had two weeks a year holidays. And, we got 10 dollars a month when I was working.

Q: That's really something isn't it?

A: That's right, uh, most of the [shuffling papers in background] beds in the home are really low beds and that pretty near breaks a nurses back. And Dr. Yule used to carry four blocks with him and uh, if he didn't, if we didn't need them if I could get the husband, or father to get blocks from the farm and put up the bed to an average height so it was about a hospital height. We didn't use them, we left them in, and uh, it made it so much easier trying to bathe the patient because in those days the patient was bathed once and sometimes twice a day if they were fevered and restless they were bathed, bathed twice a day. If not, every, every morning. And, as you know we rubbed their backs very often. And uh,

in the winter time Dr. Yule [?] used to sometimes drive himself with a team and closed in cutter, and how he packed in all these stuff in it, I don't know, but he have a folding operating table and everything else. Sometimes Dave Kent (?) drove him quite often. And if I went sometimes Yule, Dr. Yule [?] took himself, otherwise it was three was in this closed in cutter with my suitcase and, we were just packed in solid. And it was nothing to be traveling then over fields, we could never go on roads in the winter time because there were snow drifts four and five feet high, and there was never a car went for 5 months in the winter and 40, 45 below zero, you never thought anything of it.

Q: No.

A: For now you'd freeze to death.

Q: Or you think you would.

A: Ya you think you would. But uh, there was never car went from when, about November until end of April, May. Ya, it was hard, very difficult getting around sometimes in the winter time. But uh, in the summer time it wasn't so bad, I'd come up and always go out with Dr. Yule[?]. He had a, his car never went above 50 miles an hour regardless of where he went, some people. At those times, I guess in the thirties it seemed fast. Because people say he used to drive awfully fast, well he never drove above fifty miles an hour, and he was a safe driver. But, those very few patients that we had pass on it was just chronic heart cases, I think I lost about four patients of Dr. Yule's [?]. And uh, they were elderly people, no young people or anything like that. And were people regardless of where they were they wouldn't have got better. It was just one of these things you didn't like doing it. I uh, remember when Reverend Andrew Stron(?) I was with him when he died, and he had a very very bad heart. I can still remember Mrs. Stron(?) saying just before he went, "You'll soon be at peace Andrew." That was just the way, you know, she felt about it. But uh...

Q: Can you recall any what you would call small miracles that might have happened while you were nursing?

A: [Taking a long breath] I don't know about that. I know a lot of the, the boys and the girls that I helped bring into this world, they're doctors and ministers, and nurses, and everything else in that profession now.

Q: Makes you quite proud to think that you...

A: Yes, that's right you're very proud to think well that was one of my babies! I can't recall quite all who were my babies we had so many of them. [laughs]. But uh, I enjoyed it very much anyway I enjoyed home nursing. You just take things in your stride, you never were excited. In the nice weather in the summer time I'd see me walk a half mile, like someone would relieve me to a phone to phone the doctor if something wasn't right. But uh, you just made due if... those days the patient laid flat, on the seventh or eighth day they sat up in bed and you propped pillows behind them or put a chair at the back of them or something to prop them up in bed. People nowadays have no idea I think of what, and they never complained, they, it was always a rest for the women that had a baby to be in bed that length of time.

Q: I imagine it would be...

A: It was, it was just a rest for them. And the children were always good I can't remember having a naughty baby. You know, the mothers breastfed them. They weren't, they were breastfed and that was it, there was no bottle fed babies that I can remember, often unless there was something wrong with the mother which never happened I don't think. But they never thought to put them on that baby in those days. Well, in fact most of them couldn't afford it. There were a lot of people in the dirty thirties that, well they just didn't know where the next nickel was coming from.

Q: What was it like doing operations in the, in the dirty thirties when it was so dusty?

A: Well I was in uh, Regina during that period, and uh, we used to wet sheets and tacked them over the windows so that no dust could come through. And uh, the floor was washed, well it was always washed between operations, but it was really house cleaned between each operation. And the operations were always done early in the morning before the wind got really up too high, it was dreadful. And the windows, all the windows in I think in the hospital had wet towels and things over them to try and keep the dust out. And there was nothing you could do about it, then it was grasshoppers. It just, it just seemed to be at the period I spent in Saskatchewan was just one thing after another. But we coped, and about half of the people we had in the hospital were relief cases, like they were on, on welfare. They just had nothing. But they were ill and they, the hospital had to admit them...

Q: What was uh, Dr. Yule [?] like as a doctor?

A: Oh, I liked him very much. He was very considerate. He had a rough bedside manner but, he was always to me gentle and the patients all liked him because, well he used to be interested in them. Uh, I don't think there was ever a, went by a couple of days without him either coming or phoning when he had a patient. Now the doctors never do that. Never. And in the summer time as soon as holidays started, he and I started and we took out about six or eight pairs of tonsils. I think we went over the whole municipality.

00:20:02

Q: Why did they take the tonsils out?

A: I have no idea. I don't know. [background speaker: it was common practice.] It was common practice even when I was a child it was common practice. We did, we'd go from one home to another and just stay long enough for the, the children to know that they weren't going to bleed and that was it. Then we'd move on to the next one and did it all over again. And we did that pretty near all summer holidays.

Q: It was pretty near always the, uh, five and six year olds, the ones that just started school?

A; Yes they were all youngsters. Some of them [laughs], some of the children were pretty hard to get on the table to hold on because they were just scared of the knife you know. When they'd see the doctor, the doctor, operating table and I seen us do a whole family and leave the mother to cope and out we'd go to the next home.

Q: How did he, he go about, uh, setting up for doing uh tonsils? Did he not have any uh, uh tube that ran out to his car?

A: A suction?

Q: A suction.

A: Uh not in the country he didn't, they were just kind of a tube you would put down you know, we, it suck, sucked it up in the tube, the blood, but now in uh, in town here in the office he had it fixed up that way. But we didn't in the country.

Q: It seems to me he did when he came to our place.

A: Went to your place?

Q: Mhh mmh.

A: I can't remember, we had you know, you know these things you fill the batteries with, well that was something like that only it was you know, it was a small tube and uh, we just squeezed it and when it opened up it just sucked the blood up.

Q: Like a basting tube.

A: That's right, mmh mmh, uhm, but, uh, I don't know, I think a lot of children right now, then just their adenoids and tonsils just came out, I don't know why. I never even questioned it because it was a thing that was done in holiday time, you took out their tonsils. That was it.

Q: [unclear] different eh?

A: Mmh mmh, that's right. I, I can't think that everybody that went because if there was a family of three we took the three of them out. You know, and went on to the next one so...uh, I just can't think that there was any reason only well, when right now you couldn't get them to take it out unless they had to.

Q: No.

A: Which I think, I know my son still got his.

Q: Yes all my children do.

A: Yes, they have them you know, they uh, my son used to have uh, tonsillitis, but they said no his tonsils were alright so they never took them out. Years ago he wouldn't have uh, [unclear] they would've come out in a hurry, but not anymore. Oh they do a lot of things getting the patients out of bed, I think is a wonderful thing. They don't have the gas pains that they had lying in bed. And they, when we'd get a mother out after being in bed nine days, she was so weak from laying there for nine days she'd pretty near faint! And then she'd get up nine days, well we'd leave as soon as she got out of bed, and left that poor mother to cope [unclear] we seemed to do it, I don't know why, how, but we did.

Q: Course, in those days they uh, quite often got a hired girl in, did they not?

A: Some of them had a hired girl, but very few could, could afford it at that time. Uh, there was few of them that had a hired girl, but not too many of them because a lot of the young couples, like there were young couples I nursed that had babies, you know. Their first or second babies, they just, uh, we never thought, I never anything when uh, to nurse if well a mother or sister or neighbour would come in. Uh, I tried to get out of the house for two hours or by myself for two hours every day to just get a break from the patient. Uh, to get outside to get some air because sometimes at night you'd be up all nearly all

night, other times you would sleep all night. But uh, you had to get outside for a couple of hours every day to get away from them. And a lot of the homes you had to wait 'till the evening 'till the husband came in, and then you went out for a walk so... uh, with a pneumonia patient, when we didn't have any anti, antibiotics we either put mustard plasters on their chest every four hours, or put flax seed poultices, linseed poultices, and 222's mostly that's what they were given. And to keep their temperature down, we put cold compresses on their heads, foreheads, probably all day and all night if somebody was there to do it. And if their fever got very high we put alcohol in the water or else ice, and sponge bathed them, and sponged bathed sometimes them two or three times a day to keep their temperatures down. And we had to wait nine days as a rule for the crisis, for pneumonia patients at that time. And uh, we never lost anyone with pneumonia and we had a lot of pneumonia patients. But it meant the nursing care saved the patients, you had to be on your toes, and watch you didn't blister them, and try and keep their temperature down and do what you could because there was no other drugs. And we usually pulled them through they were pretty weak then, the crisis always came in the nine days, as today three or four days with antibiotics and they're up. In those days there was, and we didn't have any electricity to do the steaming they have right now.

Q: How did you do the steaming?

A: Well we just took boiling kettles and put them underneath the, you know, on something. And when that finished steaming we'd bring another one and do the same thing all over again. That was the only thing we could do to give them steam. We covered their head over with a sheet or something to keep the steam in, but it was mostly 222's [unclear], aspirins, and mustard plasters and cold sponge baths that brought them through. It was hard work, but uh, your patient got better and it was worth it. Yes it was.

Q: How did you cope with a premature baby in those days?

A: You fed them with an eyedropper, uh, I fed your sister, your nephew with an eyedropper when he was born. He was only a little wee bit of a thing. He wasn't strong enough to nurse, I always had a breast pump with me, we pumped the patient's breast and fed the babies with eyedroppers, and kept them wrapped up real warm with hot water bottles around. We had no trouble, I don't know why but they all seemed to survive and grow. That was Mildred Hunt's baby. Mildred Campbell's baby, she is now. The oldest one, he was just a little premature, you could almost hold him flat of your hand. But he grew to be a strong man.

Q: You were never in doubts about them when you were handling them?

A: No, never, you never squimish about, I was never squimish and I don't think any of the girls that nursed at that time. It was a premature baby, you knew what to do with it and you did it. If they took more time you had to have a room very warm to oil them, we didn't bath them very much we mostly just oiled them, and kept them wrapped up warm. We didn't seem to have any...if we didn't have any place to put a little baby when they were born, we took a dresser drawer out and put a pillow in the bottom bit, and that was the baby's bed. And it kept the draft of them more or less and kept it...sometimes there was no place for the parent's bed, and I didn't like to do that...'till once in a while I used to have to sleep with the patient because there was no place else. So...but anyway it was very worthwhile, and I can't think that, I can't think that we ever sent a patient...with one patient I know of went to Hamiota, I was nursing for Dr. Yule [?], maybe sent to Brandon...I don't remember, for a big major operation. But everything else was done in the home. I don't know why they took out more appendix then than they do now or not. We seemed to have what, one a week [laughs]. But he had

fairly large territory, he went right down near Oak Lake. And when I wasn't working for Dr. Yule at Kenton, I was nursing to Dr. Creighton(?) at Oak Lake with the understanding that if a case come up for Dr. Yule [?] I was free to leave that case.

End of Clip [1 of 2]

00:30:15

A: And uh, but most of the time I could be there for the first two or three days. Sometimes some of the family could come in and carry on from then. And uh...I know one uh, I had been on different cases of Dr. Yule's [?], and I was taken off that case for a day or so to go and help with another patient of his, an operation so that a nurse could be brought from Virden or some place if there wasn't one in our own district. Then I'd go back to my own case.

Q: Were there many girls that went through for nurses then?

A: Oh yes, quite a few. Uh...there was in the [unclear] district where I went to school there was just two of us. Three went in training, one went in to Brandon and another girl went into Regina with myself and she only stayed three months. She just couldn't take it, or couldn't get thru the exams or some reason she came home. But there was quite a few nurses, but uh and most of them, not most of them but a lot of them did country nursing, because it was the only, hospitals just didn't, weren't, country hospitals weren't equipped to take too many. Hamiota only had about...[unclear background question]. Yes, Hamiota to start with only had about ten patients. And uh...the old hospital...uh...in 1940 I married Thomas Lyall of Kenton District, and I continued working for Dr. Yule [?] until we left in 1941, and then I retired from nursing because we lived on a farm. And I'm going to add some material from, "Proudly We Speak the History of Woodworth Municipality up to 1967." I gathered this material myself. And this is medical and medical health services. "In early years medical care was provided by Dr. Harvey who lived with his family in Northfolk [?] lake, and by Dr. Guest who farmed in the Blair district, and later by Dr. Smokelake [?], Virden and Hamiota. Following the coming of the railway in 1904, Dr. A. F. Anderson became the first resident doctor of Kenton, with Dr. A. Moyer, Dr. J. E. Tisdale, and Dr. R. Yule [?] following him. Lenore was also served by resident doctors Mccurdy [?], Grail [?], Moore [?] for some...for some time. Five years the municipality of Woodworth was out the services of a resident doctor. And upon the advice of Dr. F. W. Jackson, Deputy Minister of Health and Welfare for Manitoba, we advertised for municipal doctor. Dr. W. K Hames [?], who had served the medical course in World War II took up practice in the municipality in September 1946 as a municipal doctor. At their August meeting the council authorized the Reeve and Secretary Treasurer to sign the contract with him. The contract continued until the formation of the Hamiota Medical Group, which included Dr. E [unclear], and Dr. J. E. Hudson of Hamiota, Dr. Hames [?], and Dr. McMillan [?], and the daily municipal doctor. This increased the efficiency of medical services by making a doctor available at all times and for consolation cases. To provide hospitalization for the residents of the Woodworth municipality with surrounding districts, towns, and villages it interested with two modern hospitals. One located in Virden, the other in Hamiota. The Virden district hospital was open on September the 15th, 1952, the Hamiota hospital on December the 6th, 1950. They are being paid by the ventures issued the municipal, municipalities interested, government grants, contributions by individuals, or payment of lump sums. Both hospitals are given efficient service. The Help Act passed in 1945 made it possible to establish local health units, which would provide full-time services of physician as medical health officer, a staff of nurses, and a sanitary inspector. In 1946 the Virden local unit comprised of the ru...rural municipalities of Woodworth, Archie Wallis, Pipestone, Sifton, Albert, Cameron, and the towns of Virden, Oak Lake and Hartney. And the village of Elkhorn joined by the municipalities of Miniota in 1951. Hamiota village and

the rural municipalities of Hamiota and Blanchard in 1954 was established. And nursing substation was set up in Hamiota hospital. Laboratory and X-ray services were provided for the residents by the services of a technician and a consultant radiologist." And that continues up until today. Uh...Dr. Hudson Sr. is passed away, and his son Dr. Ed. Hudson, Dr. Hames[?], and Dr. Lawl[?] are the doctors. And at the present time they're building a nursing home and an extension of a senior citizens home onto the present hospital.

00:36:37

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End of Interview