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**Nurses and Midwives in the State Sector in Galway
1922-1970.**

Volume 2 of 2 (interview transcripts)

Mary Hawkins

A thesis submitted for the award of Doctor of Philosophy

Supervisor Dr. Caitríona Clear

Department of History

School of Humanities

National University of Ireland, Galway

August 2014.

Biographies

1. Maeve K. Trained in the Regional Hospital Galway as a general nurse 1967-1969. Commenced midwifery training 1970 and qualified in 1971.
2. Cathy B. General nurse training in Liverpool 1955-1958, midwifery training in the Coombe, Dublin. Worked in Dublin in various posts. Trained as a Public Health Nurse in 1970, and worked in various Galway districts. (deceased)
3. Sandra H. Trained in 1961 and worked as a public health nurse in Galway (written testimony).
4. Jane A. Trained as a general nurse and midwife in London in the 1940's. Continued to work in London and was promoted to ward sister. Retired in the 1970's and returned to Ireland.
5. Deirdre O'S. Trained in London in 1976. After working for a while as a general staff nurse, decided to do midwifery training in 1979. Returned to Ireland to work in Galway.
6. Nora G. Trained in orthopaedic and general nursing in the late 1940's. Emigrated to England to do her training there shortly after D Day. Returned to Ireland and worked in various nursing jobs in Galway and elsewhere – in tuberculosis/orthopaedic nursing and in the army nursing service.
7. Bridget F. Trained general nursing in St. Vincent's in Dublin 1976-1979.
8. Linda C. Trained in Sir Patrick Dun's as a general nurse between 1963 and 1966. Did part I midwifery training in Aberdeen in 1967 returned to Ireland to work in Galway.

9. Anna O'C. Trained in general nursing in a hospital in the South of England in the late 1960's.
10. Mary (Sr). Nursing nun. Written notes and phone conversation given.
11. Joan W., Mai T. and Eileen R. I interviewed these three nurses together. Joan W trained in London in supplementary and general nursing between 1945 and 1948. She did part 1 training in midwifery and worked as a private nurse. Mai T trained in general nursing and midwifery between 1986 and 1994. She is currently working in Galway. Eileen R trained in general nursing in Galway and proceeded to tuberculosis training in Dublin between 1949 and 1953. She worked in Dublin and Clare and left nursing upon marriage.
12. Carmel N. Trained in general nursing and midwifery in Galway in the late 1940's. Left nursing when she got married.

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Questionnaire used for interviews

1. Date of Birth
2. Brief summary of your nursing career. What year did you start to train as a nurse?
How long did that take? What year did you finish your training? What did you do
after that?
3. Why did you choose nursing as a career?
4. How did you apply to become a nurse? – Interview?
5. Where did you train?
6. What was it like?
7. What uniform did you wear while in training?
8. What did you do after you finished your training?
9. Public Health nursing – Where did you work – what sort of cases did you have – in
general. Uniform?
10. Were you a member of any group – for example the Irish Nurses Organisation, The
Irish Guild of Catholic Nurses?
11. Many people saw nursing as a vocation, what is your opinion on this?
12. In your opinion, how have conditions improved for nurses?

Interview 1.

Q = the person conducting the interview- Mary Hawkins

A= Maeve K

First part – Not recorded. Notes taken by the person conducting the interview Mary Hawkins

First Issue – Nursing as a vocation.

A “ A Vocation is a strong feeling of suitability for a particular career or occupation.”
(Oxford English Dictionary) “ A vocation is required for several occupations eg. Doctors, Nurses, Social Workers and Teachers etc. However a religious vocation is different. Religious take vows of poverty, chastity and obedience. It saddens me that it suits the Department of Health and the Government of the day that nursing is to be promoted as a religious vocation. They adopt this view to keep Nurses’ salary low. They also like the obedience factor, because they can then exploit nurses by overloading them with non nursing duties, while still making them accountable for their professional duties. It upsets me when I hear a spokesperson on the media consciously pretending that nursing is a religious vocation and making the following statements – “Nursing is a vocation.” And that “people do not become nurses for money.” However I have noted that these spokespersons are invariably people who have trained as nurses and have now left the clinical area for positions up the hierarchical ladder, with much better salaries. I deduce from this scenario, that our superiors are happy to be politically correct and I wonder if their motivation is for promotional gain. However in nursing , I feel sometimes it helps to have a strong religious belief. For example, at road traffic accidents sometimes the injuries may be so severe that on these occasions, I had to visualise the injured bodies as that of the body of Christ to help me to continue to do my duty to these people and thus ensure their safe delivery to the Accident and Emergency Department. These horrific accidents occurred in the 1970’s, north of Dundalk.

Career

A : “I work as a Staff Midwife. There would have been 3 or 4 classmates who would have chosen nursing as a career. I did my Leaving Cert in 1966. Teaching and Nursing were the main careers then as they were seen as long time careers. Married nurses were allowed to carry on in a temporary capacity until 65. We were allowed to continue in a temporary not

permanent capacity. Immediately after the Leaving Cert, I joined the Civil Service, but paper work was not my thing. I spent about 6 months in the Civil Service. I worked in Social Welfare and I was seconded to Labour in Gardiner Street. The Dole Office. I liked chatting to people. I started nurse training in May 1967. There was an advertisement for the Regional Hospital, Galway in the paper. I had considered St. Vincents or the Mater but I tried Galway first. I applied straight to Galway. I was called for an interview. The nurse tutor and a professor interviewed me. The professor was very interested in the fact I had honours science in my Leaving Cert. He asked me if I would consider studying science in University. I felt that it would have been costly to go to college (there were no grants) and the maths requirement was very demanding. He asked me if I applied science in modern life. I said I did and I then went on to explain how I cross pollinated geraniums to produce a new type of geranium. I could not explain it in English. I had to explain it in Irish because in secondary school, we had studied science through Irish.”

“In secondary school, Sr. Francis was the person who recommended nursing. She was a nurse. They did encourage us to do nursing – nursing was a career for life. Some girls went into teaching but those who had failed in singing or/and sewing ended up in nursing sometimes. Farmers’ daughters were encouraged to go into nursing. We were not encouraged to become doctors. Your parents had to be wealthy and they (the nuns) felt you would only give up when you got married. Social Science was not promoted. I did not know any social worker. Some people felt that there were better hours in teaching some people saw nursing as ‘too hard’ of work. Other girls went into the civil service, worked as secretaries. Secretaries after the group cert did a commerce/type writing course) There was no business studies as such. We went in to the Civil service (with the leaving cert) as clerical officers. Some girls ... a couple of girls in my class became lab technicians. If you had your Leaving Cert in 1966, you were seen by people as the crème de la crème of students. Some girls with a primary cert went into shop work, some went into hotel work but you only needed a Primary Cert to become a shop worker.”

“While working in the Civil Service I lived in a hostel in Dublin with nuns for a while. We were treated like adults. There were some rules and regulations, for example we had to keep our rooms tidy within reason, but these rules were fairly ok.

I started hospital training on 5 May 1967. Nurse training took 3 years – we were taken in with our parents. We had to live in the nurses’ home. We had to be in every night at 11.30 p.m.

You had to get up at 7.00. Your room had to be very tidy – our dressing table had to be so tidy that we were only allowed a statue of Our Lady on it. We had a very strict regime ... stricter than the hostel I stayed in with the nuns in Dublin.... Stricter than boarding school. We had to be up at 7.00 a.m. We were called by a bell. It was very institutionalised – we ate a small breakfast – you had to have a perfect uniform. It was like the army... you could be inspected. Galway was not as bad as some Dublin hospitals where uniform inspection included lifting up the skirts of nurses to see if they were wearing slippers... they had to wear slippers. But this didn't happen in Galway. But it was military like. We started at 7.30 and finished at 5.30, you had time off for breakfast and lunch... a half an hour I think for each. In first year, we spent some time in the classroom ... maybe 6-8 weeks ... carrying out procedures with life sized dolls. We were shown how to approach patients.. how to talk to patients... Lectures consisted of nursing and ethics of the profession. A priest taught medical ethics. We also learned anatomy and physiology and pharmacology There was a teaching block of 6-8 weeks. We were introduced to the wards, we had to learn how to make beds. We were introduced to the patients and to certain methods – for example how to feed a sick patient under the supervision of a second year nurse. We had to do more menial tasks – a certain amount of cleaning – dusting- dusting lockers and bed tables but nothing else. The majority of patients were ambulant with some helpless patients.

Tape Recording from this point to the end.

Q: So you were talking, there, about duties carried out, so maybe if you would like to read through that again.

A. We went on duty at 7.30 and we took a report on all the patients in the ward from the night nurses and then after the report, we started breakfasts and everybody was served breakfast and helpless patients were fed by the more junior nurses, the student nurses and the attendants. We had an attendant on duty and then after that we proceeded to make beds, tidying lockers and bed tables. Everything had to be meticulously clean, so we had a bit of dusting to do. We helped patients to the bathroom and recording fluid balance charts - how much they took in orally and how much they excreted – just to make sure they were not dehydrated and that they were getting sufficient

fluids. Then we proceeded to observations, temperature, pulse, respiration, and blood pressures. These were done once a day on all the patients. If the patient was running a temperature or if the blood pressure was high or low, it may be recorded four hourly. Sometimes we had unconscious patients, at that time we would have one or two on the ward. They may be as a result of accidents or unconscious because they had a cerebral haemorrhage for example. They had to have neuro obs done – neurological observation on a regular basis, sometimes hourly. Then we proceeded to treat bedsores. There were some patients that were in bed all the time – maybe doubly incontinent and they were changed regularly and their position was changed. Their bedsores were dressed and treated. Most of the patients were allowed to get up and they were helped to get up. Some of them could get up themselves... physiotherapy was encouraged – deep breathing exercises and exercise of their legs.

A “Procedures that were carried out on the ward.”

We did urine testing on all admissions and we administered insulin to diabetic patients. We had a most peculiar method of carrying an ESR out on the ward. Doctors took the bloods and we used to have to suck the blood up into a tube.

Q : Goodness !

A : And read it after an hour and it basically tells you if the patient has a bad infection or not.

Q: Oh Goodness!

A : Yes, we sucked the blood into the tube with our mouths, and tried to avoid getting blood into our mouths. If you were an amateur at it, you could end up with a mouthful of blood. It was set up in graduated tubing and it was left to wait until after an hour. Usually it should be less than ten but in the case of severe infections it could be more. It was done to detect things like tuberculosis and other severe infections. Other procedures done on the ward were

1. catheterisation of female patients. We did this to the female patients and the doctors for some reason catheterised the males even though it was probably more difficult to catheterise the female patients.
2. Passing Ryles tubes and care of patients with Ryles tubes. A Ryles tube is passed down pre surgery down into the stomach or if the patient is bleeding from the stomach, a ryles tube is passed and the contents of the stomach is aspirated on regular basis so the patient wouldn't get sick.
3. We also had cases with tracheotomy tubes and they had to be changed, cleaned and returned.

4. We gave Stoma care to patients with cancer of their bowels they had colostomies and they had bag attached to the stoma. That had to be cared for and the bag changed regularly. Probably most of that work wouldn't have been done in first year by the first year student nurse. The first year nurse would accompany a second year nurse . The first year nurse would have done cleaning of equipment and helping the second year student nurse setting up trays and trollies and accompanying her during it. In surgical wards we had to prepare patients for theatre and escort them to theatre and we returned them to the ward as well. And we had to care of the post op patients after the surgery. The patient was returned to the ward before he was fully recovered as unlike current practice whereby patients are recovered before being returned to the ward. A second year or a third year student nurse would have to go to theatre, for a patient that wasn't fully conscious, and was semi-comatosed. Sometimes the patient would have a blocked airway en route to ward and the nurse would have to deal with that emergency. The nurse would have to clear their airways and give them oxygen before you got he or she back to the ward. It was pretty daunting task at times. On returning to ward, routine post op observations were carried out meticulously. You checked the wound, you made sure they were sufficiently hydrated with plenty of I.V fluids, you made sure their urinary output was adequate. You managed the pain, you managed the blood transfusions, and also you observed that they had no reaction to the blood. Investigations that were carried out by student nurses. They saved samples of sputum, faeces, throat swabs and wound swabs from patients and they sent them to the lab. A third year and a second year student nurse would administer all the drugs. Now, you may be in a ward where you would have 30 to 40 patients and they may be on 3 or 4 different medications each. So you literally went around with a pharmacy of drugs and you gave them out to the patients about three times, I think, during the day and once at night. You were also responsible for the narcotics that were kept on the ward, but, as a student, you didn't have the keys to this cupboard. They were held... the narcotic drugs keys were held by the person in charge of the shift and that was always a staff nurse or a sister.

Q: When you are talking about narcotics, - it's morphine?

A: Morphine and pethidine and all the dangerous drugs really. They were locked in a cupboard and they still are locked in a cupboard within a locked cupboard. They were administered with two – a nurse and a student nurse. A register was kept and each one had to be accounted for. The nurse who administered it and the nurse who checked it, both signed

the register. That register is maintained in the hospital. The student nurses, at night were not allowed to have the narcotics' keys even though there was no sister or nurse - no staff nurse on duty on the ward. You had to call the night sister and tell her we need morphine for a patient and she came up with the morphine to you. She signed for it and checked that you gave it. The other drugs were administered by student nurses. When you look back on it, it was a major responsibility for student nurses. Once you got your exams and became a second year, you were in charge at night, so you actually had to give out the drugs with a student more junior than yourself. Then we had dressings, we shortened and removed surgical drains, we carried out the dressings with an aseptic technique as we do now. That was usually done by one of the staff nurses but with a student who was instructed by her. But the students were the ones who set up the trolley and made sure everything was sterile. That was part of your duties – to make sure all the equipment was sterile. There was no CSSD which is now the Central Sterile Supply. You had all your equipment on the ward and you had to sterilise it yourself. We also admitted patients. We had to check their property and we had to lock away their property into a cupboard. We listed everything they had then we had to lock it away into a cupboard. We discharged patients as well, obviously, and we gave them advice on discharge. In second year, we wrote reports at night, it was mostly the third years that did it during the day. In that era, we had to assist doctors with every procedure they did. Nowadays thankfully they seem to be capable of doing a certain amount on their own. They... the doctors did lumbar punctures, taking bloods, examinations of patients. We had to chaperone doctors just for the sake of having a woman present when they would be examining another woman.

Q: OK

A We carried out ward rounds with doctors. The person in charge, usually went on the ward round. It was usually a Sister or the staff nurse but you may as a third year student also have to go. You would have to document and carry out any changes in treatment, investigations etc. X Ray. Student nurses escorted patients to x ray as well. On the general wards as well, we had care of the dying. You would have to lay them out. When they died, we laid them out and you left them for an hour. Then they were taken to the morgue. We also escorted the priest with Communion and assist him with anointing the sick as well. We gave out the lunches to the patients, again they were fed, they were put back to bed. They were taken up again, they were given their evening meal, patients then were put back to bed. I worked from

7.30 to 5.30, but we also did a split shift – we would come on at 7.30 and we were off at 2.30, or 2 to 5.30 and then we came back at 5.30 and we worked until 8.00.

Q: Would that have been Monday to Sunday?

A: That would be every day. In the middle of routine work, there could be a cardiac respiratory arrest. You would have to spring into action and one nurse would call the doctor, the others would get the equipment sorted out. You might have to take a patient out of a bed if he didn't have a hard mattress or if he didn't have an orthopaedic board under the mattress, and down onto the floor and start resuscitation. We had an emergency team. This team would then take over and administer the drugs and resuscitate the patient. We had other duties, such as ordering supplies. You had to order all the drugs in the ward. Now, all the drugs are ordered by a pharmaceutical technician. Surgical, Laboratory, paper and food stores had to be ordered by nurses. As well as all those duties, you had non-nursing duties. These are mostly what I regard as non-nursing duties – answering telephones and directing visitors. There was no proper receptionist ... there was no person to direct people so you had to show them where to go. I never minded talking to visitors about their relatives from a medical point of view but directing them into whichever bed the patient was at. Portering duties. When you were going with wheelchairs when you didn't need to... it was a porter's duty. Making beds of discharged patients. Cleaning and making up of a bed where there was no patient in the bed. There was obviously no person to look after that so it couldn't be regarded as holistic care. I can appreciate that giving a sick patient clean linen is dealing with a patient holistically... but not making up a bed after a patient has been discharged. That was, I think, mostly what I did, you know.

Q: So then in your final year, you would have had a lot more (responsibility)..

A: In second year then, there was a big change. When we did our exams and we passed them, we put on a blue belt, blue and white. Then we were blue belts. We had to do night duty and we were in charge.

Q: Your uniform for first year was...

Was just a white apron with a white belt and then they changed it to a blue belt so then all of a sudden you became known as a blue belt. You were known as 'Oh, you are a blue belt'. So you took charge at night with a first year and an attendant. You might have several patients,

maybe forty men. That could be pretty horrific because in the middle of the night you could have a patient getting confused and going into DTs' (delirium tremens) ... alcoholic withdrawal. You may not even know that the person was an alcoholic. Trying to get out of the bed, you know. So you were given an awful lot of responsibility for your age. I mean you would be twenty at this stage maybe ... you might be eighteen, nineteen, twenty. You would be in charge of all of these men. Some of them would be diabetic and some of them would be going into comas and all that. Now, OK, you could call the doctor but if you were to go around regularly... that was an onerous task really. They don't have to... students don't have to take that level of responsibility now. In fact, actually, those wards are now manned by two or three staff nurses. We in second year were thrown in at the deep end and we had to have someone on our side so that is maybe how we developed our sixth senses. What I am talking about, basically was medical and surgical wards. We had theatre duties, then. We went into theatres and it was a totally new scene and we would do this in second year going into third year. We had to scrub up for minor surgery.

Q: When you are talking about minor surgery...

A: I'd be talking about things such as an appendicectomy, nothing major. Until you were fairly proficient at scrubbing and the assisting the surgeon with it.

Q: Was there something about sponges in operations... something about counting sponges?

Yes, you would be responsible... If you weren't a scrub nurse, the person who scrubbed assisted the surgeon and more or less was really from minor ops when you were a student.

But there was another member of staff who would make sure that all the swabs were counted. So that the surgeon wouldn't leave any swabs or sponges in situ.

Q: And sponges were used to clean blood ?

A: Clean the cavities, say you would have the abdominal cavity open. They weren't literally sponges, they were soft cloths. And if one of them was left in situ and if the surgeon forgot about it, obviously it would be a major trauma to the patient. It would be a foreign body and the patient could get very sick. So we had a rack in which we had each bundle of sponges.

There was so many in it. I think there were five or ten, I can't remember, but we knew exactly. So we had this rack so one had the responsibility of putting the sponges on the rack and the sponges were counted before the person was closed.

Q: But obviously, nowadays, they have suction and they have..

A: Yes (they have suction) but no, they still use sponges

Q: Oh, do they still use sponges?

A: Yes, well cloths, or sponges as they still call them all the time. Oh they do, still have that system to mop up. They have suction as well, but suction would be more traumatic. If you started suctioning around a bowel, you could have a lump of (?) bowel. So it was easier to mop it up with a little soft sponge. The student nurse, had to set up certain procedures as well. You certainly had to set up for an appendicectomy and a cholecystectomy, gall bladder those easier things. You may not have to set up for bigger surgery.

What would have been bigger surgery? Heart?

We wouldn't have heart in here but we would have things in Merlin Park such as Cholecystectomy where they went into the chest and operated and operated on cancer

Q: Would that have been TB?

A : No that would have been cancer of the lung. Well, they did operate on tuberculosis before my time they used to do that as well they did lobectomies and hysterectomies. But when I was there, it was mostly to do with cancer of the lung. The surgeon used to open the chest and he would have to take out a rib. It was major big surgery. That was one of the biggest things that was done in this part .. in this neck of the woods. The main heart surgery and that didn't come in until later because that man in South Africa pioneered that.

Q: Yeah so there wasn't heart surgery

A: No there was mostly ... they may have to cut off legs for example... amputation and general surgery then after that ... varicose veins. That was mainly it.

Q: I am sure from the 1940's .. polio.

A: No, we didn't come across polio. No, that wasn't in our era that would have been previous...

Q: Was there any thalidomide cases in Galway?

A: No we never came across.... I didn't anyway.

Q: Oh right... ok... because I know there was a bit of fuss caused over it in the Dáil.

A: That may have been in Dublin because, after all, we were only a regional hospital then.

We would have general surgeons. We did not have that much specialised. It was in the seventies then we got a urologist. But the general surgeons carried out prostate..

Prostatectomies alright but the urologist was more specialised and carried out a lot more specialised operations.

It was before the era of specialisation.

Q: Ok, so it took you how many years again, to train?

A: So that was ... I worked three years and then I had to do a final examination. With An Board Altranais.

Q: How many exams did you have to do?

A: I did the first one – a hospital exam. We call it a PGS exam.. a preliminary exam then after first year, then we had more after first year and some in third year.

Q: Were all these exams written?

A: Yes, well we had some practical exams also.

Q: And when you qualified as a nurse, what did you do then.. did you go to America then? Is that when you got your gold medal?

A: No, when I qualified as a general nurse, I worked...the system in Galway, was when you qualified, well, at that particular time, you were kind of not regarded as a full nurse unless you got your midwifery. There were about 50 in my class and the top ten of the class got midwifery in Galway. Otherwise you would have to do midwifery somewhere else in Dublin or wherever. I applied to Edinburgh actually, because the school of midwifery in Edinburgh was renowned throughout the world and I had got a place there. But then I got Galway so I worked as a staff nurse in Galway in the hospital on the general side from the time I qualified from of May up until October.

Q: What year was that?

A: That was in 1970. I qualified in 71 anyway so it must have been October1970.

Q: How long did it take you to train in Midwifery?

A: It was just a year, whereas now it is a two year programme.

But it was a year then.

Q: What subjects did you have to do?

A: Oh, just pure midwifery. You didn't have to do any subjects as regards... they now are going have direct entry into midwifery and they will have to do a lot of other subjects as well. But most of our subjects were pure midwifery. We had class, we had to ... we had only a one year condensed programme but we had to work on the wards and then we had lectures for two hours every single day except Saturday and Sunday.

Q: So you would start off fairly easy at first observing...

A: Oh that's right, yeah, we observed so many and you had to work under the direct supervision of a midwife in the lay ward. We had to deliver so many deliveries. I can't recall how many and that had all to be recorded in our book. That we delivered so many, to be

proficient at delivering and we as I say, we attended the classroom for two hours every day for the theory. We studied all about the mechanisms of labour and we had to go back again on the anatomy of the foetal skull and pelvis and all the mechanisms of labour. The management of labour was a big thing and then we also had to deal with the newborn, the newborn and abnormalities of the newborn. We went to the clinics for ante-natal sessions and we also worked on the post natal ward. PBU was where the sick children were and we spent a little period of time in there but that was a specialisation outside of midwifery. Nowadays you have to do an extra course to become a neonatal nurse. But we did it as part... we worked for a period in there just to get a feel for it I suppose.

Q: So you would have been responsible for babies up to how many months? Or up to...

A: Well you see, some of the babies in the Premature Baby Unit would be months old but they may be very premy (premature). Not so much back then as there would be now. Not so much back then as they didn't live... we didn't have the equipment

Or the technology to deal with the 2 pound babies that we have now.¹ It was only a matter of giving them oxygen and tube feeding them and keeping them warm in an incubator. There wasn't a lot else where as now they have very high tech machinery. It has developed.

Q: So after getting your midwifery qualification, what did you do then?

A: I went to Dublin or a while and did a bit of agency nursing and then I went permanent to Dundalk. I was there... they give you a permanent post if you had your midwifery. I didn't really want it as I wanted to go to the United States just to see how the other half lived. I then did three months psych because I realised we didn't have any psych in our training so. You wanted to be registered in the States, you had to have three months psych training. They wouldn't recognise

Q: When you say Psych, is that psychology or psychiatric?

A: Pure psychiatric. You got lectures basically on the different kinds of psychiatric illnesses and worked on wards and so on

Q: That was general psychiatry, yeah?

A: Yes,

Q: How did you find that?

A: I thought the theory was lovely but the practice wasn't great.

Q: Ok,

¹ Changed from 2 kilos to 2 pounds. On the tape, 2 kilo babies were mentioned this should be 2 pounds.

A: The actual theory I enjoyed but

Q: Would you have done anything with mentally handicapped

A: No, no that was separate, although we did have mentally handicapped people in the psychiatric wards but they weren't really catered to as they should be. They were treated as psychiatric patients which they weren't.

Q: Mark Finnane in his book on looking at Mental Health nursing in Ireland. He looks at mental hospitals. There were people in these hospitals suffering kind of old age, drunkenness and would mentally handicapped people be in

A: We categorised them as psycho geriatrics a lot of them... there were some very sad stories in psychiatric hospitals. There were women who were put into psychiatric hospitals because they were pregnant. There were women put into psychiatric hospitals because they were according to the register 'in love.' Now obviously they were in love with the wrong kind of person so the family just literally put them in. Or because they were maybe infatuated with the wrong type of person... that the family didn't agree with and they were committed and they were never seen. So it was very sad.

Q: Religious mania?

A: I don't think I came across any religious mania but I did come across a lady who acted out being a prostitute. Up and down the ward, whether she was or not I don't know.

Q: Where did you do your psychiatric training?

A: I did it in St. Loman's in Mullingar

Q: And you spent how long there?

A: Three months

Q: So you went to America, now I know you got a gold medal for

A: I got a gold medal in my midwifery. I got a first prize in medicine as well in my general finals. I got the highest in medicine but I didn't get the highest overall, I didn't get the medal. But I got the highest overall in my midwifery, which was a gold medal, which I still have.

Q: So you went then, to America.

A: I went then to work. I was waiting for my visa so I went to work and I worked in Loughrea. I worked as an ambulance nurse in Loughrea. I remember ringing Loughrea and they asked had you midwifery. I said yes then they said 'we want you as the ambulance nurse.' The ambulance nurse...you'd have to work... whatever the night threw at you really. So one night I had a delivery out in Loughrea.

Q: And that would have been attached to Portiuncula... the ambulance.

A: No, it wasn't. It was attached to Galway. The Western Health Board. But we covered Portiuncula when the Portiuncula ambulances were in Dublin. So anything that needed to be transported we did it. And then I left there and I went to the States and I worked in T__.² And it was a totally different scene.

Q: What was the first thing that struck you... First of all where did you go first of all in T__?

A: I went to F_____ W_____. The first thing that struck me was uh oh.. we weren't allowed to touch beds, we weren't allowed to do any non-nursing duties, we weren't allowed to give out drinks to patients. They said, please act as a professional nurse. You are a professional nurse, act as a professional nurse, we don't want our patients to feel you are not properly qualified. So the whole scene was different. We had attendants who did all the making up. First of all you would be delegated ... be in charge of ten patients, and under your direct supervision would be your attendant, or two attendants maybe sometimes . It depended what level of care the patients required. And you may have a licensed vocational nurse. There in lies the vocation. But you would be regarded as a professional nurse.

Q: And a licensed vocational nurse was... what?

A: I think she got her year's training in the hospital ... in that particular hospital. Then she sat some kind of an exam. I am not quite sure – they gave her a licence. But she was taught all the hospital policies... what the hospital expected her to do. Certain procedures done in the hospital, you understand. So she, there were certain tasks she could to carry out. She could give out medicines, she could give out injections, she could do observations, TPRs – temperature pulse and respiration, record blood pressures. She couldn't be in charge. She couldn't give out , I think, narcotics. This had to be done by an RN (registered nurse) as far as I remember. You could have one of those and then there was you. And we worked totally as professional nurses. We weren't expected to do anything. If the patient called for a drink, for example, or for a bed pan, or for whatever, they paged the attendant. You weren't even contracted. But if they called for something for pain, or if their I.V was wrong, or if it was your duty, you were paged. So you didn't have to do anything... you were never put in a position where you had to do something outside your duty.

Q: Your duties were?

A: We were working nearly as junior doctors are here. In the hospitals we were working in we just had all consultants. And you might have 40 patients in the ward and you would have 40 consultants... Different consultants ... plastic (surgeons). Even though the hospital we worked in was mainly medical. But because it was a big private hospital, if there was a bed and say the plastics needed somebody, say the plastics wanted a bed, say the plastic surgeons needed a bed, it would be given to him.

So you would deal with all the consultants. We more or less worked.. we started... We had to be trained up , first of all, when we arrived. We had to get six weeks training, to show us how to put in, to start drips, maintain drips, take them down. More or less do everything that the junior doctor does here. The consultant came in and he admitted the patient. He did what they call a history and a physical to... you could contact the consultant at any time and you could take an order on the phone from the consultant... say, your patient was suffering from nausea but he hadn't ordered anything for her nausea. You could take the prescription on the telephone, and you wrote his name and you put a stroke through it and then you wrote your own name below it. So you more or less delivered... you were the responsible for the delivery of the care. You were back on the top of the thing and you were directing all these people to do, but you made sure everything was done, and your patients had to be well looked after and happy.

Q: I know that in England and indeed in France, Irish nurses had very high reputations. How were Irish nurses regarded in America?

A: I think... What I am trying to you say is Irish nurses have a very high reputation for being... they're not good clinical nurses. They weren't good clinical nurses. We weren't good clinical nurses when we went to the States. But we were good very willing nurses. We learned very quickly. So, this keeps being thrashed out by An Board Altranais and people who never had to work abroad. In my experience, they were actually quite shocked sometimes that we did not have... did not work to the same capacity as they did. Because they did not seem to see that there was anything inadequate with our training. But they thought our clinical skills needed a lot... 6 weeks to be trained up to work on the ward. We were so much behind. But they thought that we had great bedside manners, that we had great communications skills. But we did lack a lot of the clinical skills that were required. And the reason I think we did was we were doing so many non- nursing duties in our training that we hadn't time. You know the student nurses over there at that particular time, were in a four year degree programme. They had their books on the wards. They were constantly looking up

stuff in books. They were mentored by RN's. They were never expected to do anything without being shown how to do it, and it was done properly. They did not have to give out trays of drink and food, cleaning beds or anything to do. They just did their duties. There was sufficient support staff in place. I think even today in Ireland we are at least 30 years behind still.

Q: I suppose in America, you didn't get this whole vocational thing...

A: No, In America you were a professional nurse, and you were to act as a professional not this vocational type person who would be bowing and scraping. You were to act as a professional nurse, that's what they told us. They actually picked up on that.

Q: How long did you spend in America?

A: A year.

Q: What year was that?

A: 1973 to 1974. I saw the other side. I saw how nurses should be treated. I saw how nurses who got my training should be treated. But they certainly were not treated like that in the Irish system. We learned a lot of our skills from other student nurses for example. We had a very hierarchical, harsh and autocratic system and the ward sister or the person in charge was a very sometimes austere figure. You couldn't ask anything they didn't ... where as the figures in the States... Your supervisor in the States.. If you weren't able to put in a canula for example, in a patient with poor veins, she was so skilled, that she was able to put in a long line, which people find hard to do here in Ireland.

Q: And I suppose the technology...

A: Was phenomenal at the time. We had a fully computerised hospital. Our medication sheets were all computer printouts and we had orderlies coming around preparing people for theatre. We had orderlies coming around who did the stock up of the ward and ordered surgical equipment. We didn't have to order it, we didn't have to think of anything. You just went in and you found your equipment.

Q: Hours were they better..

A: You did three 8 hour shifts. You started at 6.30 in the morning until 2.30. You had a half hour of a break with overlap for reporting. You worked 3 to 11 and 11 to 7. You had 2 days off in a week and you rotated your days off. If they were short staffed, they never left you

short staffed. There was a ratio of patient nurse at all times, they never left the ward short staffed. And supposing the night nurse was off sick and they couldn't bring up the ratio to whatever staff, if you had two days off the following day, you were asked if you would like to do an extra shift and you were paid double. Whereas here in Ireland, they were pretending it was unprofessional to get overtime. They had this attitude that professionals did not get paid overtime. But in the States they treated you very fairly.

Q: Where did you live? Did they have a nurse's home?

A: They had a dormitory type thing that you could stay in until you got yourself ... what they called a condominium. In T- the weather was very hot and so most of the nurses lived in a condominiums. Now I didn't because I was on my own. And they'd move out and this was an apartment with a swimming pool in the centre like apartments in France and Spain. Similar to Spain. Your salary incidentally was two and a half times what we were earning in Ireland at the time. Which is still similar. You were treated well insofar as you were not demoralised by having to carry out menial tasks for your qualification. You were paid properly and no one ever said anything about the fact that you had a vocation. You were a professional and you were there to do a good job. And they expected you to do a good job and if you didn't, for example if you did something like give out a medication and you didn't sign for it, they assumed you hadn't given it. So you had to be very thorough.

Q: And your living quarters, then, there wouldn't be the same...I presume you know, when you went home in the evenings, It was your own...

A: It was totally, well that here in Ireland, of course, that was only for student nurses. Once you were qualified, you could do your own thing. You could move out. Some of the student nurses I knew moved out in second year and third year. It was really only first years. And I suppose, in fairness to them, they were worried that you might be in danger of some sort. But I suppose that was the times.

Q: And you were saying earlier that on the wards in Ireland, you were always referred to by your surname.

A: That's right. You were never allowed to ... I think they always had this awful fear of you fraternising with the patients.

Q: In 1974 , you came back from America and you worked in Merlin Park for 2 years. When you gave birth to your first child, you went part-time.

A: Well because I wanted to be home with my baby, obviously I happen to believe that a new baby needs his mother.

Q: Of Course... yes.

A: And that is the most privileged thing a baby can have is his mother but I still couldn't give up the nursing either. I just felt a void. I felt I lacked something in my life, so I went back part time, night duty. And I found that – I worked in urology and nephrology and I found that fantastic. It was a new discipline and it was a new... we got a new neurologist and a new urologist in Merlin Park. It was very exciting even working at night with it. But I found again that the nursing system, the managers were again autocratic and very authoritarian in so far as they wouldn't listen to me when I said I cant do two nights together. So then in 1978, I had my second child. Still even after she was born went back to work. But at this stage I couldn't take the system any more. In 1979, I decided I'd give up because management couldn't facilitate the fact that I could not work 2 nights in a row. And they'd keep calling me and putting me under pressure. I'd end up maybe doing 2 nights some weeks
Would some of the babies be in for a long time, and being shattered with tiredness and having two babies. So I actually in disgust, and especially I suppose in view of the fact I had now seen the way we should be treated...

End tape side 1

Part 2.

... They (in America) would be flexible enough to give you what suited you. But the general attitude in Ireland was 'we had it hard so therefore you'd have it hard – What do you think having children and nursing. It was kind of nearly an unspoken thing that you weren't supposed to get married I think and have children. You want it every way – every which way. So I gave up altogether and I stayed at home with the two children. I still had this awful feeling of a void or something missing. I decided I'd work for two shifts in a nursing home. So I did that. I worked on Saturdays and Sundays while my husband was at home and I left the children with him. I worked for two shifts in a nursing home. Even though I like old people and all that, I didn't find it quite what I wanted. I met a friend of mine who told me

there was vacancies in maternity and I applied back to maternity and came back to work at night. After that I had two more children. But I seemed to be able to manage, they seemed to be more understanding about my plight of having small children. I couldn't work 2 nights in a row. And I worked like that until I went permanent in 1997.

Q: In the Regional Hospital in Galway?

A: Yes, I had done so many hours, I was actually working more than full time so I went permanent. I thought it was better than being on call because I would have more order. My children were then fairly big anyway and they were past their crucial stage of minding them.

Q: So today you work in which unit?

A: I work in maternity in post natal.

Q: And do you deliver babies?

A: No, I don't

Q: You work with sick children?

A: No, I worked with sick children before I went permanent, but since I went permanent, I work with mothers and babies. Now, some of those can be sick babies that are undiagnosed. We have to observe them and make sure they're ok because all new born babies have the potential of having something wrong with them obviously. So we do a daily check on the mother and baby every day to make sure they're ok.

Q: What sort of cases do you get?

A: Well its mostly postpartum women and babies but you can have anything –you can have a sick baby with a heart condition. With the majority of the babies and the mothers we look after are healthy.

Q: When you say postpartum... What is that?

A: Postpartum means a woman in her pure parturient (?) parturient... Post delivery really, post giving birth and a pure perient the 6 weeks prior to giving delivery.

Q: What would be the most memorable time... Is there anything memorable that happened ... that kind of sticks in your mind?

A: About what, my nursing career?

Q: Is there any particular case that stands out... Is there any memorable

A: experience?

Q: Yes maybe someone surviving against all the odds ... anything particular?

A: Ah well I'm sure there are several cases but I'm not sure I'm allowed to say. I'm not sure ... I had several unusual cases

Q: Yes, well we will leave it there I think.

Q: Just ... I think that's basically everything. One last question. I suppose, the reason why I am looking at history of nursing in Galway is I suppose because Galway is on the western seaboard and even today you would agree that maybe there is a huge discrepancy between the West and Dublin. In Dublin everything is fairly centralised, everything is fairly developed. I know that Dublin in the 1930's you had fairly well developed mother and child schemes.... Baby clubs in Dublin. Any malnourished women were given free milk... and they were given free meals. I am not sure did you had the same thing in Galway. I'm going to have to research that it further. But I know in Dublin you had baby clubs.

A: In maternity is it?

Q: Yes you would have had nurse and baby clubs. I suppose ...

A: You see we wouldn't have the same level of deprivation in Galway as they would have in the big maternity hospitals in Dublin or disadvantage I should say -

Q: That is an interesting way of looking at it-

A: For example midwives that I worked with and trained in Dublin told me that for example in the postnatal wards you could have prisoners chained to the beds. The partners of some of the ... could have prisoners chained to the beds. We would never have that. We have a more middle class clientele.

Q: It is interesting to look at Galway. Because a lot of stuff has been written about nursing is nationwide and Dublin centred.

Now, my final question I have would be:

In your opinion, have conditions improved for nurses? If you compare the time you started to ...

A: In midwifery, conditions were never that bad for midwives. Midwives are a separate entity really. For nursing I suppose the fact they're that educating them to degree level. The fact that they can now stand shoulder to shoulder with the Americans. Because nursing was always a worldwide qualification and that was another reason I suppose why we went into it that you could travel the world. We were getting to the stage where we did not have the clinical expertise but we did not have the piece of paper either. Whereas they recognised my pieces of paper, they did not recognise that my clinical skills were up to scratch. Now, I would have a lot of complaints about the fact that An Board Altranais registered us, but they

didn't really examine the nursing schools when I was training. And if they had done, they would have seen that the level of work we had to undergo on the wards – we couldn't possibly look stuff up in books and that to come up to par with the Americans. The Americans were always...

Their students were treated like students. Their students were never exploited by having to do non-nursing duties. I suppose we have come up to par there. We now have our nursing students in college, but I believe that, now I don't work in general side, but I believe that sometimes they feel exploited when they go on the wards. They're left to do the donkeywork rather than being shown procedures. That's not good, if that's the case, but I'm not 100% sure if that's the case or not. Now when the student nurses were taken off the wards. Galway pioneered the degree course for nursing. I think its an awful pity that we are driving forward more, that we are not just sitting on our oars now that we done it. You say that Galway might be periphery to Dublin. Its not really, we were the first ones to have the degree course and the first ones to have the pioneer course for the diploma nurse. But I think when they took the students off the ward, all those little tasks that were carried out by first year, second year and third year nurses were left up in the air. They took in an odd care assistant or an odd attendant, but they certainly did not replace them like with like. Which meant that the Staff nurses now seem to be degraded rather than upgraded. And they're carrying out a lot of the chores that no staff nurse did in my time. The staff nurse literally supervised the student nurse carrying out these different tasks. And she would do things like the dressings and showing you how to ... but now staff nurses have gone backwards in my book. When you go into the general hospital, visitors and patients alike expect nurses to give them drinks and to this and to get vases for them and do all sorts of tasks for them. Now if they're upgrading their education and upgrading their status, they should consider upgrading the job. Now all these tasks are not really in our contract but our management will tell us they're customary practice. And they continue on with it because it is custom and it is practice. It is also cheaper to have the professional nurse being the professional nurse, the vocational nurse and the attendant all in one. But it is exploitation of a profession, and that's what it is. And I suppose as a feminist, and when I say I am a feminist what I mean is I don't mean I am against men, of course I'm not but I would consider, I would regard myself as a feminist... and I define feminism as the advocacy of ones rights on the grounds of sexual equality. And I think that a lot of the problems today in nursing is to do with the fact that the vast majority of us are female and they feel they can exploit us. And the nurses that were trained under the system and never worked abroad are afraid. They're voiceless and they're a silent people. They're

afraid to open their mouths, because in the old days if you were vocal and offered any kind of opinion, you'd be changed from a discipline you liked to a discipline you wouldn't like as a punishment. Or you wouldn't be promoted. So if you wanted to be promoted in nursing, you kept your head down and mouth shut. Higher management want people who won't rock the boat, so therein lies the problem, and therein lies why we're short of nurses. Because nurses now do a degree. They're intelligent, competent, confident young women. They want, after getting a degree, they want job satisfaction, they don't want to be carrying out menial task in a ward, because it suits someone else not to change the system. So that's it.

Q: Were you ever a member of any nursing union?

A: Oh yeah, I am a member of INO. But I don't feel that INO that they're powerful enough really.

Q: When did you join?

A: I'm a member for years.

Q: Would you have joined in the 1970's?

A: Possibly, yes. I don't feel the INO,... Well they do the best and they have got a lot of things for us, and things have improved dramatically, for example, in certain areas... nurses don't give out people's food anymore, there is a lot of tasks that were never done in the States by professional nurses. But there is still a lot of tasks that are done by nurses that shouldn't be done by nurses. And even Bill Tormey in his book and I quote...Now Bill Tormey is a doctor. I think he is a consultant. If you want to read the bit there on nurse shortages...

“Nurse Shortages – The extent of true nurse shortages can only be known when nurses spend all their time nursing. Using highly trained nurses to clean rooms and remove food trays is a waste of scarce resource and is demoralising for nurses. World wide there is a wide-ranging personnel crisis in nursing. There are nurse shortages in the US, Australia, New Zealand, Ireland and Britain. Each country is trying to recruit from each other and from the developing world.’

A: So what he is saying is that if nurses were allowed to perform the duties they are supposed to perform for what they're trained to do, instead of doing all these other tasks, there may well be enough trained nurses in the country, provided you bring in care assistants to carry out the other tasks. Now in midwifery we don't have that problem because very little can be handed over to a care assistant. Well, bed making, and things like that can be handed over to a care assistant – which we have done. We seem to be fairly up to date.

Q: So I think that's basically everything.

End interview.

The baby was 2 kilos ...2 pound babies that would be kept in or 1 kilo babies

Natural family planning was promoted. I did midwifery in 1971, and we were not given information on artificial contraception.

Interview 2.

Q = the person conducting the interview: Mary Hawkins

A= Cathy B

First Part – Not recorded. Notes taken by the person conducting the Interview – Mary Hawkins.

Date of Birth= 17/10/1936. Began Training in June 1955. Ended Training in October 1958. Then studied Midwifery in the Coombe Hospital. Finished Midwifery Training 9 months later. Two parts to Midwifery Training. No Vacancies in St. Kevins – Now St. James. Spent 8 weeks training in Crooksling – St. Bridget's Geriatric Hospital. Left after 8 weeks. Obtained a midwifery nursing job in St. Kevin's (now St. James') Ambulance duties 1962 in Dublin. Then worked in Outpatients. In 1970 studied Public Health Nursing. A course provided by An Board Altranais in Dublin. This course lasted 9 months. Worked as a district nurse in Marino. Married in 1974. Retired upon marriage. Has been on temporary duty with the Western Health Board since 1974 as a district nurse in Gort.

Tape Recording from this point to the end.

Q: So just to start off then... Just your date of birth.

A: 17/10/36.

Q: And what I want to do is to get the years that you did things. So what year did you begin your training?

A: When I was 18 years of age... 19.... June 1955.

Q: So you started your training then and you ended your training, I suppose 3 years later. So that would have been 1958.

A: Wait now, it would have been December, because I was sick in the meantime.... October. 3 years later

Q: What did you do after that? Briefly, Im going to go through all this again later.

A: I came home for Christmas, and my mother wouldn't let me back but she got in touch with this gynaecologist in Dublin. She got me into the Coombe to study midwifery. In England, I

had booked and all but my mother thought I had enough of England got and she didn't want me to go back anymore so I went in the back door anyway and she got me going. I started my Midwifery in February in the Coombe.

Q: Right, so you started your midwifery in February

A: 1959.

Q: 1959.. I'm just getting the years ... roughly

A: When I finished... I finished 9 months later. I think it was just a 9 month course. There were two parts to it midwifery part one and part 2 so I continued on when I finished part one and I did part 2. Now I finished there and I went looking for a job and I applied to St. James'. It was St. Kevins' at that stage. There were no vacancies in St. Kevins' but in the meantime I worked in a place called St. Bridgit's Hospital in Crooksling. To Geriatrics which was a big change for me. I spent 8 weeks there and I decided I would stay no longer. They were all psychiatric patients that were all their lives in psychiatric hospitals. You know the way people put them in long ago and just left them. It was an awful change to go from general nursing and midwifery to all this – real geriatric. On night duty, you'd be petrified, you'd be sitting down and looking out and the next thing you would see some one out of bed and the next thing when you'd get as far as the bed, they'd be on the floor. And you were all the time writing reports.

Q: There might be someone too with DTs' delerium tremens. That might be recovering from alcohol...

A: That's right. So a lot of them were transferred out there but I left there after 8 weeks because I got a job in St. James. Even though St. James was... Crooksling was... It was... It is the Eastern Health Board now. I don't know what they call it that time. There was another name. Anyway, after leaving there, I got another job. They told me there was a job in St. James. So I went to St. James' anyway. I worked on the geriatric ward for a while, and here and there, geriatrics and general medicine, medical and surgical. And then I went to ambulance duties. It was lovely.

Q: Oh, lovely, yes, I was speaking to someone else who worked as an ambulance nurse

A: Ambulance nurse and admissions.

Q: What year would that have been?

A: That would have been 1962, I suppose

Q: And was that in Dublin?

A: Yes in Dublin, with St. James'. It was St. Kevin's at that stage. Then, I went.. I spent a long time on Ambulance. Then I went on to outpatients. Clinics and patients coming in as outpatients. I spent a long time... I was there until I left in 1970 to do my public health nursing course. I did that with An Board Altranais in Dublin. I qualified then, twelve months . A nine month course. I think it was a nine month course again. When I qualified I was working out on the district.

Q: Which district?

A: Marino, It was lovely. I was very lucky I got a nice area. I was very lucky. All along in nursing, in outpatients and admissions, and the ambulances, I got a really nice part, the nicer part of the nursing. I was there until I got married in 1974. I retired. I had to retire then once you got married. So I took up temporary duty with the Western Health Board. I was at it all the time up until I got sick.

Q: So what I have done is...Ive just got some years here just to ... right... so... just to back again, just to go through things slightly more. You went to school in Peterswell?

A: No, I did not go to school in Peterswell. We weren't in Peterswell at all. I went to school in Co. Meath. In a little village called Moynalty. I went there and then I went to the convent in Kells. And from there I went to England.

Q: What did your Mum and Dad do?

A: My mother was a nanny for that doctor that got me into the Coombe, He kept in touch with her, he was very good to her. My father was a farm manager and also did a bit of part time farming.

Q: So you went into training then in England. Why did you consider nursing?

A: I thought-- It was either nursing or the civil service that time.

That was what girls did at the time. It was either nursing...

Q: Or teaching?

A: Or teaching. So it was either one or the other. So I opted for nursing. Some of my friends were going for nursing so I decided to go nursing as well.

Q: How many?

A: About 3 or 4.

Q: So you went to England?

A: I went to England. I went to Walton Hospital in Liverpool. The Aintree Grand National was up the road from us but I never had any interest to go there! We spent 8 weeks in what they call a PTS kind of thing – when we started off first. It was I suppose – what does PTS stand for... training, 8 weeks anyway. It was like in a school where you know...

Q: lectures ?

A: Yes, telling you all the bits and pieces before you start off.

Q: And kind of how to approach a patient?

A: That's right all that.

Q: I know some schools would have used dummies.. mannequins.

A: That's right and lifting and that sort of thing could be 8 weeks. Then you went on the wards. You spent some time on the wards. You spent a good bit of time on the wards. There was no university, there was just the lectures there in the hospital. You didn't go out anywhere. We spent 3 months alright in Alder Hey children's hospital. I think it was in our second year. A children's course. And what else – we did a psychiatric course another few months. We did that in the hospital. I think they had a psychiatric unit there. We did that there. Apart from that – I can't think of anything else. We went on the wards and you did your training on the wards and there was the sister, the senior staff nurses and trained qualified staff looking after you all along the way. I enjoyed every bit of it, I must say.

Q: As a first year, then, you wouldn't have – you probably did very basic things to start off with...

A: Very basic things, cleaning, bed pans and that sort of thing. You did all that kind of work – rough work in the beginning. In the first year and second year. You advanced a bit in third year to (administering) medicines and that.

Q: What sort of uniform did you wear in first year?

A: We wore a frock, an apron and a cap. A short sleeved frock, that was the uniform at that time.

Q: And once you got on to second year, you had a bit more responsibility?

A: We had yes, when you were a staff nurse they had a pale green uniform when you were in training and you had a little star when you were training and when you qualified you got your badges.

Q: I think the second year nurse had to do night duty?

A: We all had do night duty

Q: And you had to supervise the first years

A: That's right

Q: Which, when you think about it now it was a lot of responsibility.

A: It was a lot of responsibility and even when you are on night duty, and you are in third year, we weren't put on night duty until in third year, but we had a staff nurse with us when we were on night duty.

Q: Oh, that was good.

A: But it was hard going, - night duty. We were – it was hard going night duty.

Q: Hard going as in..?

A: Just work wise – there wasn't as many staff there at night as there would be during the daytime.

Q: Did you live in a nurses' home?

A: I lived in a nurses' home. Some nurses lived there more lived in

Q: Were matrons fairly strict with regard to uniform.

A: Oh they were. You had to be very neat and tidy, your shoes polished and all the rest... everything... spotless.

Q: Because I know in a certain Dublin hospital, they used to check to see you if were wearing a slip underneath. They were very exact... very strict. So they used to check your uniform.

A: Well the training was good. It did one good – the training, you know. It made you more responsible and not to be polishing over things and pushing things to one side. It made you take responsibility for what you did.

Q: What sort of subjects did you do?

A: Medicine and surgery. We had a specialised area in neurosurgery over there as well so we used to do very sensitive neurosurgery and brain surgery and that. They had a great success rate. A great success rate. It was real nursing. You had to maybe every half an hour or every fifteen minutes check pulse rates and blood pressure and temperature. You really... it was the patient all the time because it was very major surgery. I liked that. Anything that was major I liked it. I enjoyed that part of it ... the neurosurgery part of it.

A: And I'm sure you had to cope with everything and anything.

Q: That's right, and then you see patients getting well again and they unconscious maybe for days, and getting up and walking and later going home. It was great. The success rate was great. It was very good.

Q: And you lived in a nurse's home?

A: That's right

Q: Could you get your own flat?

A: You could, you could live out in your third year. But I never bothered to live out. We didn't have that much money.

Q: It was nice to meet people anyway.

A: We had a nicer time in the nurses home too. You were fed and looked after and everything was done for you.

Q: Were they very strict in the nurse's home?

A: No, you had to be in by 11 o'clock or you could get a late night pass. They used to go up fire brigade stairs and everything! There were some villains in it all right!

A: When you were training, what would your hours have been like? It would have been from half seven to eight o'clock at night and then you would go for a break. You would go to your dinner at 1 and you would have to be back by 4.30 on the ward. Then you would get a day and a half off in the week. But your time was broken. You couldn't go anywhere, you had to be back at 4.30. It was broken hours. You could have a rest in the middle of the day.

Q: Were the matrons strict?

A: They were strict but nice. They knew a lot of the nurses were from Ireland and they knew the nurses were away from home. But they were on the whole strict but nice. You couldn't say anything about them. The ward sisters were very reasonable too.

Q: Nurses from Ireland always had a good reputation in England.

A: Oh they had, in England and when they came back they always wanted the English trained nurses because they were always better trained than the Irish trained nurses, they used to say. I don't know whether that was right or not.

Q: So, you finished your training in October 1958 and you went then –

A: I came home for Christmas and then I was going back to do my midwifery in England. In England, in Liverpool. But my mother put a stop to me, but I didn't mind. It was nice to come back to Dublin and I stayed in Dublin until I got married.

Q: And it was nice up there?

A: It was- I had a sister married there in Dublin as well. That made a difference too. I could stay with her.

Q: And your midwifery... you finished 9 months later. What did you have to do with that? What was your course like?

A: Midwifery. Your first 6 months was being inside on the ward being shown how to deliver a baby, and your second 6 months or whatever – (3 months?), you were out on the district with a trained midwife delivering babies. I tell you, Mary, I have seen life on the district in Dublin. You go into a one room place where there were 5 children asleep in one corner and the mother in the other corner delivering a baby. I tell you, I have seen life there, the housing situation was terrible at that stage – one roomed houses and that.

Q: I suppose a lot of deliveries would have been at home even then.

A: A lot would have been delivered at home, a lot were delivered at home at that stage in the 1960's

Q: Because I know that from 1950's on, a lot of women chose to go to hospital, but even after that, I'm sure a lot of people had their babies at home.

A: A lot of people were born at home in the 1960's. Then they turned around in the 1970's in the late 1960's (and had their babies in hospital)

A: How did I apply to become a nurse? I just sent away for an application form, I filled it in and I had to get references, so I got references and I sent them away. The next thing I got word that there was a vacancy for me to start in June.

Q: And you finished your midwifery and you went to St. Bridgits in Crooksling.

A: In Crooksling, when I finished my midwifery. I was waiting for a vacancy to turn up in St. James'. I had applied there for a vacancy; there was no vacancy. So I thought in the meantime that I needed money, so I decided I would work in this place in the meantime. I got a bus to and from the city. It was a long way out- Co. Wicklow so.

Q: You were saying, though that that was kind of difficult. It was there was a lot of ...

A: There was, there was a lot of geriatrics. They were very hard patients to nurse. It was very hard, heavy nursing – very heavy nursing altogether. Some weren't able to stand, some weren't able to move at all. Some had been in bed all their lives, they were treated badly in years gone by. You can say it and they were too. They were just locked away a mental kind of thing. today say the same thing that they resent mental illness – anybody in the house to have mental illness.

Q: Of course, there is a stigma attached to it.

A: There is a stigma attached to it

Q: And back then, people would have been locked away – if they were unmarried mothers – they would have been put in

A: If they were mentally handicapped – and a lot of them were mentally handicapped and they were just put in and forgotten about. It was very sad.

Q: So you got a job in St. James’

A: I got a job in St. James’. The next thing I got word that there was a vacancy in St. James’. And when I went to the matron, she said that this establishment (St. Bridgits) was the same as St. James’. She said that St. James’ was the same as here and you won’t be getting that job. I said ‘ I don’t care if I’m getting that job or not I am leaving here.’ But I did get the job in St. James’

Q: Very good, and was that in midwifery?

A: No, that was in general nursing

Q: What was that like?

A: Well, I worked for a while in geriatrics and I worked surgical acute, - medicine - medical acute. So I liked it there.

Q: That was good – and there was a good relationship between the doctors and the nurses?

A: There was, I couldn’t say there wasn’t and I enjoyed working with the doctors.

Q: Back then, I believe that nurses were referred to by their surnames only?

A: That’s right

Q: And was it true that patients were referred to by numbers?

A: No, but their all charts would go by numbers, they do go by numbers now.

Q: Ok, maybe for confidentiality?

A: Yes, for confidentiality

Q: So,

A: Was I a member of any organisation? I wasn’t in the Irish Nurses Organisation. We were in a union in Dublin for a couple of years, before I left. Philip Flynn... do you know that lad? He was – you heard his name a lot at the time – he was involved in that organisation for nurses. Local Government, I think Public Service union. I was in that union. Since that I haven’t been in any organisation.

Q: Irish Catholic Nurses guild?

A: No

Q: What was ambulance duties like? I’m sure there had been a lot of –

A: There was the ambulance driver, the attendant and myself. And of course I went out, I took the patient's particulars and gave a hand to get the patient ready for the hospital. Some of them could be in an atrocious condition coming in.

Q: Car accidents?

A: Well, no we didn't deal with that – only patients that would have pneumonia, heart attacks or maternity maybe bleeding or something like that but apart from that, no we did not deal with car accidents.

Q: What was the Public Health Nursing course like? 1970

A: I think that was the first year they started that course. I think it was. 1970. It was. It was a very enjoyable course. There was a bit of everything in it. Child welfare and developmental clinics were starting that time. Child welfare clinics in Dublin , Immunisation clinics and all that kind of thing.

Q: Where was that course – Where did you –

A: In An Board Altranais.

Q: In Dublin

A: That's right. In Leeson Street – around there.

Q: How long did that course take?

A: Nine months, I think.

Q: Nine months.

A: I think it takes 2 years now, I think, if I am not mistaken.

They have increased it now. No more than midwifery I think it is 2 years for midwifery now. You'll never be qualified. You know you wouldn't. By the time you do your general, and I think you have to give some time back here to the hospital I think here when you are qualified.

Q: I think you have to give back a year

A: You have, something like that and then you have to do your midwifery, which is a 2 year course. That's 3 and 2 is 5 maybe 6 years and another 2, that's 8 years. That's an awful long time.

Q: It is a long time, it is indeed. So after your Public Health Nursing course, you were able to work as a District Nurse?

A: Oh, I was

Q: And you were working –

A: I was given a District then straight away in Marino.

Q: So what was that like?

A: That was very nice. I had to get to know the roads and to get to know the area and to get to know the patients. And that was half the battle.

Q: And how did you travel?

A: Car

Q: That was very handy.

A: It was very handy, but maybe if you were doing a road, there would be housing estates you could park your car somewhere.

Q: I knew another district nurse who used a car and when she first started using the car, people would tell her she would get fat! Before that she used to travel by bike...

A: With the stress and tension and everything, she wouldn't get much time to put on fat!

Q: Yes, definitely, she used to have about 3 or 4 coats drying by the side of the fire, you know. But she was basically on her own and she was describing there at one time (she was a midwife) how she had to leave one case and go to another. She shouldn't have done that –

A: Oh, I remember one time where we had to go out to G - , you wouldn't know them. We went out there and B- L- I don't know if you knew her or not, she here for a while. She was a lovely girl, she was working here as a Public Health nurse here for a number of years. I was on the district here and I was waiting for a couple of months, waiting for a nurse to come. And eventually B- landed. So anyway we were coming out this bothareen along this bothareen this evening and it was lashing rain, and when we got out of the car, what had we, we had a flat tyre and B – had nothing in the boot of the car. She had all her clothes sitting in the boot of the car because she was moving to G- and she just gathered what she wanted and put them in the boot. We had to take all the clothes out of the boot of the car to get in to the tyre. All we could do that evening – we changed the tyre alright – and all we could do was come home. We were drenched into the skin. That was the worst evening I ever had on the district I must say. I will never forget it. If you were near, someone could have changed the wheel for you. But no, we had to try and change the wheel ourselves.

Q: Did you go to any house?

A: There was an old man in the house we called to and he wasn't much good. So you couldn't go anywhere. That was my worst episode and I never will forget it. We had to leave everything there and go home. We couldn't stay out in it any longer, we were wet to the skin.

Q: what were your hours then as a Public Health Nurse. Did you have set hours?

A; In Dublin, we worked, well they do the same in the country anyway. Some nurses in Dublin, Public Health nurses they did just child welfare alone and nothing else. I wouldn't have liked that. I was lucky enough in that I was on combined duties, that I had a bit of home

nursing, visiting, geriatric duties for people at home. We don't do that much of it now as they have, it has gone so busy. But visiting geriatrics at risk – living alone, and home nursing and that – a bit of that and also child welfare and the clinics. It was a mixture of everything and I liked that.

Q: When you say child welfare – is that just looking after newborn babies – the follow up?

A: It is the follow up at that stage until they are 3 years of age. And after that you didn't visit them until they started school. About 5 or 6 years of age.

Did you have many special babies – babies with PKU (phenylketonuria) or diabetics you know – special babies

A: You would, you would have the odd one alright – but you do a lot of PKU's now on the district.

Q: So that must have been fairly interesting. And was Marino a fairly wealthy place?

A: It was. It was a fairly wealthy place. I was lucky enough as I had no poverty in it. Some areas now you'd have a lot of poverty which is very hard to cope with too.

Q: Just in general, now, just on a very wide general basis... what sort of cases – illness would you have?

A: You would have long term illnesses – people at home, old people, maybe stroke cases.

Q: TB would have been gone by that stage.

A: It was, it was more or less gone. There was still a bit of it there but there wasn't that much of it. It was nearly gone. A:... Ordinary, patients with wounds, more or less stroke cases, old age cases, old people sitting in a corner there. You would get them up out of bed and give them a wash, these kind of things.

Q: Maybe people who have just come out of hospital also, you'd just call in on them.

A: That's right, patients that needed dressings. There would be a lot of dressings needed after operation.

Q: And you would maybe advise people they were living with just how to cope

A: That's right ... just how to cope. They used to be glad to see someone coming to give them a bit of advice as they would not have had a clue.

Q: And some people may have had old ideas and old cures that..

A: Yes

Q: you know some very interesting ideas, you know –

A: ideas, yes

Q: So you were able to do temporary duty (once you got married).

A: I did temporary duties. I did not go back permanent any more. Well I was getting enough work as it was. Nearly too much.

Q: And that was in Galway was it?

A: Yes, here in Gort

Q: And again, that was the district?

A: District, yes. It was nice. You got to know the roads and the area. That was half the battle.

Q: I'm nearly finished now, lets see, in your opinion, how have conditions improved for nurses?

A: Well, they're better paid now aren't they, more facilities available to them now, like special beds and lifting apparatus and incontinence wear and a lot of things have improved.

Q: Just the overall equipment

A: Yes, the overall equipment has improved.

Q: Hours of work?

A: Hours of work, oh they work below in the regional in Galway, they work, they come on at 7.30 in the morning and they don't finish until 8.30 or 9 at night.

Q: Today?

A: Yes, but then they get days off. They get maybe 2 or 3 days off. They work it that way so they can get all the time off together in that way. A lot of them were married women anyway. And they'd have someone minding children for them, you know.

Q: Just one final question, this is the very last question. A long time ago, people had this idea that nursing was a vocation. In other words that it was almost like being a nun, that there was a very religious thing to it.

A: That's true, that's true there was

Q: Did you have this idea in England, when you were training?

A: I didn't ... no.

Q: Yes,

A: No, I wouldn't have at all

Q: You know, that there was this whole thing that you were a nurse and that you were devoting your life to it and therefore money shouldn't be your main concern

A: It wasn't your main concern. It wouldn't be your main concern at that time, you didn't get that much money I suppose alright. But apart from that, there were all types of religions, and they didn't take any notice of what religion you were in England. They just got along, Protestants and Catholics, the whole lot. No one took any notice of what you were and what you weren't, I found. It was a vocation, I suppose to a certain extent, it might have been, they just, they drummed it into our heads that it was, anyway at one stage.

Q: Where was this – in England or in Ireland?

A: In Ireland, I suppose, more so,

Q: I suppose, it is a vocation in the sense that you're expected to react

A: That's right

Q: You know, if some one comes into you in a terrible state, you are expected to react – go into action straight away rather than becoming hysterical, you know

Q: Maybe in that – and I'm sure maybe – you would have seen... maybe there would have been some terrible cases and you'd say to someone 'I will pray for you.' But not in the sense that 'oh you are a like a nun so you shouldn't be looking for more pay or whatever because you did get that.

A: I worked with nuns in St. James, alright in the beginning, when I went there first. But they didn't do that much out on the wards really, that kind of thing, you know. But I suppose you looked after the patient the last rites, patients if they wanted a priest, and that kind of thing. You took it all in your stride. You didn't take much notice really. I suppose you would think about it alright. You would take care of the basic needs of the patients.

A: The uniform, the dress and the purple puffs, we had to put them on as well, Mary, and the apron. The black stockings and the black shoes.

Q: And that was when you qualified as a nurse?

A: No, that was from day 1. Different... you had a different colour when you were a trainee nurse. And the staff nurse had a purple.. she had a different cap.

Q: You know, it was very interesting because there was this nurse called Anne M.P. Smithson. She worked as a district nurse and she would have been herself from a very wealthy family. But she wrote a lot of books – a lot of romance and she used her experiences as a nurse in some of her books. In some of her books, her main character is a nurse but she

talks a lot about district nursing in Dublin. Apparently the uniform – people really respected the uniform. People loved to see the lady coming along, the District nurse in her uniform.

A: We had a uniform in Dublin.

Q: What uniform was that?

A: Navy – a navy suit and a navy cap you wore in Dublin alright but they had no uniform here in the country. Which was a pity really, because you should be recognised, really. But most of the people are local so they know you already, but in the city there is a lot of strangers coming and going and you have to have a uniform on account of that. They had a nice navy suit.

Q: And I am sure, there was a lot of respect for nurses. In your area there was a lot of respect...

A: Oh yes, in my area, people had a lot of respect for you. But then you had to keep your distance from people as well.

Q: In what way?

A: You know, just, you would be nice to people but you wouldn't overdo it either.

Q: Of course, I understand.

A: You would keep your distance and people like that too.

Q: Of course, you are being professional.

A: I must say I enjoyed my nursing, I wasn't sorry for doing it. I was very happy always. I really enjoyed it. Anything I went at, I achieved it anyway.

End of recording.

Interview 3.

Sandra H

Written answers given to the questionnaire.

1. Date of Birth? 18-7-1941

2. Brief summary of your nursing career.

Ante Natal Care, Post natal care, terminally ill pre-school children, social reports on housing repairs, subvention for nursing home, acute young people discharges from Hospital, linking in with primary care team – for example GP's, physiotherapist, child psychologist, speech therapist, welfare officer, chiropodist, psychiatric team, children's dental clinic, hygienist, environmental health officer. The list goes on. The list goes on. 5 day week – 9.30-5.30. 1 weekend each month. 3 areas are covered by Public Health Nurse. Discharges from hospital and planned essential calls are done.

3. What year did you start to train as a nurse? 1961

4. How long did that take? What year did you finish your training? What did you do after that? No response

5. Why did you choose nursing as a career?

I enjoyed caring for people.

6. How did you apply to become a nurse? Interview

7. Where did you train? No response

8. What was it like? Very rewarding

9. What uniform did you wear while in training? Standard Nurses uniform

10. What did you do after you finished your training? I trained as a midwife

11. Public Health nursing – Where did you work – what sort of cases did you have – in general. Uniform?

In the community, Williamstown area, Glenamaddy area 4 and a half years, Ardahan 12 years, Gort 20 years.

12. Were you a member of any group – for example the Irish Nurses Organisation, The Irish Guild of Catholic Nurses? The Irish Nurses Organisation

13. Many people saw nursing as a vocation, what is your opinion on this? Yes, I believe one needs a strong vocation.

14. In your opinion, how have conditions improved for nurses? On going education, Degree in Nursing, gives nurses more options, nurses can specialise in their favourite field.

Written document signed.

Interview 4.

Q = the person conducting the interview: Mary Hawkins

A= Jane A

Q: What is your date of Birth?

A: May 1923.

Q: Were you born in County Galway?

A: Yes,

Q: What part of Co. Galway?

A: Around this area Gort

Q: Around this area, Gort. And it must be lovely, growing up here in the 1920's

A: Well it wasn't, it was very hard times really.

Q: Very hard times?

A: Very hard times for everybody.

Q: I have got a beautiful photograph here of – and again this would have been the 1930's – Gort in the 1930's. This young little lad with a (donkey)

A: Oh yes. I was going to school then. In the Convent.

Q: The convent – yes

A: I did my intermediate there.

Q: That's (the photo) is from *the Connacht Tribune*. There are lovely photographs of Gort in *the Connacht Tribune*. Beautiful photographs of the church.

A: And, of course before the extension, it (the church) was even nice

Q: Yes it was indeed. The extension to the church was – I think- completed in 1936 or something like that – yeah. So, what was it like, growing up in Gort?

A: Well, I thought it was very very bad because everybody was poor, they didn't have very much. But there was greater happiness and greater friendliness and everybody helped one another. We were brought up to give and take to care and to help.

Q: Of course, yeah and you went to school in the Convent in Gort and would there have been some teachers there that would have encouraged you to go into nursing?

A: No, it was mostly nuns they wanted us to join – the nuns – the religious profession. But my father ... I put up my hand once because they used to come around to recruit, you know? You had to put up your hand if you wanted to go and I did once. My father said no that was most unnatural so I did not go into a nunnery. That was about 1936 – 1937.

Q: 1936 –1937. Many nurses I have interviewed have come from a farming background.

A: Yes, my father was a farmer.

Q: Ok, so your Mum and Dad would have come from a farming background (would have worked as farmers).

Q: Why did you decide to go into nursing?

A: Well, it was a vocation in those days. It was looked upon. It was very sought after, very difficult to get a post in – get training in anywhere in Ireland. Because it was mostly doctors daughters or nurses daughters that was.... You know... accepted.

Q: When you say it was a vocation, what do you mean by that?

A: Well, it was a profession, which you could get some job satisfaction from.

Q: Yes, it was seen to be, I suppose something over and above an office job.

A: Oh yes, it became a... doctors, nurses and teachers and guards job with regards to ... That was how it went.

Q: So when you left school, where did you apply?

A: I applied – well before I left school, I put my name down to... you had to go to Seamount for a few years. Then I put my name down for Galway Central. Which it was then and I waited the best part of a year. And I had to pay 100 pounds for place. But anyway, there wasn't a hope of getting in so I had to go to England to nurse and she (the registrar?) sent me some names and addresses. I wrote off and I was accepted in four. I wrote off to six and was accepted in four. I had a choice of four hospitals.

Q: So where did you go to train?

A: I trained in London.

Q: Very nice.

A: I trained in London and moved on to other hospitals in England.

Q: It must have been lovely, living in London.

A: It was. It was lovely in Dorset. It was really nice in Dorset.

Q: I am sure everybody was really friendly.

A: They were and the English people were lovely to work with – very fair. And you got promoted on merit not on who you knew.

Q: So, your first year. Can you remember anything about your training in London? I am sure you started off very simple.

A: Oh yes, you were right at the bottom. Well, first of all, you had to go into the preliminary stage and then you had to do an entrance exam, first of all, then you joined a school for three months then you had to do an exam to proceed to see if you were able. So if you passed that

you went on to do your preliminary here. And at the end of that, you had another exam. If you passed that then, you were away. That was for 4 years. Then you could go on to do midwifery after that. There was a choice. You could get to do infectious diseases at the end – in the last year.

Q: And what year was that?

A: Training year?

Q: Yes

A: The end of 1945

Q: Did you come over from Ireland with a group of friends?

A: No, I went on my own, much to my mothers' regret. She did not want me to leave but I couldn't get going here.

Q: You were in this hospital then in London and where did you live? Did you live in a nurses' home?

A: Yes, I lived in a nurses' home. You had the home sister and you had lights out at half past ten. You were checked upon and your rooms were checked. You had to make your bed and all that before you went on duty in the morning. At 7.

Q: Did you have to go to Mass?

A: No, no you didn't have to go to Mass because there wasn't any church nearby ... (sic).... There were not many Catholics

Q: Would they have been very strict – the nurses – when you were training?

A: Oh very strict.

Q: Very strict?

A: Very strict. Even third year nurses were very strict and the (staff ?) nurse were very strict because when the ward sister was off she took over, she was her deputy and she was strict but it was extreme, especially where hygiene was concerned and care of patients.

Q: Would it have been strict but fair?

A: Strict but fair – strict but necessary.

Q: Strict but necessary – of course

A: There was no MRSA in those days – you scrubbed before you did a dressing, you scrubbed for five minutes, right up to your elbow there wasn't a supply of rubber gloves like there are today and any gloves would have been almost like house gloves.

Q: There would have been a lot of shortages after the war then

A: Oh yes, very, we were rationed. We rarely got meat. It was mostly bubble and squeak Making up whatever was left over. We got enough to survive.

Q: And actually I hear that Looking at old nurses magazines from around the 1940's that Irish nurses and that girls from Ireland had a high reputation.

A: Oh, very, very high. We were greeted with open arms and they were well looked after and they got very good training.

Q: So when did you go on night duty when you were training?

A: You did it for three months in the first year and the second term maybe for three months in second year and about two months in the third year and then you could choose to go on night duty and stay on night duty if you wanted to after you trained.

Q: What was night duty like?

A: Night duty was hard. It was a 12 hour shift. You had to tip toe – you couldn't make any noise. You had to tip toe on the ward. Not to disturb patients. You really had to do whatever – not to disturb patients, you know, terminal patients. You had 30 beds or more.

Q: Thirty beds. I suppose it was a bit more difficult at night because you would have less staff.

A: Yes, there was only two more. You had the night nurse call on you.

Q: Or even if you had to administer any dangerous drugs.

A: Oh yes, well you see there was always trained members of the nursing staff on the ward the night nurse would always double check

Q: So when you had finished training then, what did you do?

A: I trained in midwifery.

Q: Midwifery – very nice. And how much longer was the training for that?

A: A year. The first part and the second part

Q: And did you have to visit..?

A: Oh yes, you went on ... you went outside to the community for a set period.

Q: What was that like?

A: It was interesting really. You learned a lot and you saw how people lived.

Q: It must have been very difficult after the war.

A: Oh yes, it was. There was a lot of stress and strain and grief and sadness. People had lost relatives

Q: So after a year of midwifery training, -- what year was that when you finished your midwifery training?

A: 1946. The end of '46

Q: So what did you do then after that?

A: I became a ward sister

Q: Very nice

A: Then I went on to become a Departmental sister

Q: Ok – and the ward sister... what hospital?

A: Well, I was ... 2 or 3 in London. You moved on to gain experience.

Q: And your experience then as ward sister – what was that like?

A: Very demanding. Very responsible. You had to make quick decisions. You really had to be on the ball at all times. It was really very interesting.

Q: What sort of uniform did you have?

A: To start with, we had – they were made before the war and there was no shortage of material at this time. The shortage of material came later and they had to change the uniform. They had to change it. My first uniform consisted of a long sleeved long blue and white striped dress down to the ankles with gathers. It had buttons from the waist up to the neck and a round neck. Then you had a stiff starched white collar and you had stiff white cuffs – 4 inches. You had a starched apron strapped – crossed over, tied at the back and you had a stitched, starched belt, a white belt over it and you had to wear that – summer and winter.

Q: Summer and Winter. Was it very cumbersome, very awkward?

A: You looked enormous in them because they made them big and loose so that you had plenty of room for movement.

Q: So it was practical at the same time.

A: Exactly and of course in those days your legs had to be covered especially if you were in the male ward, and when you bend down and, you know, modesty. So that nobody could look up your skirt.

Q: That goes back to the time of Florence Nightengale.

A: Yes a bit of that was there in those days. The strictness.

Q: Was there anything else that – anything else like that – I know that patients were referred to by number only? I know that in Ireland for a while patients were referred to by number?

A: Oh no, that would be not wise. Mistakes could happen. No, because you see a patient would die, a patient could be moved, a patient could go home and the number might not be changed. No, we had Mr and Mrs. We were not allowed to use our Christian names at all.

Q: Oh yes, surname only

A: Surname only and Mr, Mrs or Miss. You could not have any familiarity.

Q: You had to keep your distance – obviously yeah. I am sure you dealt with a lot of patients in your time. Was there ever any problems in dealing with patients? Do you ever remember anything unusual?

A: Oh I did, yes. Well yes in the beginning of the 1960's when the Asians came to the country. There were language problems. You got a phrase book that you used. It was useful and we managed. Then there were disturbed patients, especially at night. There was always something that was unusual, that caused disruption.

Q: Just out of personal interest, were you familiar with any cases of PKU back then?

A: No because after general training or after midwifery if you wanted to, you could do children's nursing. I didn't do children's but I had to do three each month for one of the children's courses that lasted six months and you see and you didn't – it was just part of your training.

Q: Were there any cases that would have been maybe specific to the war? Cases that you would not get now. I know there would have been TB back then

A: Oh yes well there was TB wards then and you had to do that. Six months in the TB ward as part of your general training.

Q: That must have been tough.

A: It was because to empty sputum bottles twice a day and then rinse them out and put them in a big container and boil them up. And those patients who had accidentally knocked their bottles, you had to get down on your knees and you had to clean it up and you had to wash and scrub the floor and then disinfect it.

Q: Yes, very interesting. I was reading in a book that before 1900 the British authorities tried to introduce a ban on spitting here on the fear it would spread consumption as it was known back then or tuberculosis.

A: When we were young, there were pupils at school whose members of their family were dying. And our parents and it wasn't just our parents, all parents, they wouldn't want to go into those houses and they said – 'if you go in, don't breathe.'

Q: Yes, there was a huge taboo subject.

A: Oh, it was, well it was a scare to them, because they looked upon it as a scourge

Q: There was this thing, as well that it was hereditary. This old belief it was hereditary, was there much of a taboo in London as there would have been in Ireland?

A: No, because there would have been a lot more of it, they would have been a bit more experienced in dealing with it.

Q: Ok, streptomycin wouldn't have been introduced until the 1950's

A: Yes, penicillin came in the 1940s

Q: So you worked for a while as a ward sister and what did you do after that?

A: Well, I went on to work as a Departmental sister.

Q: That must have been very interesting.

A: Yes it was very nice. It was very busy.

Q: And again that would have been in London. But we had more staff – more doctors. The hospital used to do an exchange of doctors and nurses from New Zealand and Australia.

Q: Very nice.

A: Yes, and they would come for six months and we would send out six in exchange and that was nice. The opportunity didn't come my way. I always seemed to be moved on when the time came

Q: Yes, I am sure you had a lot of friends as well

A: Oh yes,

Q: Any interesting characters?

A: Oh yes Adam? ? the film star, the Queen Mother, the Royal Family, George the Sixth , lots of people like that, Lords and Ladies.

Q: I am sure patients had always a great respect for nurses

A: Oh yes, it just wasn't a job like it is today because you see you got very little money. My first year, I got £2.14 a month and I had to pay for lectures out of that and you had no books. You had to go in and read – there was no library – you had to buy your own books and you know it was just hard going. You would have to buy a tooth brush and tooth paste as well, try and save up a little bit to come home to your parents because you would have the holidays given to you at short notice, you'd get at least three weeks at a time.

Q: Do you feel back then that you were that you were well paid?

A: Oh, no, very badly paid. It was slave labour really.

Q: And did you ever think.... You know in Ireland there was this idea that it was a vocation, therefore it is not an ordinary job and therefore you shouldn't expect –

A: That's right, yes.

Q: It is actually interesting because I was actually looking at old copies of the Irish Nurse and copies of the Irish Catholic Nurses and there was this idea that you were a nurse and you shouldn't think about money –

A: That was true

Q: Was it? Even in England?

A: Oh yes, and you couldn't get married, of course. If you got married (sic)... you had to leave and then they brought it in sometime early in the 1960's (?) that you could get married, but you had to wear your wedding ring around your neck on a chain. You couldn't have it on

your finger for fear of infection. You couldn't wear any nail varnish and you had to have your nails kept cut short.

Q: They were fairly strict –

A: Oh, very strict but it was good.

Q: Do you think it was –

A: I do, I think it was good and I think the discipline made a big difference and I think that's where it is lacking today.

Q: And of course the patients had respect – would there have been anything like today – patients being violent...

A: Oh, yes, yes because they'd have adverse reaction to drugs. And it wouldn't be their fault really unless they came in drunk and mostly a lot of Irish were- well you see they were away from home, they were lonely and they just lived in a room or a bedsit. They went down to the pub for company and they didn't eat and they drank and consequently they got drunk, because they had no food and you know. It is sad really, it is very sad and that's why a lot of them today are living homeless today.

Q: It is sad

A: It is their fault in one way but it is not their fault. The majority like myself didn't want to leave Ireland but they had to.

Q: When you got your days off – were there plenty of things to do on your days off ?

A: No, there wasn't a lot to do. If you wanted to go swimming you had to walk quite a way and pay for it. There wasn't anything really in the compound. It was all work.

Q: There would have been no recreational facilities for nurses?

A: No, there wasn't much really. There was table tennis in the lounge and that was it. And of course there was a dance once a month and the teachers and the guards (?) would be invited. You had someone respectable. That was kept very closely to the right personnel.

Q: You know, it had to be kept very straight and proper.

A: Yes

Q: I am sure it was kept very strictly supervised.

A: Oh yes, for you see they were your guardians and you were away from your parents and you were young. And your parents relied on the relevant authorities to look after you. They were very strict. That was one late night till eleven.

Q: Florence Nightengale had this thing that the training should be very strict – that you should have to work for it because if it was too easy it might attract the wrong sort of woman.

A: That's true.

Q: I suppose when they were recruiting you, when the authorities were recruiting nurses, they were on the look out for certain things.

A: Yes, you had to be 5 foot 5 inches at least.

Q: Really – why was that?

A: Because the beds were high and you had to be able to have your waist at least on par with the bed. Because there was none of this lifting automation beds.

Q: Oh right, that's quite interesting. I have never heard of the height requirement. Was there any other requirement?

A: That was very much so with Florence Nightengale. I've seen a photo of her. She is quite tall. Five foot five inches was the required height and over. Not five foot four, but they had to take them later. That went by the way side over the years.

Q: Was there a general scarcity of nurses while you were training?

A: No, no, there was my class of 16 (low volume tape recording here)

Q: That was a good amount. Of course you made friends with everybody.

A: Yes, well you went to each others rooms and you sang and played so long as you didn't disturb anyone (low tape volume here)

Q: Do you know if there were many that dropped out.

A: Yes, I mean there were two Irish nurses that were sent back. They failed to qualify to enter. One was from Kerry, the other was from Mayo and they were accepted but after 3 months, they never did their exams

Q: Were the exams very tough?

A: They were very tough, very tough.

Q: What sort of learning support did you have then when you were training? Who instructed you on the ward?

A: The ward sister. And if she had the day off the Staff Nurse would teach.

Q: And of course, you would have to pick up things fairly quickly.

A: You had to be very quick with bed making. Some beds had six or seven blankets on them. Beds were made twice a day. Patients were bathed twice a day. (low tape volume here) ____ done every four hours because it would be terrible if they got a bed sore.

Q: Would there have been a lot of cleaning to do in your first year?

A: Yes, you had to do the sluice room. You had to do the bedpan round and the urinary round. You had to clean all the bed pans you had to clean the ward (low tape volume here- clean the bed side lockers and the floor?)

Q: So there would be a lot of what we now call non-nursing duties.

A: Yes, there were a lot of domestic duties. When the patients were gone, you had to carbolise the mattress of the bed, you had to wash out the lockers, carbolise them. You had a lot of that back then.

Q: How did you and your friends feel about that, back then?

A: We did as we were told. It was a normal part of your training.

Q: Ok, it was a normal part of your training, and I suppose that again goes back to your training and again that goes back to Florence Nightengale. And I suppose you got into the habit of cleaning, and being clean.

A: Yes, you were told that message

Q: So, after your time as ward sister then, what did you do after that?

A: Well, times changed. The Salmon report came in the 1970's and where we used to only have a matron, a deputy matron and a home sister, and a whole lot of ... nursing officer, a nursing officer 1, a nursing officer 2 and all that came in and you went into administration. That oversees patients, you went into one or another of those.

Q: What was that like?

A: It wasn't as rewarding as the bedside nursing. You never saw the patient getting well, you know what I mean? There wasn't the same joy really and there was a lot of bookwork.

Q: A lot of bookwork

A: A lot of bookwork, which really nursing isn't. Nursing is caring for patients, it is patient care.

Q: And that was when?

A: It was 197 ... I think it was 73 or 74 Which was the time of the Salmon Report when you had the matron... the type of matron went, the deputy matron and they didn't have a home sister any longer because nurses were allowed to live out from then on.

Q: That was nice

A: Yes, they were able to go out and get a flat together.

Q: Was that a good thing or –

A: Well, it gave them more freedom, but I mean the thing is that in some cases it was too much freedom. They could take advantage – they would be out late when they should be in bed. And maybe they wouldn't be one hundred per cent the next morning. You never got that in the nurses' home.

Q: Do you think it (rules in the nurses' home) were a bit too draconian.

A: It was a bit, and you would worry about it but then you would just get on with it

Q: You would just get on with it. Yes. So when did you retire?

A: I retired after 44 years.*

Q: When did you come back then to Ireland?

A: I came back twenty (?) years ago *

Q: So, looking back then over your nursing career, did you find it rewarding?

A: Oh, very rewarding, wonderful job satisfaction and when a patient was very ill, you just stayed on. You got no extra money, no overtime, you had no union.

Q: You had no union?

A: No union,

Q: Not in England, no?

A: No union. Not until the..... *Oh, no, there was nothing like that.

Q: And did you mind that or..

A: Oh, we didn't know about it

Q: You didn't know about it?

A: No, we didn't we just went around, we did as we were told and we didn't question it. And if you did something wrong you were called to the matron's office and told off and reprimanded that was how it was.

Q: But there was plenty of job satisfaction when someone got well and I suppose you had a lot of friends.

A: They'd come in and they were near death then as the days passed with care they'd get better.... The patients had a much longer stay and for major surgery

* low tape volume here

Q: Yes, a lot of job satisfaction and I suppose you got to make plenty of friends.

A: Oh yes,

Q: lasting friendships

A: yes, well, you expected hard work when you became a nurse and you got it.

Q: Yes, you knew before going in that you were going to work hard.

A: Yes, I was very lucky, I got chosen to go down to (the town) near Dunkirk as the soldiers were being brought back, and

*low tape volume. It was good to be able to help.

Q: Id say it was a fairly interesting time to be in London, there would have been a lot of shortages, I suppose

A: There would have been shortages in clothes and shortages in books but other than that we were very well entertained. *low tape volume

Q: Was it quite safe... if you were walking home?

A: Oh yes, it was much safer. A lot safer than today. Things were more controlled. And the busses always came.

Q: Were there any shortages of medicine? Were there any medical shortages?

A: Not really, It was, you see, - we made our own dressings and we sterilised our own bandages and everything.

Q: The nurses had to do that?

A: We had to do that at night. We had to cut up the bandages and have everything ready for the morning. Then you boiled up all your own instruments and there was just a large amount of pharmaceutical companies. There was no shortage of medicine as I know of.

Q: Or no shortages of penicillin.

A: Oh no.

Q: Everybody was well taken care of.

A: Yes, the patients were very well taken care of.

Q: What was the relationship between nurses and doctors?

A: You couldn't stand talking to one. * low tape volume

Q: I think I have covered everything. Id say you had a nice time, plenty of friends

A: Oh, I thoroughly enjoyed my career

Q: Any disadvantages , do you think?

A: I do , I think the long hours.

Q: When you say long hours.. what sort of hours would you have to do?

A: Well you see, you were supposed to do – night shift and then you went on at 7 o clock and you should finish at 5 , you might not actually finish until 6 or 7 because of a crisis or an emergency. You stayed on. There was no such thing as over time or saying I must go now. There was no recognition of financial...

Q: Ok and when you say go , there wasn't much to go to in terms of entertainment.

A: Well, I tell you, you wouldn't be wanting much entertainment. You wanted to go to bed or sit in a chair and read a book and drop off or go in the bath and have a soak. You would be so tired, I tell you.

Q: As nurses, were you open to any sort of infections?

A: Oh, you were open to infection all the time. It was the luck of the draw. I mean I picked up pneumonia from a patient. I nearly died. Yes, there was a lot of infectious patients –

Q: In terms of your day to day work. You had a lot of walking to do.. I know that sometimes people would get blisters..

A: They would , but it was their fault as they were supposed to wear comfortable black shoes. You had to wear black stockings.

Q: I suppose you didn't feel the time go by.

A: No, it was night before you did the reports, you had to do reports for the night sister and you had to do reports at 5 or six in the morning for the day sister and doctor and you also had to pack the drums with sterile – and have all the instruments ready for the next day and any dressings that needed doing – 2 hourly or 4 hourly. You needed to get that done.

Q: Did you have to order paper and food and order supplies as well?

A: No, the dietician did that (food) You ordered paper supplies for each ward, sheets, envelopes, oh yes, you had to see to that. You had to see to your store cupboard.

Q: Did you have to answer telephones?

A: Yes, all the time

Q: That was just people ringing up to find out how their relative was. You didn't give too much information.

A: No you weren't allowed to give any actually you had to get a senior member... * low tape volume.

Q: I think that is everything, thank you very much.

Copybook notes.

Born May 1923, started training near the end of 1945, retired 1973.

Special polio ward in the 1940's. Iron lung machine. To help lungs to breathe.

Regimental nature of nursing – anyone in uniform regimental. Breaches of discipline shown on hospital notice board.

You trained for 5 years before you could be promoted to a ward sister. Ward sisters had a separate dining room. You had to wear a blue belt with a silver buckle. You were not allowed in to the dining room if you didn't have a silver serviette holder. You sat at the end of the table and you didn't speak unless spoken to for the first 6 months until someone else came – was promoted and they sat at the end of the table. Regimental promotion based on merit.

Interview 5.

Q = the person conducting the interview: Mary Hawkins

A= Deirdre O'S

Q: What is your date of Birth?

A: August 1957.

Q: Were you born in Galway?

A: I was, yes,

Q: What part of Galway?

A: It was the Regional Hospital at the time and my parents were living in Kildare. In the Curragh in the Army Barracks there but my mother was from Galway, and she came home and stayed with her parents while she was having me and then she went back again, a couple of weeks later to Kildare.

Q: So you grew up in Kildare?

A: No, I was only about 2 years there and then we came to Galway again. We lived in Salthill until I was about 6, and then Renmore.

Q: And that would have been in the 1960's or thereabouts?

A: That was in 1961. We moved to Renmore.

Q: What was it like actually growing up in Renmore during the sixties?

A: It was just starting off – being built, Renmore, but there was lots of fields and where Lough Atalia is now was all marshland and we used to go down there and play. The Holy Family school was an old hospital and we used to go in there and play as well as it was derelict at the time but I remember seeing old beds stacked up against walls, now I suppose it could have been dangerous at the time as it was an old TB hospital and an orthopaedic hospital before Merlin Park was built and that was our old play ground down there.

Q: So you went to school then in Galway?

A: Yes, Taylor's Hill secondary school and most in the primary... a little bit first of all in the Mercy.

Q: Very nice, so what sort of options were there then for you and your classmates in Secondary school, when you were considering careers, what sort of things could you consider?

A: Well, we were starting to come into the new era of computers. When they were just beginning. I remember seeing a computer on a career day and the computer went from one

length of the hall to the end. And you went to one end – the man demonstrated it for us. You went to one end and typed in your name on a keyboard and it spat out a ticket with holes on it, which was the language of the computer at the time. And then you grabbed the ticket down to the end of the hall and you fed that ticket into a part of the machine down there and it came up on the screen My name is So it was just massive, but the potential of this, the idea that something would be able to reproduce without doing all this extra typing was great. Of course the profession of Nursing, Guards, Soldiers, were highlighted – Bank – the nuns – the vocations. They were the big career choices really.

Q: And did you have anybody – any nurses come around to highlight a career in nursing?

A: Not really, no, just this career day was one that would have stimulated me – but again, it wasn't the nursing at this stage. Physiotherapy was one thing I was interested in because I was interested in sports. I had a sense that I always wanted to work in a hospital, so I looked at laboratory technician as well at the time. And then it occurred to me one day that I wouldn't like to be stuck in a laboratory with just this very small staff if I didn't like the people near me. So I dismissed that. My mother had been a nurse, so I don't know had she influenced my life or not and I had been sick as a child as well. That would have been the early sixties. I remember a couple of incidents from that. I was in hospital and again I don't know if the hospital influenced my career.

Q: Ok

A: So then when I left school, just, my final year in school, there was an interview for nursing. A career group came over from England and I did the interview as a practice interview. And then I applied for physiotherapy because I was still interested in that but the physiotherapy school that I applied to in England wasn't able to take me for another twelve months and the nursing came up again. They sent for me, then, in September of that year and I waited until January to actually go. I had a job at the time and I had to give a bit of notice, but it was good because it kind of made the decision for me. I drifted in to it, if you like.

Q: You drifted in to it, oh yeah. What did your Mum and Dad do because many nurses that I interviewed, their parents would have come from farming backgrounds.

A: My mother was a nurse, and my father was an army officer.

Q: Oh very nice, yeah

A: He got transferred to Galway and that is how he ended up in Galway.

Q: Ok, yeah – so you went, then to train in England. What year was that?

A: It was New Years Eve 75/76 – 1976 January.

Q: And what part of England – roughly?

A: It was Middlesex. West London – Near Heathrow Airport. And I spent 5 years there. I lived in the Nurses home – It was an easy option – I wanted to come home eventually and in my mind's eye, I was afraid I'd settle too much. It suited me because I always had it in my head that I wanted to go home at the end of it all. I was just in England to get a career so I deliberately did not go out to find accommodation outside the hospital.

Q: And there was that option of going out and finding accommodation. What was the nurses home like?

A: We had individual rooms, and it was the first time ever – I come from a large family – I had a room to myself. Very exciting for me from that perspective. There was three kitchens on each floor so that there was about 20 people sharing three kitchens – three bathrooms and there was three floors in the building. There were other nurses' homes within the hospital complex as well. There was very little supervision on us.

Q: really?

A: - In comparison to the Irish scene as far as I understand.

A: Really, because again I would have interviewed people training to be nurses in London around the 1940's 1950's for example and they were saying that it was very strict, that you had to be in bed by a certain time ...

A: On our first day there they had a greeting – a welcoming party, if you like. A couple of nurses that had been there a couple of years. And they showed us how to make up our hat.

Q: Make up the hat – the butterfly cap?

A: We had gone on to disposable – you didn't get a proper starched hat until you became a staff nurse.

Q: Ok,

A: It was simple to make up but to people who hadn't seen one before, you didn't know what you were going to do. Our uniforms were ready for us and they showed us that and then they told us you have your key, you just turn up for work the following day and no one will mind then if you were in or out overnight.

Q: Really, Ok

A: But they didn't like visitors in the rooms. But then again there was nobody to supervise them so you'd often see fellas scampering out of the place at 6 o'clock in the morning!

Q: So it wasn't strict at all, it was - it had kind of – it was Ok. What kind of recreational facilities did you have? What did you do?

A: Within the place? It was up to yourself, really just to go out and join things locally but there was a social club which sold alcohol and had pool tables and that sort of thing.

Swimming pool down the road, there was tennis courts in a sports centre down the road. I remember joining a table tennis club for a season. There were lovely parks for walking in and that would have been it.

Q: It was fairly Ok. So, you began your training then in 1976. Yes? And how long did that take?

A: April '79- I was finished.

Q: You were finished in April 1979

A: Yes

Q: So was it General nursing first of all?

A: Yes, the General nursing, I'm just thinking now, was it 76... it would have been the end of January when I actually did my exams, but I remember I registered in 79, so by the time the paperwork was out of the way, - 79. And then I started for 6 months on a male surgical ward. We got a choice of first second and third choices when we applied for the work and you could choose whether you wanted part time work or temporary work or full time work – full time night, full time day or whatever. Again, in comparison to what I hear from local people in Ireland they had no choices. They generally gave you your first choice and then if you were unlucky, you got your second choice, rarely would they have to go to the third choice.

Q: Just back to your training, just for a minute. What was that like? You started off in first year – what was first year like?

A: It was very daunting at first, but they gave us a very good grounding. We had 8 weeks in school – our first 2 months, and in that – one of our first days in the school, they handed us a graph showing us our three years plan. And that included our holidays, medical ward, surgical ward. It didn't specify which ward at that stage – but the medical ward, surgical ward, holidays, theatre experience whatever –that was all laid out for 3 years as well as the dates of your final exams. It was amazing

Q: It was. It was fairly structured.

A: The tutors, to me, were excellent. Mostly female tutors, but we did have some male tutors as well. Then, they would bring us to things as well, within the career setting. There was a clinical room we used to practice things in. They might show us how to make a bed and then they might bring us to the ward and get us to make a few beds that day. So that part was very good. I think there was about 40 of us to start with and we were told... I remember one tutor very clearly said that some of you will be perpetual students which means that some will go on – students, students, students, students – still studying all their life. Some of you will drop out and there will only be about half you doing an exam at the end of it. She was right about

that and what happened to some of them is that they broke away and they did the 2 year SEN. Enrolled nurse not a registered nurse. That qualification was never recognised in Ireland. But for some people, it was a step down. You had to have an SRN to check drugs but apart from that you got a good (?) in England.

Q: Would it have been a nurse's aide?

A: A bit more than that. Allowed to do a bit more than that. And sometimes they'd be almost in charge of the ward. I think they were in charge of the ward sometimes. There were only 19 of us at the end

Q: So a few would have dropped out?

A: A good few would have dropped out. About half. Some of them would have changed over to the SEN as well.

Q: Why do you think they dropped out?

A: Some of them got sick, one girl became anorexic, another girl hurt her back and she was given 50% - if she had – she could have surgery or not, but if she had surgery she was given 50% chance of going back to nursing, because of the severity of it. It (nursing) wasn't for some of them.

Q: Was it just they didn't like the sight of blood or –

A: Discipline, I suppose. Being in England, you had to address people by their title – Miss, so and so or Mr. so and so. That was strange to me because I wasn't used to that at all when I first came. But it became natural and then when I came home, I found it very hard to change over. People expected to be called by their other name.

Q: When you said discipline there, what did you mean by that?

A: On the ward, yeah, the regime. The breakfast, the tidy up, the bathing and the regulations that went with that. Like there is a certain protocol, if you are giving someone a bath, there is a protocol of what you should have with you. You start head to toe, you know that kind of thing. If you are going to bring someone to X ray, there was a protocol for that. There is a protocol in all the different lines.

Q: So it doesn't mean the fact they found the matron or ward sister to be

A: dominating?

Q: Yes, dominating. It wasn't that – no?

A: It wasn't that, no, in some cases it may be so but I was very lucky in the places I went to. I seemed to get on with most of the people. I don't know if it was my personality or what but I just got on. And I got on a lot with people in every ward I went to. In my own perception of the thing, when I was on a surgical ward, I absolutely loved it. When I was on a medical

ward, when I was going through a medical ward, I'd kind of say oh I don't know if I want to do the medical ward, but when I would be there I'd love it too and then when I got back to surgical again, that is where I wanted to be, but when I was on the medical ward I would like that too.

Q: So it seems to have been a fairly structured course. I think one difference I have noticed, from what I have heard from other people is maybe It became more of an academic thing?

A: No, not for me. I found it very practical.

Q: It was still very practical, yeah.

A: I found it difficult to pass my exams at the beginning.

Q: Ok, so it was 8 weeks in a classroom and after that you were out in the wards.

A: yes, all practical after that.

Q: So in first year, then what was the wards like? What sort of duties did you have to do in first year?

A: You did everything really, and you were well supervised. And if you weren't able to do something, you would be expected to ask. I can remember nursing a patient. And I would have never been to funerals in Ireland and I knew this lady was very sick, she had leukaemia. But one day I came on and they were saying that she was nearly dead. It was the first time that I had copped on that I was going to see dead people in the hospital and I know it was very naïve of me going to nursing. I expected all the patients would get better. And that threw me. But then when it came to the laying out of the lady, I was there the day she died. They were going to lay her out and they asked me if I'd like to come in with the person that was going to do it. They gave me the option, and I wasn't sure and they encouraged me. When I went in it was a very, very caring setting. We had done the theory of it before in the classroom so I knew what was expected of me, but at the same time, the dignity of that person was held all the way through and that stood to me then when I went to teach others. We had to wash the body first of all and then we had to put on a shroud and I think because the dignity was there, it was made easier for me. I was not left at any stage on my own in the room with the body. They were very good. We didn't talk much. It was an experience I felt I had to go through and it good to do it in such a good setting. Giving injections...again you would be well supervised. Drug rounds were a bit over my head at the beginning but it was the same standard of giving out drugs. That has changed some of the laws of that has changed and one nurse can give them out here now. Whereas you always had to have 2 nurses check before.

Q: In first year, would you have had many of what we now call non-nursing duties to do?

A: I don't recall them fully. If you were quiet you'd be getting to wash down shelves and things like that

Q: If you were quiet?

A: If the ward was quiet.

Q: Oh yes,

A: If the ward was quiet. But it was encouraged that you would walk the patient or do something with the patient rather than doing non-nursing duties. There tended to be a lot of domestic staff that wouldn't have been from England. They were Jamaican ladies. I remember a Jamaican lady. She was very hot under the collar at times if the work got too much for her. She would be shouting at you but at the same time she was – they got on with their work and they seemed to do well and there seemed to be enough of them around to do that. There appeared to be.

Q: What sort of uniform did you wear in first year?

A: The students were distinguished by their belt. But we had a dress and an apron that was buttoned on to the dress and the cap and tights and shoes, laced up shoes

Q: So what kind of belt was it?

A: The first year was White

Q: White, and then I think the second year was blue.

A: In our hospital, it was yellow

Q: yellow.

A: And then third year was the blue belt – light blue and then you got staff nurse – a navy blue one. And then when you got to the staff nurse, you were entitled to buy your own buckle. That gave you some status as well. It was clipped in the front.

Q: What colour dress did you have?

A: It was white and blue stripe. It wasn't a navy blue it was a pale blue

Q: What did you think of the uniform? Was it cumbersome or awkward or did it have actually have practical purpose?

A: I suppose not. It was – it kept us in an outfit that was cleaner than what you would be mucking about in your off time and a suppose from that perspective it was good. It was a change over – infection control and all that, but it wouldn't be stressed as that it was more stated I think the idea of the uniform.

Q: If you were wearing it on a hot day like today –

A: Oh yes, you would be very hot. I found – stretching and that you would be careful enough that you wouldn't be lifting it too high or splitting it under the arms. But that has only

changed gradually to pants over years in England and Ireland. It is only in recent times there has been a change over to pants.

Q: I think so even in schools. So the actual uniform did not change over the years, it was just the belts that changed.

A: In our time, yeah.

Q: So what was second year like?

A: Second year. I was under a lot of pressure in second year because I had failed my exams in the six month one, and I had to repeat that a couple of times. I was nearly out. And again they were very supportive of me. They called me in, you know when you go for disciplinary action, where you get your warning, your written warning --- Your verbal warning, your written warning, your final warning and then you are out after the final warning. On my third warning, because I failed it, they told me I was only being kept on because my ward reports were very good. There were assessments as you went along and as a result of that, my second year exams – I concentrated on getting my first year exams and my second year exams, I actually failed that the first time as well, because I was concentrating on my first year exams. So I was under a lot of pressure on the change over time from first year to second year around the exam time. I know exactly why I failed my exams – because the Olympics were on and I bought my first television in 1976 and I neglected my studies at the time. It took me about 9 months to catch up on it, but I was very lucky to stay in the nursing and at the end I got an award in my third year.

Q: Very nice

A: I don't specifically remember having more powers in second year.

Q: Did you go on night duty in second year?

A: I suppose it would have been second year. And what you did there – you did a week on, and a week off. And 5 days off. I remember the first night I went on it. I was thinking 'that's great now, I am going to get one of those rover tickets for the busses. I am going to spend the whole day in London. I am going to see all the sights.' Oh.. I'm just wondering now, it could have been the first six months we did night duty, because we weren't there for a long time when..

Q: You went on night duty after the first 6 months in first year ?

A: I think so, I think it was. But I remember buying a rover ticket to go around London when I was. I was going to go home and go to bed and the next morning was my rover ticket for going around. I woke up in the night – 15 hours later! So I woke up in time to give the ticket to my friend who was going out for the night. And she used it to go out to the dance. So

obviously I was exhausted after the (night duty?) work. The night duty was all right again; you were with the staff nurse for the night.

Q: Do you think it was a big step, the fact that it was night, and the fact that there was less staff? I kind of get the impression that it was a big step in your training

A: Yes, you have advanced on. What was very nerve wracking was the fact that there was only 2 of you if there was a problem. In a day setting, you've got all your domestic staff, to telephone or if someone needed extra help or whatever. There were more hands there. The – in the early evening, you got the patients to help you give out the teas and that.

Q: Really?

A: And nowadays, they are afraid to do that because of the insurance. But yet the thinking at the time was that the patient was going to rehabilitate better if they felt they could be helpful giving out the teas. And I went along with that. The Christmas decorations, the patients were involved in putting them up.

Q: Really, was that a new thing or was it always like that?

A: No, it seemed to be standard, it seemed to be the thing in our hospital anyway. There was – what else did patients do Sometimes a patient would walk another patient down to x ray. They wouldn't be escorting them as such as they would be able to walk. At meal time they (patients) would give out cutlery to other patients.

Q: So night duty anyway, there would have been less staff.

A: The night sister would come on a tour and you were expected to know every patient on your ward – well, you would know them in the day time as well, but there would be more chance you'd get caught to identify the night. Probably later on in my training, but certainly during night duty, you would be brought around the ward and you stood at the end of every bed and recite what every patient would be in for and whatever. But that has all changed now as well because you've got more focus. One nurse would be in charge of a few patients now and they would do all the care of those patients whereas you might be doing the dressings on the ward, but you would have to do all the dressings on the ward. It was called task assignment rather than patient assignment. That was the focus then so that you knew more about everyone on the ward than you do now, I feel.

Q: Did you have any problems with patients during night time?

A: No, not really. They were all fairly ok. Patients were not allowed to smoke in the ward. They had to go down to a sitting room if they wanted to smoke. That was accepted. Except in the orthopaedic ward where they were allowed ashtrays beside their bed. You'd have cheeky patients. I remember being a real shy student nurse, probably in first year and a patient asked

for a bedpan. I drew the curtains around the bed. The minute – I had barely drawn the curtains when the man said ‘oh that’s lovely nurse, oh nurse, nurse that’s lovely.’ I didn’t know how to respond. I came out with a big red face. The lads were all laughing. But that kind of cheeky but that was all right – no harm.

Q: They were fairly ok at night – no alcoholics going into DT’s

A: No, maybe it was the kind of wards I was on. We didn’t seem to, no. What was more dangerous was your silent patient. The one who could slip into a coma or something. You’d be more alert for those patients. I tend to remember a lot of patients getting clots and collapsing over my training time, and so, I was always on the alert for a patient that was going to collapse. That was my big fear, someone that would collapse and die in front of me.

Q: Did you have many people going into cardiac arrest?

A: That is what I am saying. Not necessarily at night time. It would just be a general thing you would come across. And we were always warned about a patient needing an urgent bedpan. Sometimes the bowels would just come loose before they’d collapse and you would always be panicking a little bit if they were kind of getting desperate.

Q: So what was third year like?

A: Third Year. You were reminded about your exams. You had a bit more stress about the study side of things. I think I was more worried about my study because of first of all, my failures in first year but secondly, I don’t think I am a great academic person. The hands on nursing suited me fine. And I know today that nursing is in third level education, that I would not be looking at nursing as a career. It suited me for it not to be in a university. I often wonder, I often feel that I am good nurse and therefore maybe I would have missed out on my career. And what is going to happen today is..... (low tape volume). But in third year, you started to do ward management in third year. Where you would be involved in writing up a patient’s notes and you would sometimes be in charge of the ward in third year. Mostly in the evening times or maybe morning times. So there was a build up, I suppose, of more responsibility and you would do allocations of jobs and things as well you would have to go to the more senior staff if you were doing a ward management day and they’d say ‘ you have to do this and you have to do that’ allocations and that. That was difficult for me because I was not good delegator at all. I’d prefer to do something myself than to be asking someone else to do it. There was probably more expected from you, but you fell into the role.

Q: You fell into the role, yeah What did you do – first of all, what year did you finish your training?

A: April 1979.

Q: Yes, what did you do after that?

A: I applied to a male surgical ward and I got my first choice. On day duty.

Q: What was that like?

A: Well, I had worked on that ward as a student and I knew that the staff, were very competent and the ward was well run so I was quite happy to go back there. It was one of the long wards. They called it the Nightingale ward and there was two side rooms on it and it was the more ill patients that went into those, it wasn't the convalescent (?) male patient. I always remember one man who came with a head injury and his personality had changed. He was up and walking around. His family were afraid of him because obviously he was a violent man before and he wasn't now. It was really weird to see their reaction. And then there were those that might be dying and they would need a bit more quiet. But those were the ones you had to keep an eye on as well as they could slip away quietly on you. The sister on that ward was a big happy lady but she had very high standards. You were expected to do your work very well. I liked that about her because you did your work well and then you knew that you had done a good days work but it was expected of you.

Q: What were your seniors like? Would they have been fairly strict?

A: Again, they would have expected a certain standard and if you didn't do the standard, then you'd feel the strictness more I think, but if you accepted it and got on with the job then I think... I never felt too bad about it

Q: Strict but fair

A: Strict but fair, yeah exactly. If you had a problem – if you had a dressing – Supposing someone had an operation that you hadn't experienced before, and you weren't sure what to expect with the dressing, they'd be happy to come with you and make sure you were all right. Overall they were fairly ok

Q: Overall they were fairly ok, you never had a problem with any of them or anything like that.

A: No, and you were encouraged to ask questions and encouraged to be a part of the team as well.

Q: So you worked in the male surgical ward for how long?

A: For 6 months, that brought me up to October and I had applied for a midwifery then as well. At the time in Ireland, it was very hard – well in Galway, it was very hard to get work unless you had 2 qualifications, so I decided, there was a maternity hospital part of our hospital and I wouldn't have to go too far if I could get into that and I would have the second

qualification. I did midwifery specifically to have a second qualification. I did not intend to practice it.

Q: And when did you start midwifery training?

A: October 79 to October 80.

Q: What was that like?

A: That was very different as well, as you were moving around to the different sections. I got a very good training. We were in the ante natal and the post natal ward and the actual labour ward. We had to do 30 deliveries before we could take our exam, and we did a three month stint on the community as well. We had community midwives and it was when the domicillary midwife scheme had only started a year or two before. This meant a woman could be looked after by a midwife prior to delivery, then they came into hospital for 6 hours to have the baby. Six hours after having the baby they could go home, but a midwife called to them for 10 days post natal. Some of the women liked the hospital but they didn't like the long stay. It was standard. You were supposed to stay in hospital for 10 days post having your baby.

Q: Ok, so no home deliveries at this stage?

A: You could plan it. You could plan that as well. But there were few and far between.

Q: Very few.

A: Yes, mind you I got two of them when I was on the community. One was planned and one wasn't. One lady just went into labour when we were checking up on her and so we were there and we saw her baby being born as well. The other one was a planned one. It happened at night. It was a lovely one. It was very calm and the family were there for it and everything. The children weren't in the room at the delivery time, but they were called to the room to see their baby brother when the baby was born.

Q: So it was a rare thing then for babies to be born at home.

A: Yes, it wasn't encouraged because it was felt that there were too many risks. If the baby needed a bit more oxygen – if they were too far from hospital to cater for it, the midwife would have a small supply of it in her car but it wasn't -. There were very strict rules. You had to have it after your first baby because they knew that you could deliver – that your pelvis was big enough and before- it couldn't be it after your fourth, because of the higher risk of bleeding. So 2, 3 and 4 you could have at home but there was big planning put into it. You had to have your antenatal classes before hand as well. That was all expected.

Q: So you finished midwifery training. What did you do after that?

A: I ran home. Before I finished my midwifery, I had applied for a job in the western - in Galway. My friends' mother had sent over the ad to us and we both applied. I got the job but she didn't ... I had an interview lined up for about 2 weeks after I came home and that would have been 1980. Then I did some temporary work in Merlin Park over that Christmas 1980. Then in February 1981, I became permanent in Merlin Park. And I went to theatre to start with.

Q: Theatre to start with

A: Well all the time.

Q: So, just one or two other questions then. Were you a member of any group ever- In England when you were training,

A: What sort of group. – sports or?

Q: Groups like the Irish Nurses Organisation, the Irish Catholic Nurses Guild. Were there any groups like that?

A: There was. I was in the RCN for insurance – that's a union.

Q: RCN stands for?

A: Royal College of Nursing. It was like a union. There was another student thing..... but I only went to it once. It was for foreign students, I suppose. We were just called over there once but I didn't bother going again to that.

Q: Were nurses interested in those unions generally or.

A: I never really heard of anyone having to have a fight or backup from it, so I don't know but I wouldn't be big into.

Q: You wouldn't have been very unionised. It wouldn't have been too active or anything like that.

A: No, no

Q: And when you came back to Ireland, would you have been a member of any union.

A: Yes I joined the INO.

Q: The Irish Nurses Organisation, yes.

Q: When you were training, did you feel that you were getting an adequate wage? When you were training – at that stage – back then.

A: It was probably adequate. I am the person that can save fairly well so I used to save my money for travelling home. I remember my first flight over was £17. I suppose it would have been about £34 return. I got £98 for my first salary per month but I had to buy my books out of the first one and then my second one – I managed to come home on my second one because I came home for a long weekend after my first 2 months. I was a real home bird. So

yeah, I'd say it was adequate. But then again, people say we are badly paid now but I think we are adequately paid now. It is a perceptual thing rather than..... I was comfortable with what I had, and of course I was living in the nurses' home so my accommodation was minimal (financially). My laundry was looked after. All I had to provide was my food and any entertainment I wanted. So in my mind, it was adequate for me.

Q: Do you feel that nursing is a vocation?

I think probably yes, there is certain – some people have a feel for it and I don't know if you want to call that a vocation or not, but you have a feeling for a caring side of it. You want to do things for other people. Then if someone is more comfortable when you have finished – even if it is only sitting a person up in a bed. If someone is more comfortable as a result of what I did, it gives me a good feeling because I did it. So the payback of the job to me is great.

Q: Just back when you were training, were you told that nursing was a vocation and it was above an ordinary job?

A: No, because in England it wasn't regarded as that. In England, it was nearly a lesser job being a nurse. I remember an English girl in my class and she wasn't too impressed really as a career choice, but she became a nurse. It wasn't a glorified job. I think it was done more so in Ireland and that.

Q: Yes there was this – once upon a time that nursing was more than an ordinary job – it was a vocation and therefore nurses shouldn't be thinking of money too much – but that wasn't an issue.

A: No that wasn't an issue. But I know I got great feedback – a good feeling from the work I did and therefore I was very comfortable all my life doing the nursing. The payback was good for me.

Q: Advantages and disadvantages. I am sure you had loads of friends.

A: Yes, loads of good friends. The team work and camaraderie with your friends, the feel good factor of having done good for someone else. That gave me a good feeling. I liked the regularity of having a job – the job knowing I would be on this ward for 2 months. There was a certain security in knowing that. And then knowing there was going to be changes as well because it meant that if you didn't like it, there was going to be a problem there at least you'd be gone from it in 2 months time. I liked that setting as well. Overall now with nursing, I have been in a theatre setting for many years and the teamwork of that is great. But the actual fun side of it has diminished with all the stresses that are there now. I feel with nursing now, there are more stresses. There is more time focus, in a negative way. You have to get it done

quick because you have so much else to do. In the past, you got it done, but there didn't seem to be that pressure. I think there is more pressure on nursing now in a negative way.

Negativities generally – you would come across someone that would be a bit of a battleaxe but it wasn't a big issue for me. But I would have heard of people that would have been very hurt by the bullying side of it and that goes down the line too. You find that if you have a bullying manager, it will go down the line. The staff nurses will be bullying the junior nurses and the juniors will be panicking because they would have nobody to bully.

Q: Would you see that?

A: You would see elements of that, but I didn't come across it for myself. I seemed to get by without having the terrible things I heard about with other people. Nursing has a history of bullying. They are clamping down a lot more on that now. Negativities.

Having said that I like the regularity of the work, at the same time, the evening and night duty played havoc with your social life. You could not say I'm going to join a ten-week class, because I don't know, five weeks later down the road duty I am going to be on on a Thursday night or whatever night you are talking about. So, socially, that was difficult.

Q: You made loads of friends just in case that didn't come out in the first part of the tape.

A: Yes, the nursing for me has been good.

Q: That brings me then to my next question. In your opinion how have conditions improved for nurses? But you kind of answered that – or have they improved?

A: Salaries have gotten bigger but in – there was a comparison to what they were – with the cost of the living maybe they're not hugely greater but I feel they have increased a good bit in proportion to the work. Uniform has changed – that's good. The academic side of it has added to the actual nursing because there is more knowledge. You are more inclined to go and research something before you actually do it or to question more. We didn't question things we just accepted it as the way things were. So when you talk about best practice and evidence based practice, that's coming in now and it is going to be better for the patients at the end of the day. Maybe a negative to your question is people don't, I feel that nurses don't have the time to do the small things we did as nurses before. By that I mean going to a person and giving them a drink of water or making sure they've had a drink every hour. That's good nursing practice but I just found there recently I didn't have the time to do that. Or even walking the patient. We used to have a routine that if you were doing walking, you would go around to every patient on the ward and made sure they had a walk every hour or whatever. And that was your job for the day. Besides getting people up or to bed or whatever that was very much good focus at the time. And that is missing now. People just don't have the time

and as a result of that, I feel that the patients aren't getting the best care. Maybe that was just some of the wards I was on last year when I was studying, but it was an angle I didn't like. From that perspective, I felt the standards were slipping. I find that places aren't as clean either. And that is bad from the infection control side of things. Whose job is it? Maybe the domestic staff don't have the time either to do the little nitty-gritty type of cleaning that we used to do. We washed down beds and things and we wash down beds now but it is not the same. You scrubbed every inch of that bed and now it is a big mentholated spirit (?) an antiseptic wipe. We used to get the soap and water out and we scrubbed every bit of the bed.

Q: That was when you were training?

A: When I was training and as a staff nurse, whereas now last year my experience was you got out your spirit and swipe it around the place and that was it. And the patient was in it before it dried off. You know before you had time. Before you had time. And I don't know what the difference was then because you still had as many patients. In fact you probably had more patients since you were dealing with a 21bed ward with all your staff. Instead of dividing out your ward into 7 or 13 patients between 2 nurses. So I don't know where the time has gone. But it has gone.

Q: Yes, I think that's basically it, yes, thank you very much for that.

Copybook notes.

Aug 1957,

New Years Eve 1976

April 1979

Male surgical ward 6 months.

October 1979-October 1980.

Reason England, Only 2 Galway people called – city and county (more maybe). To give other people a choice. Portiuncla was private. You had to pay to train there. Not that many state schools of nursing. Galway –so many nurses – 2 qualifications necessary to get in.

England had just enough nurses in the 1970's Big dip in the 1980's in Ireland. Didn't recruit, people left and they weren't replaced.

Training

Conscientious objector not an issue in Ireland because there were no abortions. In England, you were never asked to do abortions if it was against your personal belief.

No mixing of doctors and nurses.

Hours training

8 to 5.30. 48 hour week.

15 minute break in the morning. Unofficial cup of tea in the afternoon. A half an hour to $\frac{3}{4}$ hours for lunch. Split shifts. Off from 2-4. on 4-8.30. 8am to 2 pm. Off 2-4. Night duty 8.30 – 8.00 am half an hour in the middle of the night for a break

Had to have requests for off duty in 2 weeks in advance. 2 days off. Timetable for next 2 weeks done 2 weeks in advance. Holidays – 6 weeks per year- controlled as a student – we didn't have a choice. 3x2 weeks.

Interview 6.

Q = the person conducting the interview: Mary Hawkins

A= Nora G

Q: So, first of all, what is your date of birth?

A: The 20 of August 1926.

Q: Were you born in Galway?

A: I was born in a place called New Inn, it is very small, but we moved to Athenry when I was a year, so I forget about New Inn, I don't know it but Athenry was the place I loved.

Q: Is that some place in Kinvara, New Inn?

A: No

Q: I am thinking of some place else.

A: It is near Craughwell or Loughrea.

Q: It rings a bell

A: Ballymacward I think is near it – Loughrea is the nearest to it. Between Athenry and Loughrea- the back roads.

Q: But you were only there for a year

A: I didn't know it at all. My parents pointed it out to me at one time.

Q: So you moved to Athenry.

A: I had a great time there. Complete freedom. It was lovely – I loved it. I loved the people and everything. My father was in the guards and he became an inspector of weights and measures and he had to go to Tuam. So he was stationed in Tuam then.

Q: How many years did you spend in Athenry?

A: Until I was 11.

Q: Until you were 11. I'm sure it was nice, growing up there was it?

A: It was wonderful, when the farmers were going home after the market, we would say 'would you give us a spin?' And we would get up on their carts and they'd take us out the road a bit and then they'd say to us 'ye had better get out now because ye have a long walk home.' So you could do things like that.

Q: And primary school there?

A: Yes, I was in Primary school there. The convent, the Presentation.

Q: In Athenry?

A: In Athenry.

Q: What was that like?

A: Fierce.

Q: Fierce?

A: Cross, terrible slaps. Everybody got it, you know it was – they were bringing us up properly. But when I think of that school, I think of the slaps, but we had good fun too. We used play Mrs. so and so coming up because the teacher hit Maureen, so someone would be sleeping and the teacher hiding in the toilets – that was one game.

Q: Yes, so it must have been lovely growing up there, loads of friends?

A: Yes, well you see I was free to roam, because my parents thought it was good for us. They didn't think that – they just let us free. We used to go a little bit out of town. I had a little bicycle and I used to cycle out – we used to go to visit anybody so I had a friend who lived on the agricultural station - the farm we called it in Athenry – that teaching place for young farmers and so we could go around looking at drakes, turkeys and chickens – you know we could go around and see the different attractions on the premises and it was lovely. The freedom, I think.

Q: Of course it was safer too.

A: Oh yes,

Q: You wouldn't have any of the concerns people have nowadays.

A: No, and I remember coming home late one day and my mother said 'where were you' and I said 'I went to see Mrs. H___, an old lady who had died and they used to keep them in the house for 3 days. I was coming home from school you just shook hands with whoever was at the bottom of the stairs and say 'sorry for your troubles' go up the stairs and look and there would be candles and women sitting around talking and saying prayers. It was a bit of every day life, you know it wasn't extraordinary.

Q: So your dad was a policeman.

A: Yes

Q: And what did your mum do, was she at home?

A: She was at home. She had been a nurse in Scotland

Q: Really?

A: Yes, and my father was a teacher and the guards were being formed so they decided they were going to get married- so they were going to come home and if he got an appointment in the guards. So he came out as a Sergeant. He did the Sergeants exam as well and he was appointed to ___ in Leitrim. Then he was appointed to Athenry and then Tuam. So that is how we travelled.

Q: So, just looking at when you were in Athenry, first of all, there wouldn't have been that much crime.

A: No, the poor box of the church, I remember was one of the crimes. That sort of thing.

Q: Really

A: Yes, that kind of thing. It was a junction, a train junction a very important train junction and a lot of people came through. The fairs were important events so around those times. But of course there were remnants of the IRA and gunmen were around, that sort of thing, but we were not aware of it, but it was there of a background.

Q: And did you have a farm? Some of the ladies I interviewed came from a farming background.

A: We lived in the army barracks and then we had a house of our own in Tuam.

Q: Very nice.

A: The Sergeant usually lived in the barracks.

Q: And while you were in Athenry, did your mum continue to nurse?

A: Oh no, no. She was in the house.

Q: Lady of the house, yes.

A: But they did knitting and made jam and my father did the garden. He supplied us with cabbage and some potatoes, early potatoes I suppose and all sorts of vegetables. He did all that, all his life, I suppose.

Q: So it was nice enough living in Athenry, what was Tuam like then?

A: I never got into Tuam because I was 11, so school was my Tuam and that was divided between the Mercy and Presentation and the boys there was the Brothers first and then the college of the Christian Brothers secondary school. I was in the Presentation. I didn't know the girls from the Mercy even though we lived quite near. I think my mother found it very hard. She was – she had no connection with any section of the town so she found it hard to make friends. I think, looking back, well she made a few... but... so I made school friends and my sister did too. I had one brother and one sister and it was all right, and a lot of cycling. It was a very spread out town. You, know, it was about 3 miles from one end to the other. Because they lived along the road.

Q: While you were at school, while you were at secondary school, did anybody come around to talk to you about careers?

A: Oh, the nuns and the priests did.

Q: Yes,

A: I remember my father telling us – my sister was older than I was – and she was regarded as being delicate at the time and she was a fragile type of girl but tough as old nails. But at the time she was being regarded as being delicate and she was a great pet. She was a lovely girl actually, she would be knitting and sewing and reading and you know and she was nice looking. Some nuns called to the door one time. They said ‘we came to talk to you about Eileen’. They had come to the school and said ‘would anybody like to be a nun’? And some girls put their hands up. A lot did and Eileen was one of those. So the nuns thought she was a prospective novice so they wanted to give their details and make arrangements and my father nearly blew up!

Q: Really?

A: Yes. I don’t think they were going to take her there and then but in a couple of years the – signing and that. And so the same happened to my brother. Actually my brother went to learn Irish in the Gaelteacht and he was billeted in a house with Marist Brothers from Athlone. And when he came back he announced that he was going to be a Marist Brother. So when he became 14, this was being spoken about behind the scenes. I didn’t know about it and he went off to be a boarder in their place in Athlone. But it didn’t work. So he came back. Yes. But it wasn’t a great scene for him.

Q: Ok, did anybody else besides nuns come around to encourage you for a career in – No, just the nuns – Ok. So, why did you choose a career in nursing?

A: Well, I think my parents chose it for me. But actually it – I am glad they did. That’s what I would have liked. I would have probably chosen it myself. So it was arranged that I go – oh, yeah, my father arranged everything. (low tape volume). He started asking around ‘How do you do it’. So he - . Nobody thought much of the Regional – It wasn’t the Regional, it was the Central. It was the Central, that time. You only went to hospital when you really needed to go. Or if you had a fever, you were taken and put in a fever hospital. So he was looking at the Dublin hospitals. And there was a two-year waiting list and a big fee to go to the Dublin hospitals. And he was kind of saying ‘why do you pay money for it, my daughter is going to be doing the work!’ So then he decided, - everybody thought that English hospitals were good but it was hard to get into the right one, so he started investigating that and he wrote to a priest that was a friend of his and he gave him the names of – a list of well he said St. John’s and St Elizabeth’s. It had to be a Catholic hospital for his daughter – to be minded. So then they had a lot of nurses at the time or young ladies training to be nurses and, but they were affiliated with another nurse clinic again because it was run by nuns. (low tape volume here). It was orthopaedic and it was run by nuns. It was orthopaedic. It was in the midlands.

Between Coventry and Tamworth and Birmingham (? – low tape volume here). So that's where I went. You kind of automatically go after you leave your primary examination. You would have your first examination over and you would have orthopaedic. You would have the first part of your general. So that is where I went. It was all the same to me.

Q: You mention that your mother was a nurse. Did she ever tell you anything about her life as a nurse. What sort of an attitude did she have towards nursing?

A: I'd have to think about that now because that would be - stuff from my memory. I can't think - She kind of spoke more about afterwards and she was doing private nursing and she was minding an old priest and she had stories about him. No, she didn't speak much - I don't remember.

Q: Yes. But she approved of you going.

A: Oh Yes.

Q: She thought it was good

A: Well, in that you had something behind you when you went out into the world, and you could work in any country and you would have it for life, it would come in handy when you got married and had children yourself. So all in all she thought it was good. And it would be. She had an awful lot of knowledge of old nursing. She had cures for - not cures like Bidy Early - you know, her own cures. Like when we'd come home from school in autumn, she would have an egg cup and she would have raisins and nuts. Nuts from the woods, you know, hazel nuts and we would each have an egg cup with an egg? (the raisins and nuts in it?) (Low Tape volume here.) And then every spring we got nettles. And I gave it to my family. They wouldn't know the difference. You put it in cabbage. My mother gave it to us fresh young nettles, we got that it was good for the blood. That kind of thing. What else did she do? Treacle and sulphur and it was the vilest thing you ever put in your mouth. She used to have that. She would be stirring it around with a spoon and breaking all the bits of the sulphur and then we had to take that and she would have a spoonful of jam and we had to put this in our mouths and uugh! and swallow it and take a spoonful of jam and swallow it.

Q: Right and all this was to keep all of you healthy and give all of you vitamins and minerals.

A: Yes. We had Virol then as a tonic.

Q: Virol, yes.

A: And Parishe's food for iron.

Q: What was that?

A: Parishe's food

Q: Parishe's.

A: Yes, Parishe's, Parishe's food for iron – the blood. That is all about that. But she was very good at all sorts of home nursing.

Q: Home nursing, yeah.

A: We very rarely got the doctor. If there were accidents and things like that.

Q: So she had a positive attitude about you anyway going to nurse.

A: Yes

Q: So what year did you start your training?

A: I think it was 1945

Q: 1945

A: Yes. It was after D Day. I was to go nursing and (I wasn't 18 ? – low tape volume here) I was 17 and a half and then the clampdown came and no body was allowed to travel.

Q: That's right.

A: So I didn't go till June – until the end of June – after D Day.

Q: Yes, that would be 1944 – 1945.

A: I think it was 1945. And I was 18 then in that year, in August.

Q: Did you go to England with a group of friends?

A: Oh no,

Q: Just on your own.

A: I had to go to Dublin by myself and that was a big event. I stayed in the – at Westland row, there is a hotel just opposite it. The name of it eludes me at the moment and then I got on the train for Dun Laoighre. I all bothered up about England, until I saw Ireland receding. And I never got over my home sickness and I thought the minute I was trained I would come back home. I barely saw it once a year. It was joy and then it was agony going back again – nostalgia all the time. But I loved England and I loved the English girls.

Q: Was it dangerous, going across the sea at that time- well I suppose the war was at an end then?

A: I suppose it was because of the mines and things around, but we didn't think of that.

Q: So, you arrived over at what hospital?

A: Oh yeah, it was the orthopaedic hospital for children, Coles hill, Warwickshire. It was about 11 or 12 miles from Birmingham. Birmingham was the place - the city you visited. It was a very Protestant kind of a town/village. But they were all very nice to us, but they didn't mix. There was a Catholic conclave like they had the hospital, the church and they also had an orphanage. We didn't mix and they kept separately from us although it was ... I don't believe in isolation, in not being made welcome, not mixing. Its just that they were polite and

nice but you would feel a barrier. But anybody that worked in the hospital, not many worked in the hospital from the village, they all seemed to be Irish. I suppose that there were a lot (of Irish people) in Birmingham.

Q: Well, I think that around that time. Irish nurses had a high reputation, Irish girls had a high reputation in England. They (nurses) were highly sought after and a lot of Irish girls would have left the country to pursue careers in nursing in England.

A: There were some English girls in training too, but not very many and the Irish and the nuns. There were some English nuns but mostly Irish.

Q: Why do you think there were very few English training. Was English or –

A: No, no, well I suppose because it (hospital?) was a Catholic one the English, it wouldn't be their first choice and there was a great deal of work in England otherwise. Everybody had to work because it was in the war- the war effort. But I loved it. I loved the nursing and I loved - great form to apply. (low tape volume) to apply to an intermediate boarding school, but they kept a good rein on us, we weren't allowed to do a lot of things. But I bought a bicycle and the English girls got their bicycles from home and we would fly around the country.

Q: What was – can you remember anything about your first year in training?

A: In that hospital?

Q: Yes

A: I do, they put a sweeping brush in my hand first go. So I was told how to sweep the floor.

Q: Really?

A: That was the first thing, yes, I came between classes, you know, so I had to be fitted in here and there until the next class would start. That's where I started and you go from there to do the heads because it was a generous hospital. The heads were very important.

Q: Doing the heads meant –

A: Looking for lice and combing them and grooming them yes, and washing them. So that's how it started.

Q: And did you have to start off, maybe for a few weeks with classes?

A: No, I was between classes at this time.

Q: Ok, yes,

A: So it was waiting for the class to start. Oh, I mean, I was nursing, I was making beds and things as well, too. That's what I remember about it – sweeping the – being presented with the brush. The domestic staff were there too.

Q: What did the domestic staff do?

A: Well, I wasn't always sweeping the floor. It was just that was a part of nursing too – keep your ward clean. So I began at the beginning.

Q: Yeah. So the nurses had to be concerned with keeping the ward clean along with the domestic staff.

A: Oh Yes, with children and everything. It was a children's hospital now, orthopaedic. They were grand children, lovely children, but some of them were there so long that we called them hospital birds and they were the ones who knew how the ward were run. They would tell you if you weren't doing something right !

Q: Really?

A: Yes, oh they knew everything.

Q: What sort of cases did you have with the children?

A: So you would have very chronic TB cases, TB spines, tortocolis (?) that's rhymec (?) club feet, a lot of club feet, that kind of thing mostly.

Q: Pulmonary?

A: No, just bone. So, they were nursed out of doors a lot – like Woodlands. They had verandas out from the wards so that one side of the ward opened out completely with shutters or doors. The beds were pushed out on a fine day. Even in winter, you would wrap them up in caps and scarves and hot water bottles. They had school.

Q: They had school?

A: Yes, they had classes out on the veranda, but then when it started to rain, we would rush to get them in.

Q: How many, roughly just... how many on average?

A: In the hospital?

Q: Yes. Just very roughly, would there have been 100, or 50?

A: 200 to 300. About 200, but I don't know if it would have held 300. It was a little miniature hospital. There were visiting days and when visiting days came there was a great influx of visitors and they were all laden down with stuff they made for children. You know, rations were awful scarce. They brought sweets – they were precious tokens and/ or biscuits or something for the children. It was awful hard to get anything that time. It was really strict. Really scarce in England but it was a happy time too for us.

Q: How long did it take you to train?

A: Now, that took three years because I did – we did the prelim – the preliminary. That was the first big exam. So we got that and we got the orthopaedic. That took 3 years out. It was in 3 years anyway. Then I went down to London, to St. John's and I loved that too. It was a

Catholic hospital of course. The Mercy nuns were there, and actually, those Mercy nuns were the descendants or the successors of nurses who trained – who went to the Crimea.

Q: Who went to the Crimea – yes.

A: Florence Nightingale was a Protestant. They probably did the work while she was swanning around.

Q: So, just getting back to the orthopaedic hospital. So it took you 3 years to train there. So in your first year, you probably did basic tasks, very basic cleaning tasks. So in your second year, what did you do?

A: Well you see, all this time, children were nursed on frames for a TB spine or hip and they would be bandaged. Have you ever seen it?

Q: I would have seen photographs of them, yeah.

A: Yes, they would have been lain down and bandaged on to this iron framework and they might have been there for 5 or 6 years. But they were happy. They didn't know anything else. Some of them grew up there but (low tape volume) life from the hospital bed. So we would be bandaging those. To make a bed, you would have to take the child from the frame of the bed and you would make the bed and put him back. There were nurses on... (low tape volume) as well, because you couldn't put him down on the mattress and you had to see they didn't... (low tape volume). There was a lot of nursing.

Q: A lot of nursing, yeah.

A: And, plaster, they would have been plaster too a lot.

Q: It must have been sad maybe – or – you were saying that they were generally very happy. Were they?

A: Yes but it wasn't a normal life. It was in a glass case.

Q: Was there a big taboo about TB in England because I know there was in Ireland?

A: Oh yes, yes, but this was different, this was tuberculosis of the bovine kind. It wasn't contagious.

Q: Ok, yes.

A: So we weren't afraid that we would get it.

Q: Yes.

A: Some of us did but people got it from unpasteurised milk I think.

Q: Yeah, there actually was – the *Irish Times* during the 1920's – dirty milk was apparently a big problem in Ireland.

A: Oh,

Q: Yeah,

Q: There were constant references to it, yeah. But did you have any drugs or anything to treat?

A: No, that's the awful part. It was before penicillin and before streptomycin.

Q: Streptomycin came in, I think, in the 1950's, or late 1940's, early 1950's.

A: Well it was out but it wasn't issued to the civilian population.

Q: It was very expensive maybe.

A: No, the war, the scarcity.

Q: Oh, the scarcity.

A: Everything went to the troops. It wasn't given to the Joe Soaps.

Q: Yes,

A: Even in Ireland, I mean they couldn't get it either. And when penicillin came out, it had to be given to babies orally day and night it was 3 hours. And you had to boil the syringes and the needles.

Q: And the bandages.

A: Yes.

Q: Keeping the bandages clean.

A: Yes.

Q: Was there anything you can remember that was specific to the war? That the war affected.

A: Oh the war affected everything

Q: Were there any food shortages.

A: Well, we lived in you see, and we didn't notice the shortages. And our points, the ration points we could use them for frivolous things. But in a house you couldn't and every point was important and you had to save up for everything. Clothes were rationed. You couldn't buy a pair of stockings without giving points for it. Everything was make do and mend.

Q: The patients, though had always plenty to eat, I'm sure.

A: Oh, yes, and we did too.

Q: That's good.

A: Like it was very carbohydrate. Carbohydratey.

Q: Spam

A: Yes, Spam. I remember the first meal I had. They gave me tea and toast with margarine on it.

Q: margarine

A: Desperate – but a couple of months there and I thought margarine was lovely. And tomato and (low tape volume) . But it was the margarine that stood in my mind.

Q: That's right because back then margarine was a poor relation of butter, wasn't it.

A: Yes, but it wasn't like margarine now. It was as hard as a rock, you know. You would want to make a cake with margarine that time. Even at home. It was really hard. It was very hard to get it mixed up with the flour. But margarine has become very civilised since.

Q: It has, yes. What sort of uniform did you wear while you were in the orthopaedic hospital?

A: The same one that they wore mostly everywhere. I think we had stripes, I forget.

Q: Blue and white stripes was it?

A: Yes, I think so

Q: And an apron

A: And an apron and a belt.

Q: Yes.

A: The belts kind of showed what state were at.

Q: White, first year.

A: Yes,

Q: Blue in second year

A: yes,

Q: And third year..... yellow? Its ok

A: Oh and cuffs,

Q: Cuffs

A: Yes, you had to put on your cuffs. And another thing they were very strict on was etiquette on the ward.

Q: Really?

A: Yes, when a doctor would come and when the sister would come and when the patient would come. You know, you had to line up and – not bow but nearly!

Q: Did you have to do night duty?

A: Yes.

Q: What did you think of that?

A: I loved it. Sisters weren't on, only your patient. They were there if you wanted them and they'd do a round early in the morning and a round in the middle of the night. But we were kind of on our own.

Q: Would it have been fairly Ok, would there have been many emergencies during the night?

A: We did not, no.

Q: None, Ah yeah, because

A: These were chronic patients. But when I moved to London, that was different.

Q: One lady told me she had to tip toe on the ward. Did you have to do the same in the orthopaedic hospital? Not to wake anybody.

A: No, I don't think so, but you wouldn't want to wake them because they'd want something!

Q: They'd want something, exactly yes.

A: It was nice. There was an awful lot of work in the morning, so if you were late in starting, you'd be rushing to get so much done, before the dinners.

Q: When did you finish in the orthopaedic hospital? You started around 1945 or thereabouts. So it was three years.

A: Yes, that would be about right 48 I'd say.

Q: 1948. And you went then down to St. John's

A: And St. Elizabeths.

Q: St. Elizabeths.

A: Yes in St. Johnswood. And I loved it.

Q: Were you working now as a general staff nurse or was it to continue your training?

A: Oh, I was continuing my training. So I spent 2 years there and then I did my finals and got it and then I came home. They offered me a staff nurse job but I just wanted to come home.

Q: Yes

A: And even when I came home, they offered me a job in theatre but I wanted to stay. It was too soon. If they had asked me a year later. I might have gone back.

Q: So what was St. Johns like? First of all, what sort of a hospital was it?

A: General. It was a small hospital. I don't know how many beds they had. But like when I hear hospitals with a thousand or five – seven hundred beds. It wasn't anything like that. But it was busy. It was Catholic. That was the predominant thing about it. And the Knights of St. Columbanus had a health scheme and their patients came to us mostly. A lot of them like VHI only –

Q: Their own sort of scheme where people could contribute so much a week and then when they fell ill, they could avail of the services.

A: Yes, and when I was leaving, around the time I was leaving, the National health came in.

Q: The NHS?

A: Yes, but our hospital was not in that scheme at that time. I think they joined it later, but they took ordinary patients as well. They had an arrangement with the London Health Board,

or whatever it was and the. Oh, the pay. The pay. I started with 3 pounds a month in the orthopaedic hospital. And when I was leaving I was getting 5 pounds a month.

Q: Yes, which was OK.

A: Because it was only for extras. Yes.

Q: Did you feel, back then that you were getting paid well?

A: Oh no, no we weren't. But they gave us a voucher to come home.

Q: For your holidays?

A: Yes, we came home once a year and for the month. We had to pay something like a pound or something and they paid the rest. No, it was 3 pounds and they paid the rest.

Q: That was very nice of them, really.

A: It was, yeah and I think – I don't know if everybody got it or not. I mean everybody in other hospitals. I suppose they did.

Q: I don't think so. I don't know.

A: When you got time off ,they'd just say go to such a street and. I don't know if it was the County Buildings or – it was there and you got the voucher and you'd be delighted. Because I remember I bought a ticket once to go home and it was all the money I could have scraped up. And then I heard about this thing. They didn't do it in the Birmingham place. In the orthopaedic place, we didn't get vouchers there, but in London. I didn't know about it the first time, and I was delighted.

Q: That was great, yeah.

A: Yes, because I sold a ticket to somebody who wasn't a nurse, who was coming home.

Q: So what was it like in St. John's? You said it was a General hospital and you continued your training there.

A: I liked it very much and I loved being in London. I loved to walk down the streets I had heard of before. Even Baker Street. That was near us. Even Sherlock didn't live there but I knew about it. Picadilly, and Hyde park and I loved it. We lived beside Regent's Park. It was a beautiful place, part of London. We were beside the Lords Cricket ground. That was just the other side of the road from the hospital and Regent's Park.

Q: Were you living in a Nurses' home?

A: Yes

Q: What was that like?

A: At this time, nurses always lived in. There was a home sister and she was very strict.

Q: Very strict. Strict but fair? Or

A: Fair

Q: Or was she unreasonably strict

A: Oh no.

Q: Strict but fair.

A: Yes. Like you'd be dodging her, especially if you were coming in late. Now I wouldn't go out often at night because my life was in the hospital. I had friends who used to visit occasionally and I used to sleep out but once or twice I was late coming in. You'd have to get in by the bathroom window. Somebody would leave it open for you. Of course that was part of the fun. I had a friend who was a teacher and she was teaching in – I can't think of it. And I used to visit her. And we used to go to a play. You got free tickets for a play

Q: Really?

A: Because if a play went on for a long time or a show, there would be empty seats.

Q: Empty seats, yes.

A: Often in the dear seats. I was in the Albert Hall in a box.

Q: Oh, lovely, yes.

A: They'd want bodies in the box.

Q: So it would look good, yes.

A: So they would pass on these tickets on to the hospitals.

Q: Oh, wasn't that nice – that was a nice thing for them to do, yes.

A: It was yes, and sometimes there would be vacant seats, just get somebody on the seats anyway they can. It was great.

Q: You had plenty of things to do, plenty of recreational things to do.

A: Often we just talked, you know we would have great fun, a group of girls and I remember one summer. It was very hot and we were sleeping in one of the - . They had houses around, and they became vacant and the hospital rented them and they backed on to the hospital and some of us used (escape routes?) out of them. And we used to go out into the garden, and we would buy bread and tomatoes were awful cheap and wed have cucumber and tomato sandwiches out in the garden.

Q: That was nice, did you have any recreational facilities in the nurses' home itself?

A: We had a tennis court but no body used it much. That was very strange, wasn't it?

Q: It was, yes

End of side one of the tape

Q: Ok, so you had plenty to do and plenty of friends?

A: Yes

Q: And you felt, you were saying, I asked you a moment ago did you feel back then that you were well paid.

A: No, but there were no complaints. You see, we had our food we didn't have to worry about the basics of life. We had a bed we had our food and everything else was extra.

Q: So, it was fairly Ok.

A: Yes.

Q: Did you belong to any union or was there any –

A: No

Q: No, or did ye know of anything like that or –

A: No, didn't care

Q: So St. John's was fairly nice.

A: Lovely, yes

Q: What about religious services. Did you have to go to Mass every morning or –

A: No, just on Sunday

Q: Just on Sunday – yes.

A: You could go every morning if you wanted to. The church was in the hospital so you could go there. It was grand. I enjoyed all my training in England.

Q: And I am sure you had plenty of friends and everything.

A: Yes.

Q: So how many years did you spend in St. John's.

A: Two. Then I did my finals. The study part went fine. You got your hospital, you got your preliminary and then you got your finals.

Q: And who taught you on the ward?

A: The sister tutor and the doctors would – special doctors would give you a lecture.

Q: How did you find that? Was it hard or –

A: I didn't pay much attention!

Q: You didn't pay much attention?

A: I just blew through the exam- no bother!

Q: So what sort of things would you have to do on the ward in your final year? You would have probably been given much more responsibility than say starting off.

A: Oh yes, you would have to see things were cleaned. You would have to supervise someone else doing it. You did the dressings and you minded your patients.

Q: What would have been a typical day on the ward for you in your final year – you would have – when would you have woken up in the morning.

A: At the last minute!

Q: At the last minute –yes!

A: We had to be on duty at 8 and we would rush across. We didn't bother about breakfast. We grabbed a bit of bread, run across, and we weren't late, but we weren't the earliest. Run across to the ward. We started to work. We started taking temperatures, washing the patients, or seeing they were washed. And after that, we did the breakfasts, the dressings and the ward rounds – the doctors would come. They were like gods.

Q: Were they? When you say they were like gods?

A: Oh yes, we had to stand to attention and answer if they want to know something but don't intrude. The sisters were very important too.

Q: The ward sisters?

A: Yes, when the night sister would come around, you had to be there with your cuffs on – the cuffs on was very important. They were official because usually- (low tape volume). And your hands behind your back and you had to open the door for her. When I went to the Regional, those were the kind of things I noticed, and one sister said to me ' I am able to open the door myself!'

Q: When you went to the Regional?

A: When I went to the Regional back then it was known as the Central.

Q: Oh, right,

A: Because I'd be still jumping to attention when the ward sister would be coming in or the night sister. The night sister was important because she had the whole thing on her shoulders. But, you were asking me about a day on the job. A typical day –meals, medicines, those were important, treatments as well and then people coming in, people being admitted, people being discharged, x rays.

Q: X rays, yes. Did you ever have to give a hand in the operating theatre?

A: Yes, but I wasn't keen on the theatre, because I didn't like the shouting. They used to be shouting.

Q: Shouting?

A: Some of the doctors, they used call. ' I didn't ask for that' and they'd fling it on the ground.

Q: They'd fling it on the ground?

A: Yes, 'that's blunt !' and they'd fling it on the ground. Some of them. Some of them were lovely, but one in particular –dramatics. I think he did it on purpose. We would be jumping to attention. But I didn't like that kind of thing. I didn't like it - not knowing what was – although I loved outpatients. I liked meeting all the different people and hearing all the different stories. That kind of thing.

Q: When you were finished St. John's then, what did you do next? Did you come back home to Ireland or ?

A: Yes, I did. But I could have stayed, like if I wanted to. But I wanted to come home.

Q: In England at the time would there have been a big shortage of nurses or -.

A: There seemed to be plenty of nurses.

Q: There seemed to be plenty of nurses, yes.

A: This was after the war now. This was the time when Princess Elizabeth got married.

Prince Charles was born – wait till I see what else – Margaret (Rue ?) big flight. She was in our hospital ward. She had a friend who was a patient. Biddy Wallace she was one of the Margaret crowd they used to call them. They had a great, they had a very good private wing.

Q: And you were leaving at a time when the NHS was being introduced. Did nurses have any opinion about that or was it discussed much. Did it matter much in the ordinary day to day?

A: No.

Q: No, not really.

A: We didn't bother about those things. We weren't organised.

Q: Yes, all of you would have concentrated on the practical side of things. When you say all of you weren't organised, do you mean union wise or

A: Yes, yes, well there was a thing called the Catholic Nurses Guild , we were all in that but it didn't mean much to us (low tape volume). They would tell stories about abortions and things but we didn't do abortions so it didn't impinge on us.

Q: And would you have gone to any of their meetings?

A: Well, just the meetings that were in the hospital. We just – the ward sister- no, the home sister and the nurses.

Q: Yes, did they just have lectures? They didn't have any days out?

A: No, well we didn't have lectures – we were just talking about things.

Q: Just talking about things, yes.

A: I don't think there was politics. It was just about the evils of abortion, that's all I can remember.

Q: So you came back then to Ireland. Did you find that much had changed while you were gone?

A: No, family and friends were still here and I was a temporary in the Regional for a while and then I did private nursing in the Regional for a while.

Q: So you came back to Galway and you worked temporarily in the Central Hospital in Galway. What year was that?

A: 1950-1951.

Q: 1950-1951. Do you know something – I have a photograph here some where of the Central Hospital 1950 – just a moment or two, maybe of a break while I show you some photos. First of all I have a photograph of Galway in general. It is not too great, but that would have been around 1933. The City of Galway around 1933. That's the docks there. It (the hospital) may not have been in that photo here.

Q: This is the Regional hospital under construction in 1953... This is another photograph

A: Is the Gate Lodge there? – yes, it is here,

Q: Yes..... this photo – staff regional hospital at conferring of nursing diplomas 1957.

A: I might know somebody there – Portiuncula.

Q: Yes, that is Portiuncula Hospital.

A: Oh, that's the other doctor. That's doctor O'Beirn and is that Doctor O'Donnell there?

The Bishop... Bishop Browne. I think that is Cait Naughten. I think I know a few of them but I can't remember their names.

Q: I think I have a better photo of the hospital here somewhere.... That's the nursing staff from 1938.

A: Who is that?

Q: That is Professor Connor O' Malley.

A: Oh yes, he was in the Knights of Malta.

Q: Yes, the Central Hospital, 1956, before its demolition.

A: Yes, that's where I was now, there was the Gate Lodge. But the Gate Lodge was the poor house, you see. That's – and it was very distinctive looking. Its just where the porters were and there were one or two offices inside. And an archway. We had the huts then. It was officially called St. Joseph's with the overflow at this stage and it was there for a good while. They were there in front of the nurses' home, there were two lots of huts called St. Joseph's..... Oh, Sr. Dermody.

Q: Did you know her?

A: I did, kind of. I used to hear my mother talking about her. Look at the children scalped – real modern! Very nice – for lice.

Oh, Julia O’Shaughnessy – I knew her well,

Q: Yes?

A: Yes, the Galway three, there were three of those, all nurses. They were from Oughterard. There were Margaret and Julia and one was in the Army. They were great nurses. Neil MacDermott. He was like Prince Rainer at that time, you know, a real glamour boy in his time. It is great to see that. A picture of - the operation. Fundamental. What book is that ?
Galway: A Medico Social History.

Q: Yes.

A: That’s a great book to have.

Q: Yes, there are some lovely photographs in it. So you were in the Regional then, 1951 to -.

A: No, I went in and out and when I was wanted I was sent for. I was kind of floating for about 50, 51 and in 1952, I got a job in what is now known as the Holy Family School. It had been the Sanatorium. I remember as a little girl coming into Galway with my mother and her friends in a big old car the kind you’d see in the films. You know with the cellophane windows, a big high seat in the back where I was and we would be chugging along at about 2 miles an hour and these old ladies driving us into Galway and the road was different at that time. It was all trees and it was windy and gloomy and at the bottom there was a gate and a gate lodge leading into the Holy Family and I said ‘what’s in there’ and they said ‘oh if you, go in there, you come out feet first.’ So I always thought it was very gruesome kind of a place. I didn’t know what it meant but it sounded bad! And anyway – 50, 51, 52, 54 I left in 54 , I started 2 years earlier so that would be 1952.

Q: So between 1951 and 1952, you were doing temporary.

A: I was doing private or temporary.

Q: What was that like?

A: Private?

Q: Yes.

A: Desperate. Desperate in that not only had you a patient with no equipment but you also had family and

Q: I can imagine

A: I wasn’t good at

Q: Different personalities to deal with, yes.

A: Yes, and they were worried and bothered they'd be listening all night for a noise. Well, mostly that would be night duty, when the family couldn't cope, they needed to get their rest.

Q: That was around Galway city?

A: Yes.

Q: And in the Regional, what was that like?

A: Well it wasn't nice really because you were floating and you didn't belong but it was money. We got private at that time. We got a pound a day and it was a lot for the families but it wasn't good in that you hadn't continuous work.

Q: Yes

A: That might have to do you a fortnight or three weeks. Whatever you earned one time. But I lived. But I was looking for a permanent place and they were just changing from the san(itorium) to orthopaedic in Woodlands.

Q: They were just changing from the san – the sanitorium?

A: Yes. Well they had changed, actually, but what happened was, these chronic patients, the children I was talking about in the orthopaedic hospital were around the country blocking up beds in hospitals. So the west region, which this was. That was Donegal, Roscommon, Leitrim, Galway and – some place else (Sligo). But all the chronic patients of the orthopaedic variety were taken down to Galway and they were put in there.

Q: Ok.

A: So, Merlin Park was open at this time and the TB nurses who wanted to go to Merlin Park – some of them wanted to stay. So you had the old ones and the new ones in woodlands at that time. And the patients were all strange – well they were all settled in by the time I got there – but they were – there was a female wing – a female, a male and a middle and they were all –

But there were rooms upstairs in the house part and there was a children's ward upstairs there too. The children's ward was nice. So I was there for 2 years. That was – well I enjoyed myself because I was out dancing and stuff like that.

Q: Was that contagious form of TB – or no

A: No that would have been Merlin

Q: Merlin yes, so it would have been chronic bovine?

A: Yes

Q: Yeah.

A: Yes, and there ones from all around the other hospitals along in those counties. It was awful for them having to bring them away from their families

Q: Of course, yeah.

A: It was an awful long way to come down to visit them but at that time, penicillin, streptomycin, and p-a-s were out.

Q: P-a-s?

A: Yes, p-a-s. It was given in conjunction with streptomycin for the chronic TB's and it kind of brought it under control. We started getting empty beds but that was great.

Q: That was brilliant, yes.

A: But there were nurses, like, who had been in the san. They were ones who couldn't change, like, who couldn't adapt. They were either the new Woodlands or the old. Or when their patients up to Merlin, they couldn't – they were just sponging in the last few years. They were funny, because they were real characters.

Q: Really

A: Yes, they were lovely. They used to tell us stories but I remember one patient went to answer – some time later - about six months later, this nurse was reading the paper and she saw. ' Don't tell, me, don't tell me she said our (curer?) has died! The poor lady died. She had something chronic and – but she died anyway and she thought that was our cure gone. The one who had left. But the children, I used to be sorry for them because they were so far from their families. But they were in and out of - club feet and that's mostly it I think, but they wouldn't be inside so long they'd be soon let home. The plasters on. There was a bigger turnover –...

Q: So you were there for how long?

A: Two years. And then I joined the army!

Q: That was very interesting. Were there many nurses in the army nursing service at that time?

A: Oh, there were a good few. I went to the Curragh and there was Dublin. St. Bricin's. The Curragh, Cork and Athlone, yes, there were a good few nurses. That was great fun too. I had great time when I was nursing, I enjoyed it all.

Q: Yes, but it must have been different in the army. What sort of things did you have to do in the army nursing service. Were you in a military hospital?

A: Yes, well actually, they weren't very sick!

Q: Right

A: Often. They used to have a thing called swinging the lead. The soldier was told to do something and they didn't want to do it. He might get sick and go to the doctor and they had a way of putting up their temperature. Toothpaste I think it was. They never told us their

secrets. They might arrive down at the hospital. The doctor couldn't find out what was causing this very high temperature, so he might arrive down at the hospital. So we had to cure him or he might suddenly get cured as soon as the doctor went away. He might get posted to some place he didn't want to go but some one else might get sent in his place and he might get cured. Oh, but we had ordinary sick people too.

Q: Yes.

A: But not so many as in an ordinary hospital. But they looked after them well. If there was anything wrong with them at all or the FCA would be up and they might get - I remember there was one fella with a gastric ulcer and started to nasty and we had him in. One fella – the way they looked after him, and everything was laid down. If you were dying, you could have champagne and something with it – what was it?

Q: Caviar?

A: Oysters, maybe.

Q: Oysters – yes.

A: But we didn't have a fridge to put it in so we had to put it in the bath. In cold water. We kept it in the bath. But he got better anyway – maybe it was the champagne! It was regulations, you see.

Q: Do you think it was a bit more relaxed?

A: Oh, it was. Indeed.

Q: The discipline – strict but fair?

A: Oh, yes, strict but fair. It was like the army. We were treated like an adult – not like a child, but yes I liked it and then I got married. I think a lot of nurses got married.

Q: And when you were married, did you have to give up?

A: Oh, yes....

Q: Ok.

A: When I left Woodlands, I was getting 17 pounds a month and in the army it was 16 pounds a month. In Woodlands I was
..... (low tape volume)

Q: Did you find back then that you were paid enough?

A: yes, because there again if you are living in –It is for spending- the money is for spending.

Q: Yes, just one final question. Many people saw nursing as a vocation – what is your opinion on this?

A: We regarded it as a vocation. I loved my nursing. I felt privileged to be nursing.

Sometimes I didn't – but mostly I did. And in England, they loved nurses. If a taxi driver

knew you were a nurse, he might bring you home for nothing. I remember one night I was stuck - the tubes – I was coming back from visiting my friend in Hampstead (?) and I was on the tube. Then I got off at Oxford Circus, the Baker line had closed so I didn't know what to do. I hadn't enough money for a taxi. I was standing there and there were prostitutes all around. But I didn't know it. But this taxi said ' I will come back for you'. Of course it was after the theatres had closed and the taxis were very busy. That's why he said he would come back – and he did. And I got in to the taxi. When he heard I was a nurse, he would not take any money. Well he said 'where are you going to' and I said 'Saint John's' and he said ' I'll come back for you' because he was going to the Edgeware road and then it was on his way home and he was going off duty. But wasn't he awful good?

Q: Very nice, yes.

A: And I had a half crown. Which it would have been about that. It mightn't have, but I think it would have been around that. And I had it all in my hand ready to give it to him but he wouldn't take it. That's the way they regarded nurses in England. Most people, I suppose there were some who didn't. But most people did. I don't think they were that rosy – I don't think they felt like that in Ireland.

Q: Yes, because there was this argument that, you know, nursing wasn't just an ordinary job, it was a vocation and therefore you shouldn't be thinking too about money, you didn't find that in England did you?

A: I didn't think about it, to tell you the truth. But people treated you very well. The ordinary person on the street or the person that would come in. It wouldn't mind if you were sick, they might bring something. They either liked you or they didn't like you. But the ordinary man on the street or woman on the street liked a lot of nurses.

Q: There were plenty of advantages and maybe one or two disadvantages as well, you know advantages- great job satisfaction to see someone getting well, plenty of friends.

A: Yes.

Q: Any disadvantages, do you think?

A: Yes. You might be on a ward with somebody you didn't like. Or who didn't like you which was much worse. If you were stuck with them for a while, you'd think 'what am I doing here? Life isn't worth living with that one!'

Q: I'm sure you'd just say 'yes' and 'no' to them.

A: You would, - (and let them) do what they want. That way. As long as what they were doing wasn't wrong.

Q: Yes. But I think that's it.

A: You have to get on with people anyhow.

Q: You do and like I say, there are people and they will be a bit thick but I suppose they can be sick too.

A: Yes, and sometimes, you can be unfeeling. I remember, there was a lady that was very bad with cancer and she was in a cubicle. And I was on night duty and I was young. I blame myself for it. But I used to go into her in the morning and the stink. She was so sick.

Q: Poor thing, of course, I understand.

A: And the first thing I would do was fling the window open and do what ever I had to do for her. But that was the first thing I did. And she noticed it and she told the sister. And sister pointed it out to me. I still feel bad about that.

Q: I know, I do, believe you me I understand.

A: I know if I were her now, it would be awful if some young one came in and you know.

Q: I know, of course, I understand. I think that's it anyway, Thank you very much.

Notes in my copybook

Date of Birth – 26 August 1926

Born New Inn and moved to Athenry

Went to England after D Day at the age of 18.

Orthopaedic Hospital for Children, Coles Hill, Warwickshire.

Finished training in that hospital in 1948.

Interview 7.

Q = the person conducting the interview: Mary Hawkins

A= Bridget F

Q: Ok, so first of all, can I have your date of birth?

A: You can, 19/7/57.

Q: Ok, and were you born in Galway?

A: I was born in Tuam.

Q: You were born in Tuam, very nice. What was it like growing up there?

A: It was lovely. We lived on a farm until I was 11 and then we moved to Galway so it was a big adventure. I had two other brothers and just myself. We went to school (we were about?- low tape volume) two miles out in the county.

Q: And what did your mum and dad do?

A: My mum was a housewife. Before that she used to work in the Electricity Board in England. She was English. And my dad was a mechanic and then he went on to have his own garage. I had a part time father.

Q: Very nice. So did you go to the convent in Tuam?

A: I went to the Presentation Convent in Tuam.

Q: Very nice. What sort of career options did you have?

A: Career options did I have – in the sense of what I thought I wanted to do?

Q: Yes,

A; Well I probably should have done medicine, but I didn't enjoy academia. I think my priority at school was sports and I was basketball captain, volley ball captain and tennis captain. And they were my things. It was not that I didn't like school, I did, I loved school. I was in the only school from 6th class up to 6th year.

Q: Ok,

A: So that was the time my mother got sick and she died shortly after that but I really did not know what I wanted to do. I knew I liked working with people. And I suppose the way I got into nursing was my father said 'well your uncle says you should go here, so try there.' So that's what I did. And I applied to Vincent's in Dublin and I got a place there, six months after my leaving cert.

Q: Did you have anybody – did anybody come around – did you have any sort of a career day?

A: we had – we didn't get career days – we had career guidance councillors. They would have done assessment things, where you answer these forms and they correlate it together and they see the different careers that you might be suited to, and nursing was in one of those. I remember that but I really did not have a clue of what I wanted to do. I know for the 6 months I had finished school, until I got my place in nursing, I worked as a motor mechanic.

Q: Very nice

A: So, I did lots of things at that time. And my dad in later years, in my teens he had a bar as well, so I worked there as well and a shop and a hotel and I did all that kind of stuff as well. So I was kind of open to anything really but I really didn't have a clue of what I wanted to do. And luckily I was steered towards nursing.

Q: What did your mum and dad think of your decision to go nursing.

A: They thought it was great because I was a bit wild. And they thought this might settle me down.

Q: Yes.

A: I suppose I had a difficult relationship with my dad in my teenage years because I think we were very alike and my brothers would have been very – kind of - they wouldn't have said boo to him because he was a very strong character. I'd always stand up to him. I think they were glad that someone else had taken me on.

Q: I just make sure this is working (the tape) Ok, so why did you choose nursing as a career?

A: I think it was an option that was put in front of me and for peace sake at the time, I thought 'this sounds Ok' and I was very interested – at school I loved biology and all that kind of thing. It was my one of my favourite subjects so I had that kind of inclination towards that as well. And there was the whole thing of going to Dublin. It was a new start. I felt quite confident that I could do it at the time, you know. I really didn't have a vision that I would be this wonderful person healing the sick or whatever like that. But I knew I liked helping people and working with people and working in a team setting and in that sense it appealed to me.

Q: How did you apply to be a nurse?

A: At that time, I just wrote to the different hospitals and you sent in a CV kind of a thing and then when you got your results you sent them on and they made the decision, the individual hospitals at that time.

Q: Did you have to go for an interview?

A: Yes, I went for an interview as well and I did a test, an aptitude test as well.

Q: Can you remember anything about the interview? What was that like?

A: There was an assistant matron there and she was known as Dracula! She was a fine lady and she was a very good nurse. But she was a bit imposing and you know very stern and you know. Saying that, when you got to know her later on she was a lovely person, but she certainly had a very strong presence and – petrified is the word, petrified. But I suppose I did my best and I said my piece about wanting to look after people and I had an interest in science and I would like to work there and train there and that they had a very good reputation. But it was the first interview I had ever done in my life. So - but I think my father went through stuff as well to help me prepare for it. But I still found it very... (low tape volume).

Q: So you were accepted for training then, into St. Vincent's

A: Yes,

Q: What year was that?

A: Well I did my interviews in '75 when I did my leaving cert and I didn't get the September place. It was the following March. March 1976.

Q: Ok, and can you remember anything – initially – can you remember anything about your first day or anything like that?

A: I don't remember anything about our first day. I remember we were in this ten storey high nursing home and we all had to get our uniforms. We had to get our names to put on things. We had to buy our watches from Weirs (?) jewellers in Dublin and you could only have Parker pens. There was all this kind of stuff, and we had to have special kind of shoes and they were very fussy. We were divided into 2 groups. There were 30 in each group and we all met and we were all put into our separate little rooms off corridors. We all met. There was one girl who was from Dublin and decided to bring us all out on our first night. So she brought 30 of us on the bus, and 30 of us down to Ballsbridge and 30 of us into the pub and 30 of us out of the pub and back on the bus. None of us knew where we were going. So she kind of introduced us to Dublin and kind of created a bond - we got to know each other.

Q: That was nice.

A: I was at boarding school, you know for 6 years. I found it strange meeting a group of strange people again and away from home or anything like that. We spent the first three months in the classroom being lectured in the first three months in PTS as it was known then in training school and that was just academic (in preparation for the wards? low tape volume). You would spend one day a week in the wards and the nurse tutor would go around and show you different things but you weren't let near patients.

Q: Ok

A: But I do remember my first day on the ward. Dressed up in my uniform and we had these veils and they came around here, around our head and they were starched so they came out in two points – very dangerous!

Q: Oh, ok - dangerous

A: Because you were new to it, you didn't put a lot of starch in them so probably one of the ears were flapping down on it and I remember my first ward walking up and down, feeling very important and I heard this cry from the toilets and this man was crying 'Nurse! Nurse! Nurse!', you see. I looked around and I thought 'I am the Nurse' so I ran into the bathroom and there he was kind of slumped on the toilet and he said – he looked up – he took one look at me and he said 'get me a nurse!' I never forgot that, I was very put out. But it was a good ward we started out - St. Paul's I think was the name of it and I spent three months there and we had a good ward sister. So I learned a lot quickly. Very interested in people and I suppose my main way of learning things was to go down and find some ones case notes and read them and talk to them – put a book in front of me and I fall asleep.

Q: Ok

A: So I learned a lot of my nursing from talking to people and you know if they had something, I would read up on it because I was interested in the a person. So that is the way I kind of went through my nursing.

Q: Yes, so your first year then, I am sure you started off fairly simple and you said already that you spent a few months in the classroom.

A: Three months in the classroom, three months then in a respiratory ward then I was sent to Temple Street.

Q: Oh, Temple Street.

A: Yes, Temple Street for three months. And I was petrified because firstly there was the strange environment. I was sent on to a newly born and premature babies ward. I didn't know one end of a baby from another because I was the youngest. And I was (aware? – low tape volume) of the small little things that could break which it could be. But we had a good battleaxe of a ward sister and I remember one day when I was holding a child she said {'its not an elephant you have, it's not an elephant' (low tape volume)}. So I spent three months there and then I was back in St. Vincent's. and I think it was about the following summer we were sent to Cappagh hospital for three months.

Q: Cappagh Hospital.

A: Which is out in Finglas(?) .Which was a dilapidated, run down scary place. Very much nicer in being away from St. Vincent's in the sense that there was no one looking over your

shoulder all the time. There was a lot more freedom. It was much more relaxed. It was infested with cockroaches. You went in on night duty and you were going into the kitchen, you always turned the light on first _____ (low tape volume). And the other problem we had was you had to pass a hard stand. The taxi wouldn't drive up the road from the end where the streetlights were to where the hospital was which was about five hundred yards. So you walked past a hard stand and you were pelted with bottles every time.

Q: A hard stand?

A: Travellers.

Q: Oh yes, ok.

A: So we had to make a big run up the road when you were out at night to get into the hospital.

Q: Ok

A: But it was a lovely place to work. They did a lot of surgery on – spinal surgery on young people in accidents and things like that. Much more relaxed atmosphere. Much easier to – you went in to theatres to watch operations, you were allowed in. The surgeons were very good. They talked you through the whole thing and you know it was very interesting orthopaedics. I enjoyed it. It wasn't as scary as Temple Street.

Q: That was all in first year?

A: That was all in first year and a month or two into second year. We did all of that, yeah.

Q: Ok. And you had exams then to do.

A: We had our first year exams, yeah. We had our first year exams. They were easy(?) - low tape volume. First year exams were all about anatomy and physiology. Now, physiology I loved because it was practical (?). But anatomy was facts and I was never keen on just pure cold facts, but I had to learn the basics. And I actually remember, I was on night duty in Cappagh hospital when I was doing my exams and I came – I had an afternoon exam. So I came off duty at 8 o'clock and then I went to bed got up and went in to my exam. (phone rings)

Q: So anyway we were talking about first year there.

A: yes, and once you got through your exam in first year, you kind of felt you had gone up a notch and in Vincent's you started first year with a blue stripe and you went up to a yellow stripe then after that and that was to show you were a second year. And then you got a red stripe in third year and you got that little bit more responsibility.

Q: What was your uniform like, again, for first year?

A: It was the same for every year. It had a kind of shirt collar with no collar – collarless type. It was actually quite nice. It fitted. Buttons all down the front, with a pocket here, a crest, and two side pockets, keeping your scissors and your pen and notebook.

Q: And a dress... you didn't wear trousers yet.

A: No, it was a dress and you had to wear a full-length slip underneath. And the Matron would come along and she would bend down and pull your slip to make sure you weren't wearing a half-slip. And if you were, you were sent off to go and get a full slip.

Q: Really?

A: Absolutely.

Q: Oh my goodness!

A: Absolutely. And as I said, you had to have your Parker pens, your red and your blue one. And your Weirs' (?) watch. It couldn't be a Timex (?) or anything like that. And your scissors and your notebook – that was all you were allowed to wear. And no jewellery, of course, or anything like that, or no makeup. No nail varnish, no beads, no nothing like that.

Q: Did you like your uniform?

A: The uniform was fine, except for the headgear, which was this strange pointed thing that you had to starch every day. We usually starched it in cold water, slapped it on to the wall, so as it would dry un-creased and then you would peel it off and if you were lucky, if the paint didn't come with it!

Q: Did you like your uniform or did you think it was cumbersome?

A: The dress part was fine, the veil part was cumbersome, because if you turned, you could poke someone in the eye with it. So I felt that was very inappropriate, but that is what they wanted at the time. And if you were going out than on any outings, we had to wear a cape and elbow length gloves.

Q: Did you think it performed any sort of a purpose, or you know, did it perform any sort of function in terms of infection control or-

A: Well, yes, you had to have clean uniforms and you were given a dozen uniforms and you kind of had 6 for the week you worked, and you had to put a clean one on every day. And the veil kept the hair out. The veil, I suppose that had its purpose even though it was cumbersome. The uniforms were fine, the short sleeves, they were was very functional, easy to move around, they were comfortable enough as I say and that but the one thing about my trade, in the sense of – they always taught you what the ideal should be. It's only after I left I realised you know, you were taught an ideal and that it was _____ (?) you didn't always have the conditions to work in that I found in Cappagh and some place in Temple Street. That

had the same facilities to give this ideal. But it was a good thing to learn because it gave you kind of a goal to aim for when you left Vincent's which I found that was a good thing, you know.

Q: So the only changes, then to the uniform, as you were training – first year you were saying you had -

A: A blue stripe

Q: Here?

A: Yes, just on your shoulder. Then you got a yellow and it was clipped on and then you had a red one.

Q: Very military like wasn't it?

A: It was I suppose, yeah, yeah but it was easy to identify then what standard you were at and what responsibility you could be given in different tasks that you were asked to do and things like that, you know.

Q: Yes, because in other hospitals it was the belts.

A: Yes

Q: Wasn't it – did you have any sort of a belt like that?

A: No, we had no belts, it was just the dress and it was kind of a heavy cotton. Not a light cotton – a heavy cotton.

Q: Ok, so in the middle of summer.

A: It was starched as well so when you put it on first of all it was a bit stiff. You only had it on for a day anyway

Q: Ok, so duties and responsibilities then in first year. I'm sure you started off very easy on the ward.

A: Yeah,

Q: What sort of things did you have to do in first year on the wards?

A: I suppose – I mean it depends on what ward you were on, as I said my first three months were on a respiratory ward so I was taught about giving inhalations to people and bed baths and you know the practical stuff. You were usually sent with another student to make the beds. Everything was always scrubbed and cleaned and every thing like that. You were all the time scrubbing and cleaning and bedpans and all that kind of thing. I had – there were ward sisters there who would teach you. If someone had something, they would explain things to you. It really depends where you are that people would teach you what you needed to know. But always, as well maybe 2 or 3 times a week, you would have clinical tutors working with you. They'd go through a lot to do with things before you would be let do it on your own.

Especially the inhalations. The old inhalations were- they were not like the nebulisers of today- they were boiled water in a glass jar with vapors(?) put in it and a mouthpiece and you had to put tape around so it wouldn't burn the patients mouth. But if it spilt on them, they'd be scalded. So you kind of – it was a bit archaic in that sense. And how to use oxygen and it was basic nursing, I suppose, care of the patient, care of the skin. You were allowed to do some dressings, you know, some small procedures and that. You wouldn't be doing drug rounds or anything like that which would be later on as a staff nurse. When you get to your third year on night duty, we will say 40 bed major surgical ward, you would have a third year nurse, a second year nurse and a first year nurse and one staff nurse between you and another 40 bedded ward. So you had a lot more responsibility.

Q: You had a lot more responsibility in third year, yeah. What were the staff like?

A: Generally they were – I mean I can't say I met anybody I really disliked. They were usually quite helpful. It was a very busy place and if you did your work and pulled along, they were usually fine about it. I mean if you did something wrong, you got your face chewed, you know or If you were late for work and things like that which you just didn't do, you know.

Q: You got your face chewed? what?

A: Well, you know if you did something wrong or you didn't think before you did something and you made a mistake with something. Or if you were given a task and you hadn't completed it or if you wandered off somewhere else, been diverted, you could get given out to. I mean they were quite strict in that sense but you know, I suppose, you'd look on it as a learning place. Generally I found them very good though and if you showed interest they were- they nurtured you along, you know. I can't think of anyone I really didn't get along with, you know. I know I had a few ward sisters that were tyrants but I was able to manage to get through.

Q: Ok. Do you think they were strict but fair?

A: Most of the time, strict but fair, yeah. But that was my firsthand experience. And then there were other people who had terrible experiences.

Q: Really?

A: Yeah, who'd go off the wards crying every day. But I don't know, I am a very laid back person. So generally – I can't think of – off the top of my head of a really bad day on the wards.

Q: So it was fairly disciplined – but fair, then?

A: Disciplined but fair, definitely – I would – yeah and they were always achieving – going for these high ideals. They tried to get you to work in that direction, you know, even though you might never attain them, they were always to strive towards them.

Q: What did you think about that whole checking for the slip thing? Do you think it was a bit archaic?

A: I thought it was. Humiliating. Humiliating was the word... and they were like that and for the smallest of things you were there and you would be sent to the Matron's office, you know. If a patient fell out of bed in the middle of night it was your fault, even if you were at the far end of the ward.

A: Really?

Q: Yeah, absolutely. You had to fill in extra forms. Exams. We had exams regularly every four weeks. And they were multiple choice questions and if you got a D, you failed. If you got a C, you passed, if you got 2 C's in a row, you were in trouble, you had to get a B or an A. So, they had that academic side going on all the time as well and you would spend 6 weeks in your second year and 6 weeks in your third year as well in study blocks as well. Possibly 2 blocks, 2 study blocks of 6 weeks in those years as well, as well as being out working in the ward. So they kept you going on all sides.

Q: Did you have many of what we might now call non-nursing duties to do in first year?

A: It depends on your perspective of non-nursing duties. I mean, bed bathing, making beds and cleaning and that kind of thing – they were considered nursing duties, you know. They may not be now, I don't know.

Q: Well, I suppose what you would consider non-nursing duties.

A: I suppose stacking linen cupboards and stuff like that was probably not classified as nursing duties, nowadays. And you know, scrubbing out places and cleaning out places is probably not classified nowadays, but at that time it was.

Q: Yes

A: There were no auxiliary nurses to kind of, you know ...The hospitals had what they call SENs – State Enrolled Nurses which would be, kind of, assistance to student nurses or other staff nurses. It wouldn't be a staff nurse but they would be assistants on the wards. We didn't have that, you know, everything was done by... I suppose Staff Nurses wouldn't do the duties we would do. They wouldn't be doing bed baths and cleaning beds and scrubbing out lockers and tidying linen rooms and stuff like that. That wouldn't be their role, but it was the students.

Q: It was the students, yeah. Were there many domestic staff there?

A: Just kitchen staff and then we had cleaning staff that would, you know, wash floors and walls and things like that. Usually when a room was emptied, they would wash the floors and the walls, you had to do the beds, the lockers and they would do the seats, I suppose as well.

Q: So, second year, then, what was that like?

A: Second year was probably easier because you got over – you were at the bottom of the heap as a first year and you don't have the full responsibility of being a third year. So second year was kind of an easy year I would say. I can't remember anything outstanding about it but it was interesting and you have enough information to do – to be allowed to do – you know to broaden your horizons in what you can do and yet you haven't the full responsibility that you would have had as a third year. So if you made a mistake, it wasn't a big hoo-haa than if you did it when you were a third year. So, I found second year quite relaxing. There was no state exam at the end of it. There were hospital exams. We always had hospital exams. There were no state exams, like we had after first year. That was a state exam and your third year was a state exam. So, I suppose they hadn't as much pressure and they were more confident in yourself and that. And you'd meet your friends. You probably had a much easier year.

Q: I suppose it was a bit like the year before you would do the Leaving Cert. You could relax a bit.

A: Yes, or the middle of your degree. It's not just - the pressure isn't on you as much. You still had to perform and get a certain grade but the pressure isn't on you for your final exam or, you know, you don't have full responsibility. You still in the middle. It's like being the middle child. It is probably easier.

Q: Did you do night duty in first year?

A: Yes

Q: What was that like?

A: Well, you were always on with a senior – a third year usually and as I said you had a staff nurse between 2 floors. Night Duty wasn't bad. It depends on what kind of ward you are in. If you're in a ward for the elderly then you would have a lot of heavy lifting and things like that. If you were in a medical ward, it wasn't too taxing. If you were in a surgical ward, it was always very busy. I suppose I got the worst surgical ward when I was in third year. It was _____ (low tape volume). Nights were fine, probably 3 o'clock in the morning was your low point. You were allowed to be down in the canteen, to go for a break and that. It was usually a lot easier than the day-time. Busy wards – I remember as a third year when you would be writing up your reports, it would be really busy, you wouldn't have time to write your report on 40 patients. And they were very strict on how you wrote your report on the

front page. Its often you would give a report to the day staff coming in with nothing written, like and then you'd go down and write it. Often nights, the night matron would come along and you would have to go around with her and talk about each patient – what was wrong with them and you had to remember all this. It was fairly daunting. You'd have it in your notebook and you would be trying to learn it off – their names and all that. They kept tabs on what you were at and all that kind of thing.

Q: Do you think that night nursing represented a significant step in your training? Given the fact that it was at night – less staff.

Well, not when I was in first year because you didn't have the responsibility. You always had someone senior and you were just doing as you were told really and you probably got the easy jobs and you didn't have too much responsibility. In third year, it was totally different thing I mean there should have been 2 staff nurses on instead of one third year student with one first year. My last ward in third year was a major surgical ward. You could have 20 people back from theatre, all seriously ill and you would have three student nurses, and they were running the whole thing – dressings and changing drips and the ward sister there was just a tyrant, you had to chart everything. I can remember the drips going in. If it went in too slow it – weight –they'd go around and weigh you in the morning, the weight had better be at the right level when sister came around{ (?) – low tape volume,} otherwise there would be war – you know? And you had to add up all your – what you put into the - your intake and your output – what they passed out. And she would go around with the calculator checking _____. She was very strict. We were very, very busy and you had a huge amount of responsibility.

Q: Ok, so second year was fairly easy.

A: It was.

Q: And third year, then was hectic.

A: Much more demanding, yeah. You had your studies and then you had a huge amount of responsibility. At nights especially. It wasn't too bad during the day. On days you had staff nurses there. You had a certain amount of responsibility, you know. But on night duty, you had a phenomenal amount of responsibility and there was one staff nurse between 80 patients, between 2 wards, you know. So it was back and over and usually just to check drugs or if you had a problem.

Q: Did you have to do drug rounds in third year?

A: Yeah, you'd have to do a drug round during the day with the staff nurse. At night what you would do – the staff nurse would come up with you and you would leave out the drugs

for different patients, then you would administer them. They'd be checked by the staff nurse. You would have them all ready for her and she would just double-check it. And maybe you would have doctors coming up ordering stuff during the night, you know, medicine for pain. You would have heart attacks, people dying. I loved working with dying people. And I think my first experience was in first year and I used to – often when I was on nights I used to sit with them during the night if they were dying, until they died. I always felt it was a very privileged thing to be able to do. I remember one man who was very sick and he was in for Christmas and he was dying. He had cancer and his wife used to ring every night and I'd take the call. We got to know each other on the phone and I remember on Christmas morning she rang at 6 o'clock to see how he was and I knew she was going to ring. So I took him out of the ward, helped him up to the telephone so they could have a chat, you know. But I always found it a privileged place to be if someone was dying, I'd like to sit beside them. I wouldn't like them to die on their own.

Q: Yes, did you have to see to – did you have to lay out the body?

A: Yes, you did yes. Initially, I suppose, it was a bit scary, especially on night duty, you know. The first few that you do, you are a bit nervous, because I remember the first time I was cleaning a patient, you are washing them down and then you go to roll them over and what I didn't realise was that you released air trapped in the lungs, so you got this big gasp of air. I nearly jumped. And the night porters were terrible. I can remember when we had to remove a corpse and he came with this kind of a big tin box it looked like a coffin and you'd put the patient in there and you would have to walk with the porter down to the mortuary which meant going down to the basement, along an underground tunnel, for about 800 yards, to the mortuary and he was always playing tricks on you, you know. I remember standing in the lift and he was there and he had his coat tucked underneath the box and what – he had a hold on my coat. I said let go of my coat and this kind of thing and he would lift up the side and he would have the hand placed with the coat down and lifting it. He would play awful tricks like that.

Q: Did you have to lay out bodies, what was it in first year?

A: Any year, any time from first year onwards, yes. The other place I suppose I loved working was in the theatre, and I spent three months in the theatre as well. I suppose it was away again from the regime of people going checking your skirts and breathing down your neck and I found it fascinating, I really enjoyed my time in theatre.

Q: What was the relationship like between yourselves and the doctors? Did ye mix at all?

A: Well, doctors – you know the difference between God and a doctor? Don't you?

Q: No,

A: God doesn't think he is a doctor! So they certainly had a high status, but in saying that, because it was a training school as well, you had a lot of student doctors, you know. I suppose staff nurses kept them well in control. They were fine generally speaking but there was that division that they were the doctors, you know. And there were some, I suppose, from the old school that were there that it was like royalty coming in to the ward when they arrived. Everything was spick and span and straightening people, poor people tied into their beds, so that their beds would look neat and things like that, you know, everything had to look neat and certainly they were. You had the odd pompous one but generally they were Ok. We didn't have that much to do with them, you see as student nurses. It would be more staff nurses that would be dealing with the doctors.

Q: And where did you live then, you lived in a nurses' home, was it?

A: For the first year, you lived in a nurses' home, and after that, then you had to find your own accommodation. So I got a flat with a friend, about 15 minutes walk from the hospital. So that is where I stayed for the other 2 years.

Q: What was it like in the nurses' home?

A: It was like boarding school.

Q: Again.

A: A boarding school again, yeah, you had a crowd of people and the only thing was if you were working the next morning, you had to be in by 11 o'clock and you were allowed, maybe 2 late passes I think, but you couldn't be on the next morning on a late pass. A late pass was until 2 a.m. If you gave a good reason, you might get an overnight pass, but you were checked coming in the door. You had write in a book when you came in. If you were in late, it was reported to the Matron and you were called up to Matron's office.

Q: Really?

A: Absolutely, yeah and there was a pub across the road from the hospital. You were not allowed in there, because it would lower the tone of the hospital to see their nurses going in to the pub.

Q: Really, because, no, just I was interviewing someone that would have trained in England around the same time as you, another lady that would be, you know, around the same age as you and she was saying that in England, they had their nurses' home but once you closed your bedroom door, you could do whatever you want, there was no, there was no real supervision at all and so there used to be a lot of lads sneaking out at 6 o'clock in the morning.

A: They wouldn't have got past the front desk.

Q: Really.

A: Yeah, absolutely. There was no way you could sneak a fella into the nurses' home. Its like – the fact that you lived on the tenth floor didn't help, you know. There was no way you could ever – even a girl, if you had a friend up for a good weekend, you couldn't get them in either. Unless you had them in before 10 o'clock – and even then there was always someone at the front desk checking who was going in and who was going out. And, yes, like we would have good fun up on the floor and everything. But if there was a lot of noise, and someone complained, they'd be up and there would be war to pay and up to Matron again the next day.

Q: Really. Yeah because in England they were told, this would have been around Middlesex, they were told that once you came in the morning, that's all we want, so long as you are ok coming in the morning. So long as you come in on time and so long as you are a hundred percent, you can do whatever you want on your time off.

A: No, no nothing like that, no.

Q: Really.

A: And, like your behaviour outside if it was found out that the hospital, you'd be pulled up for it. If something went amiss and if someone saw you, you would be reprimanded for that as well.

Q: Really?

A: Yeah, they were very strict in that respect. And even, you know, when you were out in flats, the landlady had the right to complain you to the hospital for if they didn't like your behaviour.

Q: Really?

A: Yeah, yeah and you would be reprimanded for that as well, it never happened to me, but I know it happened to some people.

Q: Ok.

A: They kept a firm grip on you. Which is probably what I needed at the time because I was a bit wild when I left school. This was a very sobering, kind of restricted, even though I was used to restriction at boarding school. But I suppose that we had been given responsibility I think it made a big change in me. And I kind of settled down, I had the responsibility of care of other people, which I probably never had before, being a younger child and that, you know. So I think that kind of really settled me down. And I really loved my time nursing, you know.

Q: And would it have been the same as boarding school or stricter, do you think?

A: First year, well, I suppose it wouldn't have been stricter because you could go out, which in boarding school you couldn't. So there would have been a certain freedom, you know, there. My family had moved to England at that stage so I had no family in Ireland. So I had a lot of freedom to do as I pleased really. So, but as I say, I had settled down at that stage and I had made friends and I was involved in sport and things like that.

Q: Were there any recreational facilities in the nursing home? Was there anything you could do?

A: Table tennis and things. You had basketball and tennis courts and that was really about it. They had those sports clubs and that but they hadn't many sports in them but I suppose the lads the doctors had a football team and things like that. But other than that, it was up to your self what you did.

Q: You could actually – what was there to do then around Dublin – could you kind of go out?

A: You could go to the cinema, you could go to the pub, you could go to the parks, go to the beach. We were right beside the beach, you could do lots of bits and pieces. There was theatre and concerts and all that kind of thing going on.

Q: And I am sure you made a lot of friends as well.

A: I did, I still have friends that I am in contact regularly from my time there. We had a reunion on our twenty fifth anniversary and I think about eighty percent of the class turned up for that. Which was nice.

Q: That was nice, yeah. What did you do after you had finished training?

A: I was invited to stay on as a staff nurse, so I staffed for about – just about 3 or 4 months and then I entered a convent for 3 years, believe it or not.

Q: You entered a convent for three years – yes.

A: Presentation – and then I left.

Q: Ok. Just in terms of dates – what year did you finish training?

A: '79.

Q: 1979, yes that's fine. Were you a member of any nursing group – like the Irish Nurses Organisation?

A: I was a member of the INO, yeah. I was a member of the Irish Nurses Organisation and the Catholic Guild of nurses as well.

Q: The Catholic Nurses Guild.

A: Yeah, that's it, yeah

Q: How much did you participate in their activities?

A: Well I suppose the hospital used to do courses, they had a core group so we used to go to recitals (?) and different things like that. If there was something on - and dress up in our capes and our head-dress. So I was involved in that as well. It was another thing I was interested in. So that was about it really. There wasn't too many hospital-based activities really. It was just -

Q: In terms of social groups.

A: Yes, you made your own social life.

Q: But in terms of unions - trade unions you were a member of the Irish Nurses Organisation

A: The INO

Q: And the Irish Catholic Nurse's Guild.

A: Yes.

Q: And how much did you participate in – or did they have many activities?

A: Well the INO at that time didn't it was just really representation. You would go to them if you were in trouble. I remember one of the girls did have a lot of trouble and they were going to bring us all out on strike over it but it didn't come to that. But that's the only reason – that is what the INO was- it was just a representative body for - . Where as nowadays it does - it provides educational programmes and on going training and things like that. But it is a union even though it is probably different from general trade unions.

Q: And the Irish Catholic Nurses Guild

A: That was just for good catholic girls to go to. It was kind of a social outing. There was nothing really much else involved -just an occasional meeting and then you would have little choral outings and classical music recitals, you know, you would go to see Handel's messiah and different things like that.

Q: They produced a magazine. Did you ever read it?

A: I did, but – I am sure we did get it but just – I just- it is in the farthest memory if I did. Yeah I am sure I did because I was a member and that.

Q: Was it that active do you think?

A: Not really – I was probably more involved with it in first year and then kind of when I moved out of the nurses' home I just kind drifted away from it. You just kind of joined when you went into first year. It was encouraged.

Q: Just two more questions. Many people saw nursing as a vocation. What's your opinion on this?

A: It was at that time looked on as a vocation. You didn't do it for monetary gain even though you did get paid. It was looked on as you gave your all to it and it was a giving thing rather

than a profession. And that was the emphasis that was probably on it then rather than it is now – you know, that you do your study and you have your profession. And you go in there doing a particular job. You were expected to have that attitude towards it. That it wasn't just your profession – it was a calling.

Q: It was a calling.

A: Yeah, and you know you were privileged to be there to help people and that was the kind of attitude that was there. It was fine for me, it suited me fine you know. I probably still have that in me.

Q: There is – yeah – I came across that idea very strongly in the Irish Catholic Nurses Guild magazine the way that nursing is more than a job and therefore you shouldn't really be thinking be thinking about money too much – or you shouldn't be – you know what I mean-

A: I probably think the same way today because of that. I mean I wouldn't look – yes it is my job it is there to give me money – but I would be very committed to it and my priority would be to my patient rather than my pay check. And I would probably give more than I need to give at times but because it is the best thing to do. And I think most people - everyone that works here are a bit like that. That they very dedicated to their job – not just for monetary gain but because they have that principle – that they want to do their best.

Q: Did you get paid during your training?

A: I did, yeah, we got a student allowance.

Q: Did you feel, back then, that you were being paid enough?

A: I probably did, I mean it was gone anyway, any person that age. And when you went on a holiday, you borrowed the money but you had it paid back the month before you had to go the next year. It was enough to survive on. I mean I had no other family or monetary support. So you just made do. I remember here before pay day – you'd have nothing and if you were on night duty or day duty you would take bread from the ward to bring it home to make toast. I had a friend who was from Dublin and when we would visit her mother, her mother would feed us great. And she would give us bags of food to bring back. So I was ok. But there were times when we had nothing.

Q: And looking back on it now, do you feel you were paid enough.

A: I don't think you can go back and say I was or I wasn't. But I think it was fine for the time that was in it.

Q: Ok

A: yeah,

Q: Yeah.

A: I think we did ok.

Q: My final question then. Do you feel that conditions have improved for nurses and if so, how.

A: I suppose they have improved in the sense of academic standards, they have better monetary reward, they are valued more in that respect. Do they have it better? I don't know. I suppose I grew up near –we had an awful lot of patient contact. It was a very personal relationship. It is now more of a professional – I mean it was personal and professional – but it is more just professional, it is a job. There is less of a feel of hands on. I mean if you look at the American system – it is all about machines and drugs and some one else has the contact with the patient, you know, like the cleaning or caring or dressing or that. So I would hate to see it removed from the person too much – nursing –as it has in America. I felt I got very good training from the basics up and it made you value what you were doing along the way. Do they have it better? I don't think they have it that much better, you know. They have probably – there are different expectations of nurses nowadays and it is differently resourced and I mean people go into hospital before – they could be in for 2 or 3 weeks. Now they are lucky to get 2 or 3 days, they get kicked out again. And if someone had a heart attack recently and they were 6 days in hospital after getting shunted in and out.

Q: Really?

A: Yeah, you know so another time, that person would have been monitored for another, maybe 2 weeks. So then, there is a much faster turnover, maybe less personalised hospital care system because nurses aren't more involved in the cleaning or in the supervision of cleaning and that it is outside people that aren't part of the team kind of a thing, I think the standards of hygiene has dropped greatly in hospitals. And is because it is contracted rather than part of a team that someone is employed by the institution. I think it was more of an institution family kind of orientation that we all had a dedication to this particular – like Vincent's – we had a dedication to their standards and their ethos, and that kind of a thing where as I don't think people have the same kind of opportunity for that commitment. It's not there for them. They do it if they want and if they don't want to, they don't, you know. But I think what I learned as a student, is definitely, a lot of that is still with me today. Absolutely, yeah

Q: So I think that's it. Thank you very much for that.

Notes taken in copybook

Date of birth 19/7/1957

Leaving cert 1975

Started training -March 1976

Finished training -1979

Interview 8

Q: Person conducting the interview= Mary Hawkins

A: Linda C

Q: Ok, so first of all, can I have your date of birth, please?

A: 17 May 1945.

Q: Ok, and were you born in Galway?

A: No, Birr, County Offaly

Q: Birr, County Offaly

A: County Offaly.

Q: What was it like growing up there?

A: Birr. Small town. Quiet town. I was the youngest of my family. Normal. You went to school every day, came home. There was a river behind our house, we went up to the river and we paddled and we swam.

Q: Very nice.

A: My father died when I was 10 so that was a big – and he had been ill for a couple of years before that and that was quite an experience. He had a lung condition so when he went into hospital it was queried TB and of course youngsters under a certain age were not allowed to visit. I remember being brought up. He would have went to Dun Laoghaire, the rehab centre, that was a TB san at the time

Q: Sanitorium?

A: Yeah, and I remember being brought up to see him on (St.) Stephen's Day. Mammy hired a car and brought us all up to see him. But I wasn't let in. I spent the day sitting in the car and when the sister went to her tea at 6 o'clock that evening, they whipped me in and when she came back and all hell broke loose! That's my memories really.

Q: Why weren't they allowed to visit?

A: Because TB was so infectious, so very, very infectious, you know. Although he didn't have TB, because at the time, you see, it was a question mark. We were all to go to Tullamore to be screened and x ray and vaccination. But the word came back that he didn't have TB so we didn't have to go. But he was still retained in - I suppose Dun Laoghaire was a chest hospital as well, you know. So he was retained there and the same rules still applied. But then visiting anyway was very strict, to any hospitals in those days. Children were not allowed in, full stop.

Q: Of course, I can imagine, yeah. I know and even I know I interviewed someone else and the parents said that if you visited any house where someone had TB, you were told not to breathe.

A: Oh yeah, yeah

Q: It was a big taboo.

A: My husband was born and reared in Galway. He would always tell the story – he was going down I think it was Buttermilk lane – but I am not sure – back to school and there were two old ladies- he was very young- there were two old ladies fighting, having a right barney, you know, it was going on and on and eventually one of them turned to the other and said ‘ well at least nobody in our house ever died of the galloping consumption’ and there was no answer to that.

Q: Yeah, because at that time it was thought to be hereditary.

A: Oh, yeah, yeah.

Q: People you see weren’t sure how it spread or whatever. Actually the British tried to introduce a ban on spitting.

A: Pity it didn’t work! Yeah.

Q: So what did your Dad do?

A: He was a guard.

Q: Ok.

A: Yeah, he was a detective in Birr. He died at a very young age.

Q: And what did your Mum do?

A: Oh, she was a housewife.

Q: Very nice.

A: Well yes and no, she, well, her, well we were ____ (low tape volume) that year. I was 10 when Daddy died and my – up next was 15 so we were both in school and F- was just finishing training as a teacher but you talk about money and what have you. I think she had a pound and 10 shillings for A- and myself. At a pension, a widows’ pension from the guards. But then she was very lucky to even have that. If you were depending on social welfare I’d say you would have even less. But she would have always have kept boarders to supplement her income, that type of thing. I got a scholarship to secondary school, because you paid for secondary school at that time of course.

Q: Of course, yes.

A: So at least I covered my fees in secondary school.

Q: What was your school like?

A: It was a Convent of Mercy. What was it like? Of course you were terrified of the nuns. Not that they were ever abusive but I think it was as much the uniforms as anything else! They were strict, you know, but you had your play times. The teacher in charge of the babies, her name was Miss Hill. But you would hear them chanting – tá bean uí Conic ag teacht isteach in the Irish. It was nice. You would have memories of Christmas. There was always a beautiful crib put up and every class went in and sang their Christmas hymns in front of it and that was a big deal. Of course you had the preparation for Holy Communion. It was a serious event. Going into that confession box for the first time, you know, the usual lark.

Q: Did you have anybody – did you have any sort of a career day or did anybody come around to talk to you about nursing as a career?

A: No, no, no. There was an orphanage attached to our school, so you would have the orphans there as well. The Convent of Mercy ran an orphanage in Birr. At that time, my class, when I went into secondary school, they started to attend secondary school, but up to that, they didn't really. But they had gone in to secondary school at that stage. No, you would have no careers day. I fell into nursing by mistake. I definitely wasn't going to be a nurse.

Q: Ok, and did the nuns – did any of the nuns encourage the people to choose different careers or ...

A: We were encouraged to go for the civil service. We were put forward for all the civil service exams. But being in Birr, there was certainly no question of going to university. There would have been very few people who could afford to go to university. There was no grants or no anything to support you there or pay your fees. Nowadays it doesn't sound like an awful lot – forty pounds a year but forty pounds a year was an enormous amount of money in the fifties-early sixties, you know

Q: Of course

A: But the height of your ambition was to get into the civil service. My sister got into Aer Lingus. That was a big thing back then. We were put forward as clerical officers into the both An Post and ESB and a lot of my class got those sort of posts.

Q: Did anybody else go into nursing from your class with you or did any of your sisters?

A: No, no, I, there was no history, within my own family, there was no history of nursing, and in fact Mammy said that if Dad was alive he would have said what ever you do, don't go nursing because he would have spent a lot of time in hospital and he would have had... in '47 he had surgery in Vincent's and there was a big freeze up. It was a terrible winter and the patients were 3 and 4 and 5 and 6 blankets on the bed and hot water bottles. I always heard him say it, but the poor misfortunate nurses were going around in their little short sleeves and

there were chilblains from their – the whole length of their arms. He used to pity them so much, you know and they worked so hard and so difficult – it was always so difficult for them. That was all his memories about that. I'd say if he was alive when I went nursing, he wouldn't have wanted me to go, you know.

Q: That is actually quite interesting because two nurses I would have interviewed, their fathers actually arranged for them to go into nursing, so it is just, you know, really interesting just to hear the different perspectives on it. So why did you choose nursing as a career?

A: It was for me. I was working in the corporation in Dublin and there was a girl there with me from up around Kildare. Since she was knee high, she wanted to be a nurse. I had had my appendix out in Tullamore just before I did my Leaving Cert and I saw them there and thought oh God, that's awful. I always remember there was old lady who came in and she was to have her toe nails removed and they were huge and you know a 17 year old looking at this. And then there were kids in another cubicle all in to have their tonsils out and they were all screaming and roaring and I thought well now – that's nursing – it is not me! And as I said I was working in the civil service, and I got the corporation in Dublin and I was working in Kildare Street and this girl was working with me and she wanted. So she sent off for all the forms. Now it depended a lot in the country where you came from, what hospitals in Dublin you would go to for training so her area a lot of them went to what was subsequently my hospital. And she had the forms there and she was 'ah, come on, come on.' She had filled out all the forms and I put my name to the bottom of it and she sent it off. The funny thing was she was called in March and I was called in September, and when I got there in September, she was gone! She absolutely hated it, from the minute she arrived. And I went and I knew I had a permanent post coming up in the North Tipp County Council in November. So I said I right will give it two months and if I like it I will stay and if not I have this coming up. So I was fairly – and I was a year older and what have you, you know. So it was Sir Patrick Dun's, which was one of the voluntary hospitals, you probably heard of them, so there was no fee there. And Mam was sort of saying well you know if you really want to go nursing do you, sort of a way, do you want to go to Vincent's or the Mater or whatever and I said no because if you pay a fee, I can't walk out! That was my theory on it because I really had no intention. But I must say from the day I arrived, I loved it. I just loved it. And I always loved nursing.

Q: Was there anything in particular that really, was it just it all in general or anything in particular?

A: I liked hands-on nursing. I liked communicating with people. I suppose I liked helping people— seeing maybe the results of your work. It was just the whole thing. I just settled into it very quickly.

Q: So what year did you start your training?

A: 1963

Q: 1963 and that was in –

A: Sir Patrick Dun's

Q: Sir Patrick Dun's, yes. 1963, Sir Patrick Dun's Hospital.

A: Yes

Q: So what was your first year training like, can you remember it at all?

A: Well, we spent the first three months in the classroom. PTS – preliminary training school. It was set up and we were housed separately from the rest of the hospital. We did absolutely everything in that house. You were up in the morning, your bed was stripped, night sister – the home sister did a round of the rooms and if it wasn't stripped properly, particularly folding the sheets and folding the blankets correctly on to the chair at the foot of your bed, she would wrap them around the lamps and everything else. You would be an hour untangling your room, you know. You came down and people were allocated then – we cooked our own breakfast and she sat at the breakfast table with us and then someone was on the washing up and we all had our own area of the house to be cleaned – toilets, hand basins, bathrooms, corridors – all had to be washed and polished and dusted and what have you. And she would inspect them all. Then we were in the classroom at half past nine until half past twelve. Then we went over to the main canteen for dinner. And, that, of course, was strictly segregated. Doctors sat in one corner, consultants in another, ward sisters in another and your grade down along. And we came in, in this dread – well, we were lucky – no it wasn't – we had it. This dreadful, shocking pink dress they had us in, so we stood out immediately we walked in the door.

Q: That was your uniform?

A: Yes.

Q: In first year?

A: No, in PTS.

Q: Oh, in PTS. A pink dress?

A: Yes. Now the staff nurses – it was a hangover from the old uniform, you see, because the staff nurses used to wear a pink dress with a white apron. One time the style of the English uniform – it was dreadful – absolutely dreadful! And, as I say we were lit up coming in and

everyone would look at us and of course, they would nearly walk on us you know, we were the lowest form of life. And then we cooked our own tea. No, we went over to the canteen and collected the tea and brought it back and we had the tea in the nurses' home. You were back into class in the afternoon. So a lot of it was theory and a lot of it, you know-half of it theory, half of it practical. You had to pass your exams at the end of the three months. We would have done maybe one-day afternoon a week on the wards. You were assigned to various wards and you never saw the outside of the sluice room, you spent your afternoon there. And then we were let home for Christmas and we were back on the wards properly – the first of January and you did three monthly rotations then to each ward. Patrick Dun's, well it was attached to Trinity Hospital – Trinity College. I suppose it was 200 – 250 beds which was kind of average at that time and it would have been divided up male and female surgical, male and female medical, ENT, obs (obstetrics) and gyna (gynaecology) and then there was a smallish children's ward – about 15 beds. So you were rotated in and out of those. And you were the lowest form of life.

Q: What was the first exam like – can you remember it at all, was it tough?

A: It was much like the Leaving Cert. The very first exam was before we ever went in. We had a day up there with interviews and we did an exam. You had to write an essay – two or three of subjects – that was sort of not much more than Primary level really and you had an interview with the board of governors.

Q: What was that interview like? Can you remember it at all?

A: Not really except I remember when we all arrived there was about 14 or 15 of us and most of us arrived without any hat. The sister tutor nearly had a stroke! There was one lassie from boarding school and she had a beret and the other lassie - also boarding school – of course they were better than us, she had a lovely yellow buttercup boater hat, you see. So the tutor looked at us and said well ye will all have to wear a hat in, you see and we all looked at the beret and we looked at the boater, like, and do you know what the boater said – ye are not getting mine! So the whole 14 of us travelled in with this green beret, regardless of what else we were wearing. Well they were all these very august looking gentlemen because it was the board of governors. All very solemn and very serious. I really can't remember what they asked me. It was kind of a blur, you know.

Q: What do you think they were looking for?

A: A satisfactory education level I would say and I would say an interest in nursing you know. They were looking for I'd say a more practical because you really weren't meant to be too intelligent. Not like today where they are all very well educated nurses and they have

degrees and what have you. We weren't as technical obviously as they are. It was more hands on, it was much more practical nursing. In fact looking at the care assistants today and the course they are doing, was very much like our nursing course, apart from the add-ons that well we would have studied pharmacology and things like that. But their basic, that basic Fetac (?) course is going on at the moment but that was really us, forty years ago, you know.

Q: In first year – how many of you would have gone into first year?

A: There were 11 of us and then in second year, the postgraduates, the girls who had done children's nursing or psychiatric nursing could come in to do their general nursing at that point. Or orthopaedics and TB, they were all separate courses, so if they had passed their exams, they could come in to us to finish their general nursing.

Q: Can you remember in first year, did many people drop out?

A: Nobody dropped out from my group. I think one dropped out before we started, yeah, because there were 10 of us and then another girl came as a replacement. So, but nobody dropped out of our group.

Q: I'm sure the ward duties you had to do in first year would have been very simple. Would there have been a lot of cleaning?

A: There was a lot of cleaning. The first thing you did when you came on in the morning as a first year – you went down to the sluice room and all the dirty linen was there from the night before. Some of it would have been done by whatever student was on duty, but mostly they wouldn't have had time. And soiled linen had to be sluiced and faeces and all that sort of thing. They had to all to be sluiced and put into a bag for collection. Then you came up and in the meantime the more senior nurses had bed making and bed bathing. It all had to be done before 9 o'clock, all the beds made. And you came up. It had to be cleared before the priest came up. You came on duty at 7 you see, so it had to be cleared by 8, and definitely by 9. You had to start cleaning the sluice room then and the toilets and the bathrooms. And matron did rounds then at 11 and she inspected all of the bathrooms and the toilets and you had to go ahead of her and lift the seat of the toilet for her to look into to see if it was clean and things like that and the same down. And God in heaven help you if someone got sick in the toilet just before she arrived! That was no excuse! That was your morning. And you made the calls to feed at breakfast time, maybe at 9 o'clock, you might be called for 10 minutes for breakfast. We went to breakfast ourselves at 9 and sister went, and she would take say, half the staff with her. You see we were all students. There was one ward sister, a staff nurse and the rest of the hospital were staffed by students on each ward. And in that breakfast time – you had half an hour for breakfast and if you went late, you were docked 10 minutes, that is

why I eat so quickly. You had to go downstairs and had breakfast. You stripped your bed before you came on duty so you had to go back over, make you bed, change your uniform, you – one day of the week, you would have to change your towel and sheet, one day a week, you would have to go over to the laundry with your washing and another day to collect it. If you broke a thermometer, you would have to go over to matron's office with six pence in your fist for the new thermometer. And you would be queuing at her office for – or if you wanted a dance pass for that, you would have to go to her office, and all that had to be done in your half hour. And as I said one sister was standing at the bottom of the stairs to inspect you coming down stairs. If you weren't immaculate you were sent back and if you were late for the ward, then you were in trouble with sister.

Q: So that was first year then.

A: Well that breakfast thing, now worked all the way through, the whole four years, you know, that was your thing. You went on night duty in the summer.

Q: In first year?

A: In first year. And, well you did three months night duty in your first year. Mine happened to be in the summer and on each ward, you would have a third year nurse – you see, you qualified in three years, but because we didn't pay a fee, we gave a year to the hospital at the end so that was a fourth year. So you might have a fourth year nurse on with you or a third year who was doing her finals and that was a different scene altogether, then you know. And just one sister for the whole hospital at night, then you know.

Q: Yes, night duty must have been I suppose an important part of your training, given the fact there was less staff on.

A: You learn more, you learn much more because you weren't doing any cleaning, I suppose. The big thing would have been the collecting of specimens in the morning. You would be working in male medical and there would be a particular demand there for specimens of urine in the morning. And you might have 20 or 30 specimens to collect and you'd be going around absolutely begging the men to pee in this bottle because you couldn't go to your dinner until you got it, you know. You would do more in care of the patient, sort of backgrounds and that sort of thing at night. It was more relaxed.

Q: I'd say you probably had to be vigilant for any patient that might go into cardiac arrest.

A: Yes, you were on constant rounds there. Well, any of them that you would be anxious about would be flagged, so you would be consciously checking them every – sort of, somebody would come down to the ward every half hour to do a round and make sure everybody was ok. No noise, of course, you had to keep that down to a limit and the lighting

would be very limited, you know, to help patients to sleep, that kind of thing. If you went to start rounds in the morning, and do the background at 6 o'clock or whatever and be ready then for sister for the report at 8 o'clock.

Q: What was second year like?

A: Second year, you were given more responsibility. You had moved on from the cleaning, a fair bit unless the junior nurse was off, then it was your job. You were helping, maybe more with the backgrounds and with the immediate care of the patient, working with a third year nurse, like that. It depended – ENT and Obs and Gyna were small units so there may not be anybody senior there. So you would possibly be doing medication and that type of thing with sister. You started to prepare and to give injections and you would help with setting up trolleys for various procedures but you wouldn't be actually trusted to do it. You went on your night duty that year and you would go to one of the two small – one of the three small units as a second year and you would be there on your own in those units at night. But they were - having said that, they would be close to the bigger units so there was always a senior nurse near you. And in those situations, you were totally responsible for the ward and night sister would come up in the evening and she would check through the medications with you that had to be given. And you gave those and if anything came in-was admitted during the night or any procedures, or anything like that you had to set up your trolleys and assist the consultant coming in, but usually if the night sister was free, she would come up and help, you know.

Q: What sort of uniform did you wear in second year?

A: Well from – once we went on the wards, at that stage - we were the first ones actually, that started to phase out the old uniform and everyone went in to the white dress. We had a lovely white dress with the crest of the hospital on the collar and the senior nurses were still wearing the red and white but they phased it out at that stage. They were quite modern and they had brought in the little small cap as well. We never wore the big veils. We never wore those.

Q: I am sure the uniform was much more practical.

A: Much more practical, yeah.

Q: It wasn't as cumbersome

A: Yeah, it was much more friendly for putting on and that sort of thing. Because I never realised how bad those uniforms were until I went to do my midwifery in Aberdeen. And we arrived in and this uniform was sitting on the bed for us. This blue dress and the white apron and all this hard collar and cuffs. There were four of us and we sat looking at it for two hours

first and then we decided to practice putting it on! And we had to get up nearly a half an hour earlier in the morning to put it all together, you know, because it was a nightmare! This dress was very simple, you just buttoned it down the front. It was comfortable and, as you say, it was practical, you know. That was the norm for the ward then and they – in the old uniform, they wore the black stockings, you know, so we wore just ordinary dark stockings, you know – nylons.

Q: And black comfortable shoes then?

A: White shoes, we wore then. They wore the black shoes with the red uniform.

Q: In your hospital, did you wear any belts? I know in some hospitals they wore a blue belt in second year?

A: When they were in their red uniform – their belt and their buckle denoted their rank. But we just got a stripe – a single stripe you were a second year and two stripes, you were a third year and a red stripe a plain red stripe, then, you were fourth year.

Q: Yes, which was Ok too

A: Yes. It was.

Q: So what was third year like then?

A: Third year, you started doing, ticking off all your practical things that you had to be able to do for your exams. And you started doing dressings with sister if you were on the surgical wards. You would be setting up all the trolleys for various procedures. You would be left in charge, occasionally maybe for two hours, or what have you. You would be doing the medicines with sister or with the senior staff nurse. You would have care of maybe, there would be a certain number of private rooms so there would always be a third year in there having care of them and there would be a third year care of the more seriously ill patients. So you were, sort of moving into that regime and you would always have a second year and a first year with you, working. You would be in charge of doing the background care of patients, pressure areas, that type of thing. You were responsible for them, that they were fed properly, their nutrition, their fluid intake, all that was your responsibility. And then night duty – when you went on, then on your night duty that year, of course you were the senior on the ward, so the whole ward was your responsibility for the night. It was a bit nerve wracking.

Q: I am sure, I can imagine, yeah.

A: Again, it was like your second year night sister came around, she checked out all the medication and you gave it out. That was your big job for the night and then you started the

background and settled in the patients for the night and you wrote the report and – the report for the morning ,then.

Q: And you had exams, then in third year.

A: You had exams. You had exams at the end of first year – that was your prelim exams because we had exams at the end of PTS, that was the hospital exam. Then you had a prelim exam at the end of first year. That was a state exam or a Board Altranais exam and then you had your finals in third year. But before you could do any of those, you had to pass – during this time you would be having your lectures from consultants and sister tutor and what have you in the various subjects and you – when they would say, give you 8 lectures say on medicine or pharmacology, well you had to do an exam – they set an exam then and you had to pass that exam. If you hadn't passed your house exams then you couldn't do your state exam.

Q: And how did you find the lectures and that part of it?

A: Lectures were difficult, you see we worked – your straight day was from 7 o'clock to 6 o'clock in the evening. You came off, then and you could have lectures then from 6 to 7. So you were, you know - all your lectures were outside your working hours, in your own time. When you would be doing prelim, you – particularly for finals now, you would come off... you would go in and work from 7 to 9 on the ward, then you went and did all the breakfast routine and then you were in the classroom for 10 o'clock – so you went for second breakfast and then you would have to be in the class room for 10 o'clock and you would have class with sister tutor from 10 until 11.30. And then you would be back on the ward at 12 o'clock and you worked until 8 o'clock or 9 o'clock? I think it was 9 o'clock – 8 o'clock we came off. I am not sure. But you worked straight through Or else you worked a straight day from until 6 and went to your lectures then at 6. Night duty, you went to bed and you got up for your lectures at 6. You wouldn't be on night duty in the three months before your exams. So that wouldn't arise but you would often for your exams – particularly in second year – you would have to be up and in the classroom for 6 o'clock and do – have your lectures from 6 to 7, go and have your breakfast and then go on duty. So it was fairly tight.

Q: It was fairly tight, yeah.

Q: Looking back now, what did you think, how were the people who taught you. Do you think they strict but fair?

A: She was - our principal tutor was very strict and she was a very tall stately lady – Trixie we used to call her – but she was extremely- I found her extremely fair, you know. I had certain episodes and I found she dealt with them very, very fairly. She was very, very

knowledgeable and very correct and things were done properly. There was no sliding or she would have heard about it. The younger tutor – she was just qualified so she was much more friendly and sort of more modern attitude coming in. But Trixie was very regal – a big tall lady with grey permed hair and her little hat sitting on the top of it and her navy uniform and white collar. Our matron – enough said! She was very strict – I suppose it depended on you – who she was dealing with; maybe you walked on wooden feet, it was fair but that would be a personal perception possibly, you know. There was one dreadful thing about it. When your results would be coming out, either your prelim or leaving- your final, the word would go out that it was gone to the matron's meeting in the morning and everyone would know it. So we would know the results were out, you see. The matrons in Dublin – I don't know about the rest of the country, but there would be a meeting in Dublin and the results would be discussed and she would get the results for her hospital and we would know they would be out, but they would never be given to us until the doors were locked at half ten that night – so we couldn't go mad on the town.

Q: Oh.

A: And, as well you would know from 10 o' clock that morning, that they were out. You had to stick it out until half ten. You had to be in - unless you had a pass – for half ten 10, you know. And none of - you wouldn't be given a pass for that night, you see. That was to keep us under control.

Q: Where – you lived, then in the nurses' home – yeah?

A: We lived in the nurses' home, yeah.

Q: And what was that like?

A: It was Ok, it was very strict in the sense that there was curfew, you know. In PTS, we had to be in at 9 o'clock. When we went on the wards then, we had to be in at half past ten and you could get a monthly pass once a week for 11 – a weekly pass for 11 o'clock and a monthly pass for half eleven, and if you were going to a dance, you could go up to matron for a 2 o'clock pass. Or if you had anywhere you could sleep out for the night, you had to leave the name and address. I had a sister in Dublin and everybody in Sir Patrick Dun's was related to her! They all used her – all my class used her address – most of them she never met! They all used her address, because they mightn't have an address or they might be staying with pals who wouldn't be acceptable but my sister was married she would be acceptable, you see.

Q: Oh, right, Ok

A: Yeah

Q: So the person you were staying with had to be married.

A: Yeah

Q: Ok.

A: So most of them “stayed” with her (inverted commas). That was it and it was very strict. I went in first, when I was in PTS, like we started in September and in November, my sister got married, this sister got married. Like, I had been a year working in civil life, you know, quite independent. And the Thursday morning – the Saturday mornings we had class, only from 9 to 12 and we were free after that and we were free Sunday. I just thought ‘sister’s getting married on Saturday like, you know, can I go to the wedding?’ and tutor looked at me and ‘oh I’ll have to ask matron’ and she came back and she said I’m afraid you can’t

Q: What?

A: Yeah, she said ‘you are in class till 12 – you can go after that if you want’ So at the time I had this famous job in Tipp in my pocket and I said ‘oh, well I am going, so, like I am not staying here. I can’t go to my sisters wedding and I am her bridesmaid.’ And she said – she was the younger one and she said ‘oh, don’t be too quick’, she said – ‘I’ll go back to her again’. So the word came back that if the wedding was in Dublin, which fortunately it was, I could go. But if it was down the country I couldn’t because I had to sleep in the nurses’ home the night before. I could leave at 7 o’ clock in the morning – and she had night sister check me in at half 10 – actually I was brazen- I didn’t turn up until 12 o’clock. I said ‘ye can sack me now if ye want’! But she would do things like that and I had a friend, she was a bridesmaid and she was from Roscommon and her granny – her grandparents had a family farm, you know, so like her granny had lived in the house with them all their lives. She was as close to them as her mother, you know. And word came in one night around 11 o’clock to say her Granny was dead. She had died suddenly. She was working in Out-Patients at the time and I think she was finished early that day. She had a half day the next day but your half day started at 3 o’clock, and the train to Roscommon went at half two, or half one or something so she asked sister if she could go in time for the train and again the answer was ‘well I will have to ask matron.’ And matron said ‘no, she couldn’t’ so in case sister would let her off on the quiet, like, to get the train, the message came down at about 12 o’clock to say she was to go downstairs to the seamstress, to the stock woman downstairs and to count the delph and cutlery with her. The girl missed the train home. Her two sisters – her three sisters were gone home on the train and she got the next train and the removal to the church had happened and everything, so. Because there was no compassionate leave, you see.

Q: Yeah I actually – I read about that in a book. Again I was telling you a little while ago about a woman who started off, became a teacher, then a nurse and then went back to teaching again and she did have a story about how her father or something had died and how she couldn't go to the funeral or something like that.

A: Well, it was quite likely if that was happening in 1964 or 1965, it is reasonable to assume that her story is true for how many years earlier.

Q: Looking back on it now, it seems very petty. It seems very ...

A: Very petty and like, we were a lay hospital there were no nuns or anything, you know. It was the voluntary hospital. If anything, they were stricter with us than the nuns were.

Q: Really?

A: They were. Particularly in, say, observations, you know you will always hear stories about say the priest coming around to give communion in the morning and everything had to be sparkling and not a sound anywhere from coming or anything. If anything they were more strict with us on that, you know. Of course, we would have both denominations coming in there then because Patrick Dun's was actually a protestant hospital. The story was it would have been all protestant staff like the Adelaide but by the time I arrived, the nursing staff, were Catholic, the consultant staff and the support staff would all have been protestant because they would have all have been Trinity College. But the story was there was Miss Chambers had been made matron, and with a name like that they just never thought to ask her her religion. This is the story and there was a porter. His name was Woolhead (?) so he came down on Sunday morning at 11 and he said 'matron, your car is at the door to take you to the church' and she said 'oh, I was at mass at St. Andrews this morning at 6 o'clock.' So there was consternation, now that is the story, you know.

Q: Did you have to go to mass every morning?

A: No, we did not have to go to mass every morning. Well, our nearest church was a good 20 minutes walk away. But – so if you were working that day, you were expected to get up at 6 o'clock and go to half 6 mass and be back to the hospital for 10 to 7. But the actual religious care of the patient was very strict and the observation of having the priest in and all that type of thing would have been very strict, you know.

Q: Yes. It does seem to be fairly strict just the training and everything and even when you were living in the nurses home. Looking back on it now do you think it a bit was petty or necessary.

A: Well, no, it was very hierarchical, you know, even sort of the sitting rooms, you know there was a fire down one end and an electrical fire the other end, so the third years sat

around the fire and the rest of us squeezed down the other end. Some parts of it amounted to bullying in a present day context. It was the norm in those days really, to be that strict. We were only - it wasn't that much different to boarding school. Thinking about it – I suppose we responded more quickly to requests from people or whatever, because it was expected of us. This sort of looking at it and looking at them today 'I will get it in a minute' kind of thing, maybe I am wrong, is the attitude, where as we would be expected to do it immediately and we had to account for everything, you know. Even things like cutlery and delph were counted. You were responsible for knowing they were all there. While the cleaning was very demeaning at the time and as my friend, a lay person said to me ' My God E-, they put their foot on your neck and it was down, down, down.' On the other hand, I'd say, if you had done the cleaning yourself, you knew what to expect in a ward as a staff nurse or sister when you were looking for cleanliness.

Q: And of course, back then there was no such thing as MRSA, which you have now

A: No, our wards were spotless, you know, we were absolutely spotless. In comparison, the toilets were. You know you had this difference. The fact that matron was in charge of it all too. We didn't have – for my first three years, we didn't have a what do you call these cleaners - like you have in the Regional.

End tape recording – side one

Q: So, anyway,

A: Yeah, we didn't – contract cleaners came in, in my third year and really you would notice the difference straight away. The domestics used to wash and clean the floors, we didn't do that sort of thing, you know, but all of that – so that meant matron was no longer responsible for. You would notice the difference straight away.

Q: Well, I suppose the argument, could always be made that you were in charge of a persons well being and therefore things had to be fairly strict and as well as that, the hospital was responsible for you when you were living in a nurses' home. They were essentially your parents so they had to make sure that everything was ok.

A: Yeah, they were, yeah and that climate still existed because even in university, university students lived in halls of residence and under much the same conditions as we did – practically, you know. Teachers the same way in the teaching college. I mean, we all went to these afternoon dances, on a Sunday because none of us could be out at night – the teachers, the guards and the nurses would all be at these afternoon tea dances at the Metropole in Dublin somewhere off Parnell street we used to go to - the Teachers' Club and that, because

we all lived under the same – they sound harsh but they weren't. It was accepted, that was the way people lived in those days when they were in training, you know, so it wasn't actually – I was lucky, I got paid, because after that, student nurses got paid very poorly but I started on 10 pounds a month. It had only come in the year before and you got 11 in your second year and you got 13 in third year and you got 14 in your fourth year. But when we came to fourth year, by then there were quite a number of postgraduate nurses with us in my class and they didn't have enough accommodation so they allowed us to go out to apartments and they paid us the full first year staff nurse pay the princely sum of 48 pounds a month. It was a fortune but we had to do our own living arrangements. So as you say, you had to put it in time and context.

Q: Of course, yeah.

A: Even though it was only 1960's. It sounds I am talking about the dark ages. Nursing has changed so drastically and dramatically that... I wouldn't say drastically, because most of it has been for the good, but it has changed dramatically and their whole training situation has changed dramatically.

Q: Did you feel back then that you were being well paid?

A: Oh, we thought we were rich because 10 pounds was an awful lot of money. Because you used to only be paid – oh I don't know – I think about 2 pounds. It was a huge jump. It happened the year before that a huge increase came in. It really was dramatic. I don't know how much they were paid. It was in the realm of say 2 pounds a month it went to 10 pounds a month

Q: What year was that?

A: Well I started in '63 so it must have come in around '61 or '62, that this big increase for student nurses came in. It was quite dramatic. I remember, you know the nurses more senior to us – they really thought they were in heaven with this money. But having said that, you were 10 pounds a month but you were fully – you know, you had your food, your lodgings, your laundry and 10 pounds was yours to spend. I remember the group ahead of us they – when it came, they were all given holidays in June, at the end of the three months, their first three months and none of them had any money to go home. So we were all marched down, when our group came on the wards, to get a post office savings book. And we were supposed to put a pound every month into this post office savings account and it lasted for three months. And she would look at it every month, but she forgot about it after three months so we pulled it out again!

Q: yes,

A: But we didn't have to budget for anything. That 10 pounds was totally ours to spend.

Q: You mentioned afternoon dances already and you mentioned night passes. What sort of recreational choices did ye have? Was there many facilities in the nurses' home itself?

A: There was a large room downstairs with a record player – which we would often put on and dance to among ourselves. There was a tennis court and that was more or less the facilities in the hospital itself. But we were in Dublin, so we had access to all the dances, you know the ags, the ieme and the garda dances were very popular. As I said the afternoon dances were a big thing because you didn't need- if you were off Sunday afternoon, you could go in to the Metropole, 3 to 6 and there was dancing there. All the trainee students – teachers and guards, nurses would be at it. The Teachers' Club, then used to have one as well another day. I think theirs was 7-9, one night – Thursday night or something and you would go to one of those and then of course, we- if you went to an ordinary dance, somebody had to pull a guard, because he was a very tall gentleman, he had to be very tall in those days and the poor man would escort this lassie home and she'd – our hospital was built in a square, you see – one part of it was the hospital and one side was outpatients and the other side was the mortuary which had a flat roof and this side was the nurses home and the centre was the tennis court and the PTS's were on the ground floor. These were the first 6 month – 3 month group. And they were terrified of the seniors – of course they were warned – the windows all had to be opened at night so the misfortunate guard would have to stand under the mortuary and we would come along and he would have to give us all a leg up over the mortuary wall and in! That was if you were out illegally! He could have anything from 1 to 10 nurses – but some one was always commissioned - it was a guard – because those were the only ones guaranteed to be tall enough to give us a leg up!

Q: And I am sure, any visitors to the nurses' home ...

A: Not even your parents. No one was allowed up to your bedroom. There was a sitting room downstairs – freezing cold – there was never any heat on it and that was the only place visitors could come into. But you could go down into the kitchen and make tea and bring it up to them and there might be biscuits if you were lucky but you would have the biscuits yourself maybe, but you could go down and make tea and bring it up to them and have it there.

Q: But there were was no visitors allowed into the nurses' home itself?

A: Well, this sitting room was in the nurses' home, but it wouldn't be the boyfriends now, you know. They definitely wouldn't! It would just be your parents – if they happened to be in town. I remember my uncle and aunt was – my uncle was attending a diabetic clinic there and

when they would come up – they were coming up from the country so I would usually try to be off and I would usually bring them into the sitting room and I would make a cup of tea for them at the time. You could do that – or your sister or your mother and father but they never got past that sitting room you know. It was very class conscious, of course, because, for example, as I mentioned earlier there was an orphanage attached to the convent and they would have all gone into domestic service when they hit 14 or 15, you know. When I got there, there was a girl from the convent working as a domestic in the nurses home and she was very lonely, you know she was 15 or 16. And she was thrilled when she saw me, and we were talking to one another because we would have known each other from school and what have you and we got into terrible trouble after that. We weren't supposed to be talking to one another.

Q: Why?

A: Because she was a domestic and I was a student nurse.

Q: It seems fairly harsh.

A: Well you see, that was the class system at the time, you know.

Q: And I am sure doctors couldn't speak to the nurses.

A: No, we never spoke to the doctors. The only time we ever socialised with them was on Christmas Eve and Christmas Day. Christmas was fabulous I thought. Absolutely fabulous. Anyone that was going home for Christmas left the hospital at half past one in the day. They were finished and they got the train home on Christmas Eve and you were there and at 7 o'clock in the evening, all the consultants and their families would come in. It was a very beautiful building, Sir Patrick Dun's. A centre stairs goes up and then it branches off into 2 landings and up on to the landing here behind me was the children's ward and a boy soprano would stand up there and would start with 'O Holy Night' and we would all be in our night duty gear. We had lovely little green capes we wore at night and a lantern and they would progress the whole way around the hospital singing carols. And – because you know, Church of Ireland – they are wonderful at singing carols. So it would be absolutely fabulous and all the lights would be off and the Christmas decorations would be up and finish back up in the main hall and he would sing 'Adeste Fidelis.' And then there would be a big reception down in the canteen and we would all mingle and it was funny – you see the meat factory was across the road from us and so the others – the other people came into A and E, to us, you know, if they had an accident and they would give £40 pounds to the doctors and £40 to the nurses. So if you were on duty for Christmas, all the nurses got an extra six pence in their pay in January but the doctors used to get their money and they had a lounge downstairs in the

basement and the sitting room for when they were on call. So they would spend all their money on drink and food and cigarettes and all that sort of thing. And we would all end up there on Christmas Eve. We were allowed – there was a blind eye turned. And there was always a ward cleared on Christmas Day and it would be set up for the staff and the dinners would come up to there because the canteen wouldn't be working. And the plum pudding would always have the brandy put on it and Matron and all the senior staff would be off. So either Matron or the assistant Matron would carry the plum pudding into the ward, blazing to be cut. So it was all beautifully done and trays especially set up for the patients' serviettes and little flowers and it was a big deal. If you were on duty on the children's ward, of course, Santa had to come in, you know.

We always went up to Galway on Christmas Eve. From the time I came to Galway. Every Christmas Eve – because we didn't go home for Christmas but every Christmas Eve we would go up town. It was the first stage of Christmas to go up town on Christmas Eve. But Christmas was beautiful.

Q: So you finished your training in 196... .

A: Well I qualified in 1966, but I had to give a year to the hospital so it was '67. September 1967 by the time I left.

Q: What did you do then?

A: Well I was going to Aberdeen for my midwifery on 1 December 1967, but I was supposed to – the staff nurse in female medical had left so they asked me did I want to do it for the two months before I go to Aberdeen and I said ' yeah, I'd love it' and I got on well with the ward sister there and so I was quite happy and I arrived in on the first morning to discover her mother was very ill in Tullamore and she had departed the scene and I was ward sister of female medical! I nearly – oh I nearly got weak – you just went from being a junior to a ward sister overnight. Plus there was a new consultant – totally new. He had never worked in – he had only come to Trinity. He had never trained in Trinity or anything and he was looking for guidance. And what the normal routine was around the place – it was all quite hair-raising, being totally responsible. But that was where, I would say, Trixie was fair. She never interfered with me but she would wander through the unit – the ward once or twice a day and would say how are you doing, are you Ok. It would give you confidence. So I did that for two months. And then I finished. September, October and I spent a month at home and then I went to Aberdeen.

Q: What was it like in Aberdeen?

A: Oh, it was a total culture shock. First of all, I would certainly say that nurses were more highly regarded than they were in Ireland. Because they had the SENs there. We didn't have the SENs, you know, so the staff nurse was a much higher position. So the staff nurses were more highly regarded. And maybe, for the first time, you had five patients and you were totally responsible for your five patients. That would be the first time I would ever have encountered that.

Q: You say much more highly regarded, by whom?

A: Medical staff, I suppose, at one level. Of course, the alternative is, of course I was now a qualified nurse as opposed to a student nurse. Even though I was doing midwifery, but the basics are the same as far as nursing goes. So therefore you did have your qualification and while I thought that year to the hospital was a pain at the time, looking back it was a big advantage. Because you really you didn't go – when I look at them today – today they are student nurses and tomorrow they are staff nurses. But we didn't go into that. We were qualified in 1966 and that year working – you were working – you still had your staff nurse and your sister above you. But there would be days one or the other of them would be off and you would be in charge, maybe for an afternoon or whatever. So you were broken in very gently to being in charge and having responsibility. Which doesn't happen now. They're totally green I think. I don't work on the wards now so I really don't know. But my impression is they're totally green when they come on the wards. They have no ward experience as such – of responsibility.

Q: Do you think this was since the degree came in ? – the degree programme?

A: Yes, certainly since the degree programme and it would certainly appear to be since the university one came in because now they do very limited time on the wards. I don't know exactly what they do now, but it is very limited. I would hear the girls saying, they came on night duty – they used to bring them on night duty in the summer time in their third year after they would have qualified in March and they wouldn't have a clue. They would be so used to working with their facilitator or whatever but we just had our duties and we got on with it. And if you were on in the afternoon, you knew at 3 o'clock you started making up the injections ready to give, you know? You know it was a different – you knew what you had to do, you got on and you did it. Where as now they are doing it all the time with a supervisor at their elbow. I suppose that was the difference. I would definitely say that year in hindsight certainly stood to me so that by the time I went for my midwifery then, I was a years experienced on the wards.

Q: With the midwifery then, that was divided up into 2 sections then, wasn't it?

A: It was. Part one and part two. You did part one in 6 months and that was hospital based. And part two was for the second six months was community based.

Q: Ok, so you went out – would there be any home births?

A: Yeah, there would have been, that were community based. That was '67/'68. So the first part was where you got all your deliveries in, in the hospital and the second part, you still had to have 20 deliveries in the hospital and 40 in the community.

Q: So there was still home births.

A: Yes

Q: I got the impression they were dying out.

A: They were beginning to die out. It was difficult to get your home births in Aberdeen. It had started to die out. They were very advanced up there in their practice. They were more or less leading the way. But most of the hospitals surrounding then, we would have to transfer to another hospital, really to do part 2. One of the girls came home and did part 2 in Derry. I did part 3. I skipped part 2! I came home and got married so I didn't finish. I was on the part 1 qualification. I was qualified to work in a hospital environment but I couldn't do home births. I didn't do part 2. I would have had to transfer to – well I could have done it Aberdeen but at that stage, the home births there were beginning to die out so it was difficult to get your home births. But other hospitals in England and Scotland. We couldn't come home to Ireland to do part two. We wrote to An Board Altranais and said – (I would have done part two otherwise) – well can we do part 2 in Ireland and they wrote back very glibly and said certainly you can – if you can get a hospital to take you. But none of the hospitals would take us.

Q: Oh, why not?

A: It just wasn't their policy. Even though it was the same system here. It was a year. They did part one after 6 months. They did part 2 after 12 months. But they wouldn't accept us from Scotland or England. Board Altranais was so glib about it. 'Oh yes, certainly you can...' So M- did it in Altnagelvin which was English system so that was ok. (I checked spelling of place name). It is still there it is a hospital in Derry. We could have gone anywhere in the North. But then of course the troubles were starting there, so really, she opted for Derry rather than Belfast. Which was out of it really before the troubles came to a head.

Q: How did she like part 2?

A: She enjoyed it. It was fine really. She had difficulties, I think, being a Catholic but we all had difficulties even, of course in Aberdeen we had difficulties.

Q: Really?

A: Yeah, because they had started the abortions – the abortions were starting. And of course, we had an ethical issue with it when we were working in theatre well you would say ‘I am out of here’. You weren’t very popular, you know.

Q: You were a conscientious objector.

A: That is what we were. But you see, you wouldn’t know. You would be in the theatre – in the labour theatre and the next thing you would sort of look at the list, and you would see there was six abortions arranged for this morning and you would go up to sister and tell her well I am not working in theatre one today. She would have to re arrange all her staff and she wasn’t too impressed with you. Or if you were have a tubal ligation (?) . The consultant was very sarcastic and would say ‘Any of you Irish lassies would like to leave now?’

Q: Really, you would imagine they would have a bit more respect.

A: No, it was amazing the attitude actually. No they didn’t. It was – they. I don’t know your religion and I don’t need any insight to it as such

Q: It’s ok

A: But Aberdeen was very black, very Paisleyite-type of religion up there, the culture. Now Edinburgh mightn’t have been as bad but Aberdeen would have been the same as Paisley’s group. As I say I don’t mean any insight, I am just identifying the difference in the religion.

Q: No, of course, I know, I understand.

A: There were 8 girls from the North in our group. 4 of them trained in Belfast. One was a Catholic, one was a protestant and the other two were nothing. There were 4 girls from some other hospital in the North but they would have all gone to Paisley’s church. They would be that religion, that group. I am not sure what they called themselves.

Q: Free Presbyterian Church.

A: They were very Presbyterian and in their whole outlook in life and Aberdeen would have been much the same, so they would have had very little respect for us as Catholics.

Q: What about – as Irish? Would they have been anti-Irish?

A: No, no we didn’t come across that as a problem as such. Except from these 4 lassies. They would have been like – you know. There was a party on one night and one of our girls was from Donegal, well, Donegal and Monaghan and they very deliberately into her face sang ‘The Sash’ at a party one night. She just stood up and walked out.

A: The training was very good. It was excellent. And they were very advanced in their clinical practice and they were beginning to introduce all sorts of treatments. Scanning was coming in there. It hadn’t come in, in Ireland at that stage. They were very advanced in their treatment of babies with rhesus negative and they were advancing that and detection. But

abortion was a regular part. Family planning – they were big into. You were wonderful with your first baby. Your second baby was alright maybe 2 years later, but you would be steered to family planning on your way out. Your third baby, you would be escorted to family planning on your way out. It was so marked. I remember one day – there was a central hospital and then there was outlying nursing homes around the place – a central hospital, and if you had a problem, you had your baby there. If you were likely to have a normal delivery, you had it, in say Renmore, Mervue, Knocknacarra, there would be nursing homes around the city. And we would do our time out there. We would do so much time out there. But our friend was working out there and we - the three of us went out to visit her and she said ‘Come on up and meet this lovely lady upstairs. She had to bed rest for 6 weeks and she had great difficulties with her varicose veins in her legs - serious problems. So we went up to her and we were chatting away and we said ‘your first baby’ and she said ‘oh no, it is my sixth’ and all four of us said in unison ‘you must be a catholic – are you?!’

Q: Was this in Galway?

A: No, this was in Aberdeen. And she burst out laughing, because she was Swiss and she said ‘I am actually, why, how are ye so sure of that?’ And we said well if you weren’t, you wouldn’t be having 6 babies with your varicose veins.’ But it was that – they were very presumptuous. We found them presumptuous from a Catholic point of view. I remember one consultant saying ‘well if we decide a baby will live, we will move heaven and earth to ensure that it does.’ Well one thing that really shocked us was our sister tutor was very religious in whatever her religion was- whether it was Presbyterian or what. She wasn’t Catholic, definitely but she was very, very strict and very, very religious, very much in the style of Trixie. But she came into class one day with a specimen glass in her hand, a little bottle. And she was all excited. And she said ‘You will have to look at this girls.’ There was a very early abortion in theatre this morning. It was only 6 weeks or 8 weeks. And there was the most perfectly formed foetus in the bottle. And the four of us were totally shocked. But for all her religion, she couldn’t see anything wrong with the destruction of that baby. I was very shocked, because it was perfect, really perfect. So that was the difference. All she saw was that a perfect specimen had survived an abortion. I still think about it. And when abortion is discussions come up and when they discuss the viability of the foetus and whether or not – I just think of that.

Q: I know, it is very sad and very shocking – very sad.

A: And at the time, you had to get consent from the consultant and the psychiatrist. And the psychiatrist told us very clearly that if any woman comes to me sufficiently distressed with

her pregnancy, I will sign the form. That he wouldn't have any other reason. Ok, I won't go in – abortion bothers me, contraception doesn't, that is for the person individually themselves. But having seen that abortion bothers me terribly, but we would always opt out. But there was always the ethical question of caring for them before and after. It was a fait accompli and the responsibility really was to the patient at that stage so you would care for them.

Q: So you had to care for them but not actually participate in the operation.

A: Yes, we wouldn't participate in the theatre.

Q: So after Aberdeen what did you do next?

A: Got married! And we did the _____ for the first year and there was only a community hospital there and I really didn't work there for the year. I didn't work at all there that year, I miscarried and I was pregnant again so I really didn't work. We came back to Galway in 1968. Easter 1968, that summer and I started working in Galvia – well I had my baby that Christmas '69 so it must have been '69 we came back. Sorry, I am trying to think - '67- '68, I was in Aberdeen, '68 came home and got married and '69 we came back to Galway and M- was born that Christmas, so I didn't work that period and the following Easter, I don't know who gave my name into Galvia, but they were looking for nurses, but they rang, they contacted me and asked me if I was interested. I was because I was going in for a house and what have you. I was living with my in laws at the time. And mum said ' oh yeah, go I will mind the baby, but I did one day's day duty and I came home and she was quite elderly because m- was the youngest in his family. But grandparent and child were frazzled. And I thought that was it. So I went back and said to them 'it's not working out, I can't do day duty and they said well will you do relief night duty. So for the next 7 or 8 years, I did relief night duty in Galvia. It was the blue nuns at the time.

Q: Wasn't there a marriage ban at the time?

A: No because they were a private hospital you see. Public service was the marriage ban. Well the marriage ban only worked insofar as you had to give up work and you had to give up paying your pension, but you could come back 6 months later. And the advantage from my idea of the marriage ban was they could stay paying you first year wages for the rest of your life and they had to give you an increment or a pension. And that worked everywhere no matter what hospital you were in – or the civil service and even my sister working in Aer Lingus – it worked that way for her as well. But the – Galvia was a private hospital. But again, you were only on basic wage for it and I would do special or I would do night relief for holidays. I would work a lot during the summer when M- would be on holidays. I would do

relief – holiday relief. Winter time- I would do only one night because I wouldn't be able to get the sleep, you know. That was a totally different scene again in that there were no house officers. Patients at that time in Galvia were under their GP or some consultants maybe as well, you know. I had my second baby there and it was my GP that was actually meant to deliver him but he happened to be sick that week he was born and it was – I can't remember- gynaecologist that delivered him. But you had the choice between your GP or your specialist dealing with you in there. There was surgery – it was a general hospital at the time and you had a maternity wing – MacLavery was his name. So you were totally responsible for your patient and if you had an emergency during the night, well you had to wait for him to come in or whatever instructions he gave you on the phone to deal with. Again you know you were there on your own to give medications and all that sort of thing – that you had total responsibility for the patients and that in the ward you know. The scariest thing was that you were not allowed to leave the door opened if you had an ill patient technically you were not supposed to leave their door open.

Q: Why not?

A: To disturb their privacy going in and going out. We used to put a towel over the handle so you could slip in and out without them noticing, you know. But the other patients that weren't ill were there behind closed doors, really all night unless they called you. Which was quite scary because you did a round in the morning and you were hoping you didn't find anything really but _____ stole in and out during the night really because you couldn't do that, you couldn't be responsible for that because it wasn't safe practice but in theory you weren't supposed to go near them unless they were ill. It was the nuns. You had a nun on duty with you at night – she was usually down the church praying – that's not fair either really. It was nice in that you were fully practicing your profession and you were fully caring for your patient and writing up reports and dealing directly with the consultant. And he was working as much on your say of what needed to be done. And you had a certain amount of freedom in the sense that- administration of drugs – now not serious drugs, but drugs like panadol or things like that were at your discretion . That was the first thing I found. Everything was reusable, everything was packed and sterilised. In my third year, disposable syringes and all that started to come in. That made life an awful lot easier.

Q: That was brilliant, because I interviewed people who had to wash and sterilise – bandages and everything.

A: Yes, all that had to be washed, rolled and reused and all that.

Q: So we were talking about Galvia (before the phone rang). What were the staff like to work with? The ward sisters and ...

A: It was different in the sense that everyone was equal except whatever nun was in charge of the ward. But she really didn't interfere with you very much because everyone was a qualified staff nurse and everyone worked in their own right, with their own patients.

Q: There were no students.

A: There were no students, no hierarchy as such there except for her – whatever sister was on the ward. But as I say, she didn't interfere with you. You did your work and your 10 patients were your 10 patients. They didn't interfere in that way at all.

Q: So how long did you spend in Galvia?

A: Well, I was born in '71 – on and off from '71 to '79 I would have worked there. And then I went to Merlin.

Q: So, all in all, Galvia was ok.

A: It was because it was so totally different as I said. You were totally responsible for your own work. You took your own decisions for what needed to be done for the patient and you did it. And the only person you responded to really was the consultant or the doctor – whoever the patient was under. As I said the sister didn't really interfere very much. So landing in Merlin was a culture shock again because it was back to the Patrick Dun's regime again.

Q: Really?

A: In a sense in that – well everything had to be written up before it was given to the doctors. I felt personally that a lot of my autonomy was gone. I felt worked in Galvia as a professional person, making my own decisions. I landed in Merlin park and say – putting it at its lowest form. If you sneezed twice in Galvia, I decided what to do about you. If you sneezed twice in Merlin Park, I had to go and tell the ward sister and go and find the house doctor and let him take it from there and decide what was to be done. So again you had student doctors to whom everything had to be referred – to the registrar and the house doctor so it was much more hierarchical again, you know. So you were very much at the time, just hands on care of the patient. There was none of the clinical management that goes on with staff nurses at the moment.

Q: Well, I am nearly finished, just three more questions. Were you a member of any group, for example, the Irish Guild of Catholic Nurses or the Irish Nurses Organisation?

A: The Irish Guild of Catholic Nurses. I joined that in Merlin Park. Some of the older nurses there were in it. They were very involved in it and brought me along. And when I joined in

Merlin Park it was the Transport and General Workers Union I joined. But I actually didn't join anything because I hadn't been in a union while I wasn't really working. And when I went, I started Unit 7 in Merlin Park, unit 7 was a children's orthopaedic unit. And that was where I started and the nurses were threatening strike at the time when I started in September and it did actually happen. The Transport and General Workers Union were very active in the Regional but it was mostly INO in Merlin Park and in Unit 7, they all had to be more or less the Transport and General Workers Union. So I thought I'd better join in case the strike happens. So they actually did go out in strike but the INO didn't support it so it kind of collapsed fairly rapidly. So I stayed with trade and general workers and then that got absorbed into SIPTU. So I would be a SIPTU member now rather than INO. I just never bothered to transfer really.

Q: And the Irish Guild of Catholic Nurses – did you read their magazine?

A: I don't really remember, to be honest. I wasn't really active. I only remember going to an evening mass and our hands were blessed and that is really my only memory of it in my first year, you know.

Q: Because I know they used to have meetings.

A: I think they were quite active. A number of staff in Merlin were quite active in it. But that's really my only memory of it.

Q: Ok, you just went to one meeting.

A: I went to one meeting - It was actually in the church. It was a mass. I can't remember if it was the priest or the bishop but he blessed all our hands. We went to the altar and he blessed us. But that really is my only memory, you know.

Q: Yes. Many people felt that nursing was a vocation. What is your opinion on this?

A: There was an element of that in it. Otherwise we wouldn't have put up with the conditions or the difficulties really. There was a vocation in it. I suppose it was a vocation if you loved it and I certainly loved it. It was nice to be paid as well! My attitude was it wasn't an ordinary job but you should certainly be paid for what you were doing. Certainly it was good to see people getting better. As the increases came along, and as people were paid properly for what they were doing. Having said that, I think the old interview system was good in that you did have to have a vocation for it because otherwise you may not have the bedside manner or empathy for the person in the bed if you kind of haven't – I suppose – a vocation really. If it was only a job and sort of – I have to do this 9 to 5 and then I can go home. It is not like typing at a desk and going home at 5 o' clock and you forget about what you have done. But going home from the hospital at 5 o' clock and you have been treating a very ill patient all

day, well you will think of him at night. Or if you have been treating a patient over a long period, caring for a patient over a long period, you are emotionally affected when they die. Or you are emotionally affected when they recover. Or in midwifery, you are caring for someone who is having difficulty having a baby and maybe they are in bed rest for 6 months and they have their baby at the end, well you are very emotionally involved. And I think you have to have that empathy with your patients if you are to be a successful nurse. You can't be distant. You can't walk out the door and leave it behind you at 5 o'clock. And certainly difficult deaths and difficult illnesses, they do affect you and you do think about them when you go home at night. Again I would say that was a good way, the way we were trained because we did a lot of what you would call debriefing among ourselves at night. If you had a distressing case on the ward, when you came off, you sat around with your pals discussing it, you would get a lot of your distress out of the way that way. Which enabled you to go in, in the morning and deal with it again. From that point of view, it is a vocation, you can't be cold hearted.

Q: My final question, - in your opinion, have conditions improved for nurses and if so, how?

A: There is one big improvement and that is bullying is at an end. It just doesn't happen – It is not allowed – I am sure it happens, but is not allowed to happen. But we were bullied.

Q: Ye were bullied.

A: I would say we were bullied.

Q: You would define it today as bullying?

A: You would define it by today's circumstances as bullying. And I said before, as my friend said to me 'my God. E-'. It was instilled in to us from the first day we started that we were the lowest form of life. You know the year I did my finals, that November – October. I was a third year nurse, a senior nurse, and they discovered I hadn't done a period in the children's ward. So they sent me up there and the junior nurse – usually a first year and a second year nurse on the ward so I really should not have been there. The first year nurse, her responsibility was to collect up the nappies every morning, and by then they had a machine in the laundry which used to rinse off these nappies before they would be washed. So she was going to be off the next day and I was the only one that would be on. So she was explaining to me what to do with them and where to go with them. So I went down to the laundry and I left them beside the laundry in the bag, you see, and I came up and sister came out a few minutes later and she said 'you have to go down to the machine in the laundry and put those nappies in the machine.' I said 'I am not going down there, I am a nurse, not a laundry woman.' And she said 'I agree with you.' So she walked off and matron came up around 11, during the rounds and I was called in and she said the same thing and I said the same thing

and she said 'well the way it is, Miss _____, student nurses are two a penny, the laundry are going on strike and they are very hard to replace if you don't go down and put those nappies in that machine.' I mean that wouldn't happen today. Three weeks before my final exam. I was expendable – more expendable than the laundry woman, you know. That I think was wonderful, that sort of scenario or even N- scenario with her granny. That is gone. That type of bullying or pettiness as you called it has gone. In other ways, maybe we have thrown out the baby with the bathwater in the sense that the discipline isn't there. They are more technically minded and I would often think to myself, as a personal opinion, they are more technicians now than nurses. As I said at the beginning of the interview, I would think our care assistants have taken over our role. They are the carers now. We are the technicians.

Q: So you think it has become more like America?

A: Unfortunately I think it has. Whereas Irish nurses were always famous in America for their hands on caring profession. Having said that my husband was ill and he died last year. He was in for 5,6,7 years and I must say the nursing care and attention he got all those years was fantastic. And they were very, very caring to him. So from that side – as I say I am not a good judge because I am not on the ward. I am in education. But from a personal perspective, with him and my ins and outs of the hospital, I found they were just as caring as ever. But in other ways, I think they are more technically minded in the sense that say maybe age group, we would stand at the end of the bed and we would talk to you and we would know by your anxieties or restlessness in the bed that maybe things weren't one hundred per cent with you and that maybe you might be building up to some little crisis or something – whereas – now maybe I am totally wrong because this is purely my opinion on it – the current nurse will have to run for her machines and take your temperature and do your ECG before she can decide if you are going to have a pulmonary embolism(?). Where as we would sort of nearly know by looking at you that there is a possibility you are building up to something like that. If you know what I am trying to say.

Q: Yes, I understand

A: That they are much more technically minded. It is the move to the degree, the more clinical training. It is the type of training.

Q: Or maybe it is – it could be just – things more legalistic.

A: Everything is more legalistic.

Q: Yes.

A: All these directions have come into it, but a lot of it I feel, we fed, changed and turned our patients. And you learned more from our patients doing that and all their little anxieties and

all their little chats came out to you while you were doing that. Where as if you are popping in to take their temperature and do their blood pressure and pop out again, they are not going to delay you, they are not going to tell you these things. That's the aspect I think we are losing, you know.

Q: Do you think that nurses have less time to do the small little things?

A: Because they are doing more technical things, they don't have time for the small things, they do actually do bath care and bed baths and that sort of thing still in Merlin, but to a lesser degree. I think maybe the new university student nurses, they mightn't do it at all because the care assistants are being trained up to do it in their course. So they are going to take over as far as I can see, my version of nursing and they are back to this two class system, the SEN and the SRN, which England had abandoned. Ireland never had them.

Q: But you think it is becoming like that with the care assistants and the nurses.

A: Yes, with this new course and what have you. We are neither – looking at them, I feel they are neither nurses nor doctors. You know. They are all fairly well educated and very smart kids.

All that is wonderful. I love to see them being trained and educated and able to make their own decisions and able to stand up for themselves. They are better advocates for the patient. They are able to stand up and say 'well that isn't good for Mrs. X, Y or Z. She needs.....' Whereas with us, it was a case of jump and we said how high and we jumped. So they are better advocates for the patient. In that sense, because they have all this confidence and they have all this training. They are much more vocal and authoritative. It is the instinctive thing, maybe the vocational thing, maybe they are losing a little bit.

Q: So you think the idea of nursing as a vocation is slipping or it is going?

A: Yes, it is turning into a profession.

Q: Well I think that's it. Thank you very much.

Interview 9.

Q = the person conducting the interview: Mary Hawkins

A= Anna O’C

Q: Right, Ok, so could you tell me a bit about yourself – where were you from originally?

A: I was born in London, stayed there for about 3 years, then my parents took me to Canada, when I was about 3 and I was there until I was nearly 7. So I set foot in Cobh, Co. Cork and I was almost 7 years old on my way from Canada to relocate back to Ireland. Yes. My mother was terribly lonely after Ireland and by this time she had 4 girls and 1 boy. So she came back to Co. Mayo. And that was in 1957. I did my schooling in Belmullet, Co. Mayo. I started late but it never held me back. I loved Irish. I was very good at Irish. According to the nuns, I was quite artistic. I got my Primary Cert. I was probably older than the others. And then I went to the Convent of Mercy in Belmullet and I only went as far as Inter Cert because I had as they would say in County Mayo, I had the gither. I just wanted to go to England. I sat as a child listening to my mother and her sisters when they would come home from England talking about nursing, saying how hard it was, talking about sputum pots, which I would never get over, they were the worst things going, and it was just the pull of it and I was the eldest of ten, so a fairly natural carer – always wanted to please, always hard working, a good little girl. I was a good girl...

Q: What did your mum and dad do for a living?

A: Am... mammy was a nurse, until she had to give up nursing because she got pregnant with me. Mammy got pregnant before she was married but the family never knew. So I was kind of a hidden baby for a long time. In fact I was hidden until I was 45. The family didn’t know about it, most of them. Then my parents died and I told them all I was born before they were married and very proud of it. And that I couldn’t hide it any longer. And my dad worked as.... He was... I think he worked in the factories in Essex when he was over in England. He worked in Canada, at various jobs. He didn’t have a lot of money. He worked a lot with Polish people and people like that. He didn’t have an easy life. Daddy was a drinker, always was and a great socialiser but he had a business in Ireland from his family. They had a big farm and they also had a little bakery. So daddy was supposed to be the baker.

Q: OK..... Why did you decide to become a nurse?

A: I just wanted to. I always wanted to. (pause) I think it was just listening to the stories. I just wanted to – it was just something – and I knew I wanted to do it in England. I had no – no qualms about going to England and doing nursing and it was probably one or two girls from Belmullet that went. And they – they used to say they went to do the nursing and one girl, I can remember her name was Danni and she was actually on the same street where we lived first in Belmullet and she was reared by an aunt or something and she went off to England and she – I remember them saying ‘she is now a ward sister!’ It was just such – I think – a ward sister – when I was about 12 at the time. And I thought, Oh, how could she ? – you know she has only been gone for 4 or 5 years but she is obviously very bright being a ward sister. I couldn’t

Q: And she was actually a ward sister – they weren’t kind of just you know –

A: No, they said they went and she done her training and now she was a ward sister. And that would have probably been in, probably in 1960 – 61 probably. So I had a great yearning to go. I just wanted to go and do nursing.

Q: But wouldn’t the stories of it being kinda tough, put you off?

A: Now, Mary, when you are the eldest of 10 kids –

Q: yes

A: I have never worked as hard as I did really in some ways as a child.

Q: OK

A: Because there were always babies in her house. You know – my mum had a lot more after me. But when we got to Belmullet I think a year later she had Deirdre. It was – you know – there were 5 of us and then it was double that within a few years. So hard work never put me off, because my parents didn’t have running water in the house. So we had to carry the water from a pump up the street. So Monday morning was bedlam – we had to carry buckets of water and I was only 8 or 9 and I was able to carry buckets of water so –

Q: So – going nursing was relative to that –

A: To that it was yeah –

Q: You know you would have been fairly used to hard work

A: Oh, great worker – that is my accolade and because I was taller than my sisters they thought I was only 11 months older than my next sister but I was 18 months older than her. And I was kind of tall and if ever I write a book I will call it ‘she’s a fine girl’ because that is what people used to say about me ‘she’s a fine girl.’ But they didn’t know I was that old.

Q: Of course, yeah.

A: They didn’t .

Q: So, first of all what year did you – what age were you when you set about applying to go to England and what year would it have been?

A: I didn't want to go to the convent any longer, so I was...1967... I was thinking about it... I didn't... I applied behind my mother's back. I applied to somewhere South London – and I got an answer – but I can remember feeling a kind of a – kind of a sickly feeling underneath. It was kind of daunting – daunting was the word I am looking for. But I thought I am going to go – but my parents realised that I wanted to go to England. They didn't tell me my proper age. I thought I was just gone 18 – in the May. But it turns out I was nearly 19 that December – they didn't tell me so my Dad came with me – we flew into London and my aunt in London – south London – Stretham – Auntie Ann – said 'Aah, she can do nursing here in London. I'll look after her. So there would have been lots of openings for me to do it in London and I had another beautiful aunt in Kent. She had now passed on, Lord rest her soul, my auntie Bridie – greatest inspiration of my life. She was a nurse in Kent – Gillingham in Kent. And she worked in the Medway hospital – an old maritime hospital – and we went down to see her, my Dad and I, and she took me up to the Medway hospital grounds and showed me around. Because she was a nurse there I met a few people and she must have talked to my dad and said I'll get her an interview here. So she kind of took me in to see the head Matron – just for a – I think it was an informal chat – I had never been at an interview in my life, and they offered me to do the SEN and my aunt said 'no, she doesn't want to do that – is there not a test she can take?' So I took the GNC and they let me take it on my own in some obscure office in the Medway – it was called General Nurses' Council. It was an exam. An entrance exam – because all I had was my Inter Cert and I passed that so I was accepted. That was in May time. I was accepted for the following September 1968 to do nursing. And I never left Kent after that. I stayed with my Aunt, didn't go to London, forgot about the other I had been offered. My aunt got me a part time job – she got me a full time job in the CSSD department. That was the Central Sterilising department in the Medway, which was great really because I knew what was in all the pre packs for theatre, and wards and everything – all the instruments were in there so I would be putting all these instruments on like an assembly line for sterilising. Great. Gave me a few pounds. I think my mum and dad paid for my flight over to England with my Dad. I had 10 pounds and I never had to ask my parents after that for a penny. I was self sufficient after that....

Q: Why did they want you to do the SEN?

A: Because I didn't have the Leaving Cert.

Q: Ok

A: I wasn't – I didn't realise how important the Leaving Cert was until I started in September – girls I made friends with had the Leaving Cert and they were earmarked for good things. Great things. Those girls were. Because if you had the Irish Leaving Cert, it was better than A levels in England at the time.

Q: Ok, so while you were waiting to begin your training. You got a job in the Central Sterile Supply. What was that like?

A: It was an absolute eye opener. It made me realise that I could never be working in a factory assembly line. I just wouldn't have stuck it. I found that their accents were very different. I – they would probably be laughing about me in a way because I was so shy – very very shy. But a good worker. A good worker. And it was totally different – it was just a day job. And for months – months after I left home, probably up to a year I would hear my mother calling me. Kathleen do this, Kathleen do that. I couldn't get over that there weren't – that I could go out and there weren't children following me - brothers and sisters. And I had a great time. I had a lot of freedom. My aunt did up a little room in her house for me. It was her sewing room. She put a bed in there. It was – I was part of her family. She only had 4 children – twins and her youngest ones about 2 or 3, so it was easy for me and I probably looked after them. But nothing like the input I had at home – my aunt was absolutely wonderful to me.

Q: Your Aunt Bridie?

A: Yeah, Auntie Bridie.

Q: And what sort of nursing did she do?

A: She was just a staff nurse, general nurse.

Q: General nurse

A: General Nurse – but she was on a medical ward,

Q: Medical ward.

A: I think medical ward.

Q: And did she ever tell you much about nursing – like from what you told me she – you know encouraged you – did she ever have any advice or tell you anything or –

A: No, it was just being around someone that was a nurse. It was just a comfort. She never gave me a great deal of advice. After I started nursing, she would give me advice but I kind of met friends – made friends then. And you kind of lived your own life but auntie Bridie was kind of always there. And my second ward was her ward and they would out of PTS – which was Preliminary Training School after that they would allocate you to a ward for about 3 months and I started off in surgical in the Medway. God, was that a baptism of fire! It was a

male ward. Very shy young Irish student. I came in for an awful lot of stick as they called it there where the men would be teasing me all day. ‘Nurse, come and get me a bed pan’ or ‘Nurse, get me a urine bottle’ and I would be bright red in this little yellow uniform. But it was just lovely – lovely atmosphere and my second ward they put me with my aunt. And they were a little bit concerned about putting me with an aunt. But we worked wonderfully together and I suppose she was like a guardian angel – she would keep an eye on me. But you learned as you went along, you were not supernumery. You were a worker so you were on the staff all the time. And I remember one day and I must have forgotten myself and called across to her and said ‘Auntie Bridie’ and I realised I shouldn’t have said it – I should have called her staff nurse. And the next thing, the ward started laughing and after that the men plagued my poor aunt and said ‘Auntie Bridie’ and (laughs). But it was the only – if you could call it a hitch. It was the only hitch. But she was wonderful to me and we – I had a wonderful - a wonderful training. You had a back round and you had a bath run every two hours, you would be with your bowl of water and a trolley making sure patients didn’t get pressure sores. Our patients didn’t.

Q: Just to focus a little bit on the training. So you started off your PTS – OK – Your first year, your PTS in what year?

A: ‘68

Q: 1968

A: September 1968... 3 September 1968.

Q: What was that like?

A: It was a whole (pause). I think the greatest thing was putting the uniform on. We were given – when we came out of school. When we came out of PTS we were given a uniform. But PTS itself, we had our ordinary clothes on. And a white kind of nylon overcoat. Very light weight one – I still have it – (pause) and that was like – it was like being at school. It was a school really. It was called the Medway School of Nursing. It had only come into the fore about a year before that. It was new and I was looking at pictures of it the other day. I have pictures of it still from those days because the local paper came and did a thing on these Irish nurses. I still got the write up. It was kind of like being in a school in a way but kind of a grown up school. And we were photographed in the, in the room. And it was us four – us four Irish girls that were focussed on. And we were photographed in the library, and we had our tutor Mrs. Archer and she was Irish, but had a terribly English accent. Exaggerated English accent – a civil lady – never forget her (laughs and pauses). I’ll leave it at that because she is dead now, Lord rest her soul, 30 years later – over 30 years later – my friends and I happened

to nurse her as a very sad lady. You know, no family, no one in a little bed – a one bed room place many years later. It was awful to see her because we looked up to her so much.

Q: I know.

A: She was Mrs. Archer. I think Ann was her name but we never knew that.

Q: So she would have been inspirational rather than –

A: She was but I tell you what, she would put you off smoking! (laughs). She would put you off smoking because she stank of cigarette smoke and I suppose I couldn't (laughs) I wasn't a smoker, but one of my friends was... but she was so exaggerated and I think she - she liked her little tippie as well. But we were her babies really as such and she was – she was very much the old school with her – she had a uniform on even though we didn't – she had a uniform on. And I think she had a cap – come to think of it – on as well. One of those little white starch caps and a navy blue uniform. But she was very much the teacher. I can see her. I can see her yellow teeth! ... (laughs and then a pauses) derogatory

Q: But I mean – the – so the newspaper did an article on you (Irish nurses) but I mean

A: It focussed on the Irish bit of us.

Q: Yeah, but I mean wasn't it fairly common to have Irish ladies training in – it would be fairly common for Irish ladies to train in England. Was this a novelty for them to come and train in Kent or – you know. Is there a long history of Irish women training in Kent or was this something – a novelty thing?

A: It was probably a novelty because the Medway school of nursing had only – it was new. It had only come into being. And it was situated on the grounds of the old naval hospital from Chatham dockyard.

Q: Yes

A: And, it had only been taken over by the NHS a couple of years, I think before. And they wanted to do something. The local paper obviously wanted to do something on the local new school of nursing. I think the other nurses trained at St. Bart's over in Rochester which was the old workhouse I think and that overlooked the Medway right across the river. You could see the Medway hospital and it was right on top of a big chalk hill that overlooked the town and it was a beautiful big old red brick building but it was a new school of nursing.

Q: A new particular school of nursing.

A: And that's why I think the local papers obviously just came to look at the new school of nursing and there just happened to be Irish girls there. There was Ann from Limerick, Angela from Limerick, and me from Mayo and a young other Irish girl of Irish extract which she had been living in Bath in England. And she was an O D-, the same as me, but we classed her as

Irish even when she had an English accent. So really out of a class of 13, 4 were Irish which was quite a lot. And the paper did a thing – I think he said something – ‘to be sure.’ (laughs). We didn’t take any notice we just thought they were they were crazy. This fella with a camera following us around, taking photos of us. But the fact that I still have the photos is – (pause) – important I suppose.

Q: Can I ask you was there a perceived shortage of nurses at this particular time? Did you get any sense that there might have been any shortage of nurses in your area at the time or was there a plentiful supply of nurses?

A: There was a shortage of nurses. Irish nurses were very – very well valued. As we went through the school of nursing over 3 years, we were constantly told by George, George Moss, that finicky English man who was a nurse himself, typical old woman we would have called George, but George told us we would be very very valued because nursing was going to, as the years went by, because of the population, and the decline of it, that we would be very valued. And that twenty or thirty years hence we would be like – how would you put it – we would be very well valued. Because there would be a shortage of nurses. As far as I am aware, they did recruit for the Medway towns but I wasn’t one of those recruits. I went in through my aunt. The other two girls – Angela came straight from Ireland. Ann did as well, but Ann’s sister, Mary had been there a year before. But their Auntie had been working there, so they came through her. So I’d say the only one that could have been possibly recruited was Angela.

Q: Ok, so they didn’t have to go through any interview process or anything like that.

A: I think they had to go through an interview process. But I had mine. Mine was obviously a long time before this because of my aunt. But they did but Ailish, I think went through - she had some English qualifications – but certainly, Ann and Angela had very, very good Leaving Cert qualifications. And that, that brought them straight into nursing. And I have to say another girl from another country, from Sri Lanka, was good as well. She must have had good qualifications as well. Because one day in the middle of PTS, the tutor came in and she just said, pointed to these three girls, to Ann and Angela and Mouri, that is the foreign girl. ‘You, you and you are going to Brighton to do your district nurse training.’ There was no such thing as would you like to go – nothing like that. You are going. And they were picked for their high qualifications. Two good Leaving Certs and the girl from the other country. And they were just, just picked out, out of 12 of us. Those 3 girls were picked to do district nursing because of their qualifications.

Q: For the 1960’s it seems very – do you know what I mean – it seems very –

A: Yes it was. That was the 1960's. That was probably 1968, 1969 – 1969.

Q: And that seems – was there anything else like that that you can remember?

A: Well they were picked because of their high qualifications from school and still in the 1980's, that was still true. Because when I had been nursing – I got my nursing my SRN, they called it then, they now call it RGN. And I was doing part time district nursing in the evenings, seven until 11 and I knew that eventually I would want a full time day job because I loved the community, it was really – the love of my life – still is. And they said that if I wanted to work as a district nurse in the community, I would have to do a district nursing course. By this time, it was in a college, like the GMIT here at the moment. A college of higher and further education so it wasn't something you just did ad hoc in your training. It was kind of away from that – and it was a four year course. My first introduction to third level education and when I went there they didn't look at my SRN, they wanted to know what my school qualifications were and that was in '84. 1983-84. So they were still looking at my school qualifications from Ireland. SRN meant nothing. Dreadful state of affairs. It has gone the other way now. But that meant nothing and I had to do an entrance exam. And I had to do an interview – 2 interviews and they said to me at interview 'why haven't your Medway Health authority put you forward for this, you have come on your own' and I said that they told me that if I got a place, they would pay for me, but I had to go and get the place first. So it was like the chicken and egg. But your school qualifications mattered then and the test I did was about an hour. It was to do with – there was a bit of maths, common sense and a bit to do with disabilities in the community. What did I see in the community for disabled people. It was just coming to the fore then. But school qualifications mattered in the 80's as well. So – the SRN meant nothing

Q: Is there any other – do you have any other memories of PTS?

A: PTS. Resusiann was the name of the dummy.

Q: Can you spell that?

A: Resusi - well it was resuscitation, wasn't it, but we called her resusiann ... resusi – I suppose – resusiann we would have called her. That was her name. This model that we had to practice on. We would be resuscitating her and sitting her up in beds and making the beds. It was all about bed making and setting up a trolley. And I can remember as I was made the bed – I was used to making beds with my mother who had done a couple of years nursing so I would always rub my hand down the eitherdown and the teacher there that was teaching us would say ' Nurse __, stop it , don't do that!' (laughs). I had to just put my hand down and when I looked after him in the hospice in the 90's, he came in to the hospice, he was very ill,

he was dying. And I went in to see him and he just about remembered me. He looked at me and said ‘ you are one of the ____ ’. And I said ‘yes’ and I said I have to rub my hand down the bed after I fix it – I got my own back on him thirty years later! (laughs). I used to think these poor tutors didn’t realise that we were the nurses of the future. That all of us stayed in the same area and nursed there for 30 years – most of us have been there. But they would – they would be our patients – yes. But PTS..... PTS was a very happy time. We would be let out of school at 4 o’clock, we would go over to the dining room. The ladies in the dining room must have thought we were horses. We would finish a whole loaf of bread and a half pound of butter – because they fed you in those days. They gave you lodgings and they fed you. So we would have had a great breakfast, we would have had a dinner - free. We had our afternoon tea, which was all that bread, butter and jam. By God did we lather in to it. We ate for England, Ireland, Scotland and Wales, we did – healthy young girls. And we had an evening meal as well. So we were well looked after. Our uniforms were washed for us, we didn’t have to do that. And we were given a very small allowance for shoes. We didn’t have white. It was black. We never had white shoes. We were dictated to wear black tights or anything (low volume) it wasn’t dictated. But we all wore flesh coloured from what I can remember. And the dining room was near the mortuary so there was great crack with that. And the lads were terrible. But it never bothered us. It never bothered us talking about what we had done on wards when we would be eating dinner. Dreadful thing – the nurses.

Q: I suppose it was a way of (pause) getting it out of your system, like if you had been through something upsetting or something funny, or you know... I suppose it was just a way of unwinding or a way of...

A: And we were great buddies, us girls. We didn’t have a lot of money – we – I think it was probably £20 a month but you know we were happy with that. We were very, very well looked after. We were – we lived in houses

Q: yes, I was going to ask you – did you live in a nurses home or –

A: We did, we had rooms. Well, when I started in September, I had a room at the Medway. In these big houses that were dotted around the grounds of the Medway hospital. And they were officers’ houses, they were naval – naval officers’ houses. Beautiful. I shared – first I had a room on my own and then we moved into the other houses. But we were – we – oh she was terrible. Mrs. Davies. Another miss. She was Mrs. Davies but we never saw her husband. But she ruled us like a rod of iron. Well, she thought she did, but she didn’t really. And she kept us in this home with her first. It was like one big big place and the rooms were small and we all had individual rooms. And then after a few months, we were moved in to the bigger

houses. And I shared, Ann and I think Angela shared a room with Ailish and just had a great time. We were in and out of each others rooms. But these rooms were huge rooms. Big windows, beautiful thick carpet on the floor. We never had to wash our bedding or anything – our uniforms. We had running water – we could have baths to drown people in – you know. Coming from somewhere where we had only just – before I left Ireland – we had only been in our new house and had baths. But I couldn't get over the freedom I had. All I was asked to do was something I liked doing. And we never - We were never asked to do things we weren't kind of capable of. We would have somebody monitoring us on the wards but we were good workers and we were willing to do anything. We were never running home to Mammy. It was too far away. If you were lonely or anything, which I don't think we were, we wouldn't be writing it home. You had made your bed and you lied on it. But I have to say, happy, happy years...

Q: And – kind of – in terms of strictness, the nursing home, how strict would it have been in terms of rules – or ...

A: Oh, it was strict. We weren't allowed to have men in our rooms. We weren't allowed - She didn't really like us having male visitors. But we did. We were allowed to have them in until I think 8 or 9 o'clock at night. But when Mrs Davies would go away – she couldn't be there all the time (laughs) we – the local policemen were great pals of ours. So they were. And they'd be in to us. There wasn't any – any messing around or anything like that. They'd be in having the crack and having a laugh. And I think us Irish girls and the west Indian girls, we were all mixed in there together and some Indian girls as well as west Indian. From Jamaica and from Madagascar and from all those places. We were all kind of in one big bowl. The only thing that was different was the English girls didn't live in. And they were very different. And when we look back on it now, these English girls came in through doing like auxiliary nursing. They came in through a little they were like a pre nursing course. And then they came in through doing like auxiliary work. But they weren't as qualified even as me with my Inter Cert when I look at it. But they didn't – they didn't lord it over us. I just think they thought our accents were weird. But they were very very nice to us. I wouldn't say they were in anyway castigated us or anything like that. But it was hard in a way for us because we had very Irish accents. The Medway towns had very cor blimey accents really. And the doctors that were there, the medical staff a lot of them young junior doctors – they were all foreign. There were very few – don't even remember English doctors there. These were all Indian doctors. So they had their accent, we had ours and then you were trying to deal with an English patient. It was kind of (pause) – we would – we were told that we were

intermediaries. That we were the step between the doctor and the patient. And that if anything needed to be explained, that we had to explain it so there was explaining to do.

Q: Was there any sort of religious tension or anything like that or –

A: No

Q: No

A: No, when I was in my second year, I did theatre and I happened to be – I always thank God I never got the orthopaedic theatre. I had heard awful horror stories about chisels and hammers and – and I couldn't take that sort of thing. I don't know why but I was attached to the gyne theatre – gynaecology, which would be women. Now they had caesarean sections, they had abortions, they had ENT and I'll go back to the abortions. I was a young junior nurse in my second year. They assumed I was a Catholic and the ward sister knew I was down at theatre because you would be going back and forth to the ward. And – because you did some ward stuff as well, because theatre would be open all the time. And very often I was told while I was in theatre by the theatre sister who was a Welsh woman – she used to say 'Nurse _____, go off and have coffee and do some studying. Don't come back here for 2 hours.' That to me – I didn't quite understand it, but I understood that it could possibly be a termination. And they respected you for that. They assumed that because you were Irish, that you would be Catholic. I was never asked. It think it – once it ever happened to me and it was – it was an operation like a hysterectomy. It was called a hystertomy and I can only remember vague bits about it. But I was hustled out of theatre awfully quickly and I think it was probably 24 weeks. I don't know what it was. I know if it was ..., (low tape volume) downs. I don't know. But there was a lot of pushing and shoving – get the nurse out of here. And do you know, when you consider consultants, theatre sisters, senior staff nurses in theatre, that somebody could somewhere think of a young student that was possibly Irish - get her out of the way. When I think of that – that was a high regard for someone's religion. And I never said a word about it. I didn't know – but I never made a big thing about it. But they knew from your accent. And I think, to me, that was – that is something I will say about the English. They were never derogatory about your religion. They would say ' gee, did you not have a television in your family, you know there is so many of you. But I was always so proud of being the eldest of 10 children. 10 healthy children that never – I think they took that – something like that and they were lovely to us, they were lovely.

Q: Would that have been fairly frequent anyway, you know, when they told you to leave – how frequent would that have been?

A: It probably would be – it would probably be once a week, once a fortnight, but you only did three months in theatre. But I had seen cesareans and because the other aunt had come back from Africa, by this time and she was working as a staff midwife – staff nurse-midwife on the children's ward – on the baby ward. The ward – they did deliveries. She got me to come and ask the ward sister where I was in the theatre could I come and watch normal deliveries. I had seen caesarean born so I saw things other students wouldn't have seen because of aunts being there and that. But I would say it was a very common thing. If you were Irish and it was known you were Irish, it was automatically.... You weren't in there – you weren't in theatre.

Q: Yes, yeah.

A: I was the only one out of my friends that did that theatre. And I did ENT – Ear, Nose and Throat as well. So I had great experience in it. But when I was put on the baby ward, I think it was in my second year, as well, we'd be left in charge all night. I was never shown how to do the bottles- making up the babies bottles because I knew it all from home. So I was, I was a very experienced little nurse and very capable.

Q: Yes.... I just want to check the tape.... So before I go into first year, second year and third year of training – it was three years. Just what I want to ask you – what sort of a social life did you have? Did you have much of a social life?

A: You don't want to know really! (laughs) We had no money as such, but we had a great social life. Because, as I say, we were so near the naval dock yard, Chatham, or as they say there Cha'ham. We were so near it we would get regular weekly, two weekly invitations that came on a lovely little piece of card. HMS whatever it was, request the company of four ladies for the evening and of course the Irish girls would always take it up. The English girls were gone home so the Irish girls – we were just gregarious, I suppose. And we would always go with a – there were 3 or 4 of us going anyways – so 3 or 4 of us would get together. We would have a car come and pick us up from the dockyard and we would be brought in through the naval dockyard. Beautiful place. Big big bulkheads in there from, from big naval ships. We would be brought into the officers mess or we would have been brought on nuclear submarines. Down through the subs. And we would be just there for the evening chatting to these young men. I presume some of them would have been married, but the food was just to die for. It was a catering school so the food was beautiful. I had never seen so many cheeses

on the table. When I had left Ireland – all I saw was Galtee (laughs) and Calvita. But we were treated like ladies and we acted like ladies. There is no two ways about it. And we would have a lift home. Four of us would go home together and a boot full of food. That would be put into the nurses home and we would have enough food, beautiful food for days. We would put some of it in the fridge. Then we would go – that would be one sort of entertainment- the other would be- you got to know a few policemen. And they, they used to have free passes to the cinema, in case there would be any problems in the cinema and someone needed chucking out. If you had a policeman who was a boyfriend, and I had at the time – a ? (low tape volume) at the end of second year, you would get into the cinema free. So I would go to the cinema, 3 or 4 times a week. And because there was a royal school of military engineering there, that was to do with the soldiers, they had a club there known as the Jackknife club so we would go there as well. And of course every month we would have a party in the nurses' home and we would have to get permission to have that. So we would have to go and see the matron and then we, we had to be good. But the doctors would come and they'd be bringing a load of booze. God, it wasn't booze as it is today and everybody would kind of be an open thing and we would sometimes have a whip around and say we had 50p or a pound at the time and we would buy some stuff ourselves and make a punch... that was lethal! (laughs) None of us drank before we left Ireland you know but (laughs) our poor livers paid up for a few years. But that was other entertainment and if you had a boyfriend, you would be taken off to – we weren't very far from Canterbury – the lovely city of Canterbury and I – I saw a lot of Kent. I saw a lot of Kent on the back of a motorbike. Happy happy days. And you would be taken to the sea side. Brighton was a train ride away. We would go to London. We saw Ryan's Daughter when it premiered in Leicester Square. We felt very at home because one of my friends was Angela Ryan! (laughs) So we went there and we had I think one or two of the or two of the young policemen came with us – one or two of them came with us. But that was a big thing. We would go to kind of the odd show in London. Or we'd go up for the day just to have a look around. And if you missed the last train, you just slept on the – you just slept on the platform on one of the seats, you know. Well we weren't down and outs but we would get the milk train the next morning. It was called the milk train. It was the early train. Lovely time. We never – never worried about things. We would go into the big shops. We couldn't afford anything. Well, we saw a bit of London, we went to the zoo, I have pictures of that. I think we went to Madame Tussauds as well. So we kind of educated ourselves but we were very much a group together. We are still together forty years later.

Q: But did your – did your shifts facilitate or did they impede..

A: They didn't actually.

Q: In terms of trying to plan something in advance?

A: Oh well, you didn't plan much in advance.

Q: Just kind of ...

A: It was kind of ad hoc. If they were off and if you were off you kind of mixed up together. But if the girls weren't off, the west Indian girls would. You would always get – make it up. We were very rarely...

Q: You weren't too tired to...

A: Oh no, we'd be up at a party all night and we would go on duty the next day.

Q: Right

A: But you could do that when you were in your twenties.

Q: Yes.

A: We did it.

Q: I'm just thinking in terms of ward duty being so tough that...

A: No, we'd go home maybe in the afternoon after eating all of that bread and jam and everything. We would go home. We would sit around talking. We might snooze but, God, we would be up and running again. We would be off out for the evening somewhere we would go off walking from - . We could walk from one town to the next. Go across the great lines from the Medway hospital , you go across there and down into Chatham. And you could walk into Rochester, you know, Rochester is a beautiful town. It is a medieval town as well.

Q: Yes,

A: So you would- there was always something to do.

Q: Always something to do, yes.

A: And we weren't ... we weren't great into the pub scene. It kind of... you could go to the pub there more than you would in Ireland at the time. It wasn't that acceptable. I never went into a pub in Ireland. You would be kind of ostracised in the late 60's. But in England, you weren't – and you would go with some lads. And because England was – Kent was such a lovely warm sunny country, you would be outside, so you know, you would have 2 beers or something. And we would be sharing it. We weren't – vodka – vodka and cherry bay and my friend was mad about cherry bay. And you know, just ordinary drinks but we weren't – we weren't extravagant because the lads we mixed with were junior policemen and you know, maybe naval officers. They didn't have a lot of money either so you, you wouldn't be out for the big meals or anything like that but you kind of enjoyed yourself. The Wimpy bar was somewhere where you would go but I don't think we – I wasn't really into plays. I don't

think the girls went to many big educational plays. And certainly there was an Irish club in Gillingham. We never went near it.

Q: Why not?

A: God above..... we left all that behind.

Q: OK, yes... yeah.

A: You know, we felt we were in England and we wanted to experience England and we had walked in there once and I think we walked out again. It just was...it was more Irish than Ireland.

Q: It was a bit too twee, maybe.

A: Oh no, it was, it was just the smell of beer and drunkenness and Ann had come from a pub culture because her father owned a pub. My father loved his drink and I – I was kind of out of it. I didn't like it that much you know and it wasn't our scene we were – it wouldn't be hip.

Q: Yes, yeah. Can I just ask you before going on to first year, second year and third year – were there many people that might have found nursing too tough and might have dropped out?

A: The drop outs were usually the English girls. The Indians, the west Indian and the Irish girls never dropped out. It was – probably we lost 3 or 4 girls – English girls – it was just too.....

END OF SIDE ONE

Q: Just – OK – right.

A: I'll go back to Jenny. Jenny Stater (?). She was a chubby English girl. Freckles, red hair and she was asthmatic. And she didn't last. But I still have visions – I still have pictures of her having an asthmatic attack. We took...we never took too much notice of her (laughs) in a way because she was kind of self managing. She could have died and we wouldn't have known what to do in our first year with her. But Jenny was – I think she used to smoke as well which probably didn't help her. And we were always laughing and having fun and – we got reprimanded a few times, for – for just being boisterous young girls. But a lot of the English girls were a very different set of girls to us. They did frequent – one or two of them did frequent the clinic for terminations at the time. And we didn't stigmatise them, we didn't think anything of it. It was just their way of life. It wasn't ours. It was just one of those things. But I think some of those girls had dropped out by the second year. But we were lifers (laughs).

Q: Yes... yeah. Did any of you get really sick or anything?

A: No. I had to have my nose cauterised in my first year. And I had to have my tonsils out in my first year because I was on the waiting list in Mayo to have my tonsils done. I was always having bad tonsils – bad throat. And when I was on the children’s ward, I became – because you had such close contact with these ill little babies, you would be getting – I would be getting chest infections. So, next thing they had me in, did my tonsils. And I went to the local GP, a lovely gentle man, Dr. Hughes. My aunt got me in that surgery. She got me a good dentist. She was wonderful to me. And Dr Hughes took one look at me when I came out of hospital after having my tonsils out and said ‘ now off you go to Ireland. You have 3 weeks – enjoy yourself.’ You know, that sort of lovely English doctor. That sort of lovely care that was given to you. So I must have gone off to Ireland. I remember going to the dances and only able to drink out of a straw the side of my mouth because I still had stitches in my throat. Went off to Ireland for that. Didn’t have any other operations. Ann had ear problem – ear problem. She suffered with her ears and I remember she was very ill one night in the room with me and I was concerned. I couldn’t understand it. It was in her head. There was nothing visible. But they looked after her, took very great care of her, put her on antibiotics. There was no such thing as not being seen straight away and looked after. We were very well looked after. None of us had anything major after that.

Q: But when you did fall ill, the quality of nursing care was very high.

A: Oh and if you were being looked after in the nursing home, your friends kept an eye on you but Mrs. Davies thought she was a nurse – she wasn’t really. But she would keep an eye on you. And even Mrs. Archer, God rest her soul would come over from the nursing school if she knew you weren’t well - come over and just check that you were ok. And you were very well looked after.

Q: They didn’t ever think that you might be swinging the lead or anything?

A: No, you wouldn’t. We were so stupid, we never did (laughs). We wouldn’t know what swinging the lead was, you know. We had – we had this guilt thing. They knew when an Irish girl knocked on the door – if a knock was on the door, she wouldn’t knock on the door and grab the handle – she would knock on the door and wait. And they said that girls. And they said that girls – Irish girls didn’t walk into a room – you know, straight into a room. That took many years – that they would creep in round the door. Your nurse – your education here in Ireland and the nuns...

Q: And did they ever talk much about nursing as a vocation or –

A: No, they assumed it. What they never did was, they never talked to you about further, further education in nursing. They never gave you any inspiration apart from the three girls that were picked out to be that. There was talk once in our third year. I think it might have been our second year or our third year about maybe us doing an extra little course like psychiatric nursing. You know, having a secondment to the psychiatric units for a few months so that you would come out with a psychiatric qualification as well. But that never got off the ground. But three of my colleagues got their SRN and their district nursing all in one go.

Q: But just kind of in terms of this idea of nursing as a vocation. You know the idea that you are called to be a nurse and it is not an ordinary job. They didn't ever say anything too much?

A: No

Q: Do you feel that nursing is a vocation and how would you define the word vocation?

A: I have spoken to my friends about this. About it being a vocation. People, a lot of English people would have said it and Irish people. It is a vocation. But we thought of the word vocation – it was just connotations with the nuns that you had a vocation and the nuns always got you to pray for a vocation. And you – it was connotations with being a nun or a priest. It had nothing to do with nursing. Ireland would have had that connotation a little bit about nursing being a vocation. But certainly in England, if you were an Irish girl and you were nursing, it was a vocation to them that they looked on it – that you were here because that was what you wanted to do. And they knew the Irish girls were good workers but we never looked at it as kind of a vocation. In hindsight, as I am a lot older now, I would say that it is a calling of some sort. You either like it or you don't. I know somebody who went into nursing because there wasn't much else you could do. There was only – I don't know – typing or nursing in those days and there wasn't great inspiration from the convent as to what you did. One of the nuns – I know she is still alive – Sr. C, knew that I wanted to do nursing and as I did everything through Irish at school, she would give me the English words for the heart and things like that for domestics – domestic science it was, we would be doing it. And she would give me the English names for it because she knew I was interested in nursing. But my friends wouldn't have looked on it as a kind of a vocation. But looking back on it, it was something. And this other person I am talking about or started... she couldn't take it after 6 months. She said it was the smell that put her off. She just couldn't take the smells. The only thing that really put me off – blood, nothing put me off – was sputum. Thank God the old mugs my mother talked about and my aunts – these tin mugs you had to clean out. I don't

know how those girls did it. But when I got there they had little paper sputum pots. By God, you put the lids on them quickly. You know, that was the only thing that I found difficult. Other than that, I never find anything too difficult with nursing and I don't think my friends did either. We kind of wandered along through it. Very supportive of each other but we had books on the ward. I still have the book and every task you did that the ward sister or the senior staff nurse would have to say – sign it to say you were competent to do it and I think that has come back again. It had come back into nursing before I had left England 3 years ago where you had a book signed off so you had competency in a little book. And you had to be observed doing all these different things before you would be signed off. And some of those ward sisters were very stiff. I didn't – didn't get the terror of...say... of All Saints hospital. It has now been knocked down in Chatham. Sister Nixie was terrible. She really killed the girls. They...

Q: What?

A: You know, verbally.

Q: Oh yes, Yeah.

A: There was never anything like that but – talk about a lashing tongue. Sister Nixie was terrible. You know, very strict. She would shout at all the nurses and all of that. I don't think I ever had a senior nurse shout at me except Mrs. Mitchell. She would say, 'Where are you, Nurse ___?' as she walked into the ward looking for you. But she would be a great one for opening windows giving everyone pneumonia. She was a great believer in fresh air. Other than that, we didn't have – I don't think I had a ward sister that was mean or cruel. There was a staff nurse that was very kind of hoity toity and she sent me to – she sent me in my first year on my first ward to get a specimen of urine from a patient. She gave me a urine bottle. The poor man, he had a tummy on him the size – it was so big... 18 and a half years old foraging down on the bed for a man to pass a specimen of urine. I couldn't find it, never mind get a specimen. So I went back to her with the bottle and said 'I can't find it' and I could hardly get the words out. And she kind of looked at me over her glasses and said 'You can't find what?' And there was a consultant doctor with her that she was having an affair with at the time. She was only a few years older than me but she seemed so much older and experienced and I remember saying 'I just can't find it' and she asked me again 'You can't find what?' And this doctor was laughing because he was enjoying this spectacle of this poor little Irish nurse desperately trying to hide her embarrassment. And I just said quietly 'penis' and she said 'pardon' and she was so cruel in a way. But I have to say, 25 years later I worked with her (laughs). I spoke to her about it. She was appalled that she could have

treated me like that. She was absolutely, she couldn't believe it and we were both working in palliative care, you know, with death and dying and I did the hospice. And she couldn't believe that she treated me like that as a student nurse (laughs). But I kind of got over that. But it was certainly an experience.

Q: So at the end of PTS, then, ok, did you have any sort of exam to do?

A: We did. We had I think it was called the preliminary to be done. I think it was that. Yes. And I passed that with flying colours. I think I got the highest mark but I was great practically.

Q: Yeah

A: A lot of it was practical and I was great practically.

Q: It was PTS. You were in a classroom, you had a dummy to practice on..

A: Yes, and beds to make. And trolleys to set up and you had to clean the trolleys first and we still do it. Even if I was handed a trolley today, told to set up a trolley I would do it the same way I did it 40 years ago. You would have trolleys to set up. You would be taught blood pressures. You practiced on each other. They would practice on me with the cuff on doing the blood pressure because it never bothered me. Some people wouldn't put a cuff on them. Their blood pressure goes up and they feel uncomfortable. And it's listening skills. Doesn't sound it but you have to be able to listen. The temperatures were very hard to do. Injections – we would practice on an orange. Or we were very lucky on the wards. We would be taken across to the wards after patients had come back from theatre after having an operation. They'd be out for the count and they might have needed an antibiotic intramuscularly. They might have needed a pain injection and you would be asked to do it under supervision – to do it. The patient didn't go ooh, aah, ooh and you didn't have to tell them you were brand new. But when you did go on to do it and you were brand new, they could tell by the look on your face but if you were clever enough you could just say 'have you done that before – I have done it loads of times' and you'd be lying. But when you'd done it – you had to practice on someone. But we were shown how to do it and we were observed doing it. And once you were observed once or twice you were on your own. And if you were in doubt, you never did it. We were told that – it was drummed into us – always tell the patient what you are going to do. Even if the patient is out for the count - unconscious or that you always told them what you were going to do. You always spoke to them. And even to this day, I still do the same thing because to me it was good practice. It was very good practice. You never went in and stuck a needle in them. Now a days they would tell you it would be assault. In those days it wasn't. There was no litigation, there was nothing like that. When you think about it, if you

did something without telling them, it could be looked on as assault. We did enemas, we did catheters, we did everything. We told them what we were going to do. We didn't ask them if they wanted to do it. We did it and we were very well thought of – we were very well trained.

Q: What was your first year like?

A: It was.... It went very quickly. I had 3 months in PTS, then I had the medical ward. That was hard going because anyone could have had a heart attack which you – you just prayed you weren't in the room when they did it. Because they would tell you what to do – you had to get the crash team in. And then I had a surgical ward and then I think I went on to children's and that but it went very, very quickly and at the end of your first year, it was your book, your little yellow book that said whether you got through it. It was like continuous assessment. You had to get through that before you left a ward. You had to have it all signed otherwise you know it wasn't easy getting on to the next ward. We had night. We didn't complain about it. We'd get off nights. You'd come off nights and you would go off shopping with your friends if they were on days. Then you would get a few hours sleep. We had split shifts. All Saints was famous for split shifts.

Q: All Saints was another hospital?

A: It was another. We had the Medway in Gillingham – that was the old naval hospital. We had St Bartholomew's in Rochester. I think that was – St Bartholomew's was the nursing school before us in the early sixties. And we had St. Williams in Rochester which was convalescence and palliative care – cancer patients. And they had a radiotherapy unit. And we had All Saints in Chatham which was definitely the workhouse. Because that had cockroaches! (laughs) But it had a wonderful theatre and wonderful staff. And All Saints was very different – you'd have the uphill and downhill to the hospitals. So you would walk over. You'd be on maybe 7 o' clock in the morning in All Saints and you would work until 1 and then you'd be off until 5 or 6 and then you'd have to go back on until 9 or 10 at night and that was hard. The split shifts were hard, especially if you had to get all the way back to the Medway and you could walk it but you know it was kind of late at night. And we were allowed in the first – in the second years – we were allowed to wear our uniforms out. Not our aprons – we were allowed to wear our uniforms out. We had a big cape. A beautiful red – vivid red inside and beautiful dark navy blue on the outside. And that was pure warm. We were allowed to wear that out. It had 2 big long.....God... I haven't thought about that for years. We had a school of nursing scarf. We were all wondering where they went – what we did with them those years ago. But because we were in uniform most of the time, we didn't

have to buy a load of clothes. But we were allowed to wear the uniform out. But we didn't do it, you only did it kind of between hospitals.

Q: Uniforms often changed as you progressed in seniority. First year, second year, third year – were there any uniform changes with you?

A: No, we stayed with corn. Corn yellow. We had that to start with. In your first year, you had your little white cap that you held on with 2 hair grips. It was only a paper, you made it up like a kit – paper and you had it on with grips. That was your first year. Your second year, you got your belt. Oh, it was wonderful to go over to the, to the.....

Q: needle woman

A: Needle woman. Oh, God she was a terror! You wouldn't go to her unless you were dying! (laughs) She was terrible – she was like a sergeant major! You went over to her and she gave you your belt. It was about 50 centimetres – two and a half inches.

Q: What colour?

A: And that would be corn as well. Corn colour – like a lovely gold belt and if it frayed...you never – you kind of bought a buckle if you had any money. I still have my buckle and you sewed your buckle on to it. That was an absolute treasure. You know, you just treasured it. In your second year, you had your belt. And then in your third year (pause) – what did you have in third year? I think you had a little stripe – which you put across here. A little yellow stripe that you put that said you were in your third year. No, you hadn't.... tell a lie It was on your cap.

Q: Oh right.

A: You put a stripe on your cap. God, I can remember that. I think you had a stripe on your cap in second year as well. And third year you put 2 stripes on. And just pinning on those little yellow ribbons on your – that was just – it was progress and it was an achievement. We had to sit exams at the end of our third year. And I remember sitting those exams. I wasn't very well. I was making a wedding dress when I should have been studying so needless to say I passed my – I passed my practical but I failed my written. And I have to say when I went in to see Mrs. ___ and Miss ___ who didn't like ...I just didn't like her... when I went in there, she let me in the door to the tutor of the school of nursing and said ' this is the ___ that failed.' Well, I will never forget those words and I think it was after, I thought nobody will ever say that to me again, you know. So I retook my exams, that must have been September – September, October and I got married in the beginning of December and I retook my exams in February. And I got the results in March '72. And I didn't know it at the time but I was pregnant. But saying that, it was 3 years of - and I couldn't open my letter – when I got 3

years of great training. I couldn't open my letter. I was married by this time. And I just couldn't open my letter that came from the General Nursing Council – the GNC. And I still have the letter. I still have the envelope. If I had only looked at the envelope, it had a sign on it (laughs). I didn't even look – talk about an eejit – all three years of training, Mary and I couldn't look. But it only – it must have been years later I looked at it and thought – how come I never looked at the envelope. It had, it had Mrs. K... SRN on it. I couldn't even open it. And it took me ages to open it, I was so nervous. The greatest, greatest accolade of my life. I think my mother was very, very proud of me and my family were very proud of me because I wasn't meant to do anything. I was the slow plodder – not the brightest one.....

Q: With regard to second year – what was that like?

A: It was just a continuation.

Q: Just a continuation – yeah – with increased responsibility.

A: We were still in school. We still had to go into school for a few weeks, but it wasn't as long as the first one. It wasn't as long as our PTS. We had to go in for probably a few weeks in between. And you can see the girls were going off to Brighton as well so they were let off wards and went off down to Brighton. They were only 19 years old. I mean somebody – my friend said to me she was in Brighton with her little blue district nurses uniform getting on the bus – they thought she was a girl guide. (laughs) She got half price. But we went off to Brighton to see them. But second year was continuation. You were just learning. You weren't supernumary. You were part of the ward staff. You still did your nights and you just progressed to higher things. A lot more was expected of you. We were, we were running wards. We were in charge of wards at night. Ann and I were both second year students and we were in charge of a ward in the Medway at night because we were laying someone out in the side ward. I know we were. And we got a bit of a fright and ran out and left the poor corpse there because his hand fell against me as I moved him over the bed and Ann was the other side and as you moved him over on his side, a load of air was expelled out from his lungs and his hand fell against me. So with the two, Ann heard that as quick as I heard it and then he hit me with his arm, poor devil and out the door the two of us went. We were shaking in the corridor, the two of us. We thought, well there was nothing you could do. You couldn't go and tell anyone in the middle of night that you were frightened of a dead body. So the two of us went back in and thought, oh gee, he is still in there. Luckily he hadn't fallen out of the bed. He was a big man. So we just carried on and did what we had to do. We were never – we never refused to do anything. If there was something that we weren't comfortable with, we would have reluctantly said it or one of the, one of the third year nurses would kind of take

you under her wing. We had a beautiful nurse from Ethiopia – I think she was an Egyptian princess. That's all I will say about her – Ruth. Her name was Ruth. And most beautiful, serene, beautiful girl I have ever known. She was only a couple of years older than me but she was so lovely to us.. and she was so lovely to us and I will always (low tape volume) probably – girls if they were from abroad would look after you. Some of the English girls were lovely to you as well. Especially if they were SEN's. Because the SEN's had a green uniform. They were – they had a purple uniform when they were training and a green one when they trained. And some of these girls in the green uniform were very experienced nurses and when we were second year nurses and they were already trained, we were treated better than them. We couldn't – I think as Irish girls, it is in our nature – make up not to look down on anyone. And we never looked down on anyone – I never – personally never looked down on these girls because they were so experienced and so good to us. But they were on a par with us and we were only second years – they had done training. I mean these girls had – very very good to us, but we always had some one that would guide you or show you and you always prayed that you would get a good ward sister. There were one or two Irish ward sisters and they were lovely to us girls. Or if you like, you had my aunt – a staff nurse. She knew my friends and they would kind of look out for you in a kind of guardian angel way.

Q: What about the doctors – or staff?

A: Now the doctors – the consultants were gods. Lord, you wouldn't go down a corridor if you saw a consultant. You tried to jump out of a window to get out of his way. No more than the priest here in Ireland – sure we were used to that (laughs). But the consultants were gods and they would have their ward round. And sister would be there and if you were at the back you just prayed that nobody asked you a question. Oh, it was awful when I think about it. I hated it, just hated it – and the hierarchical view of it. But the young doctors were all Indians, Arabs and they had a real thing about the Irish girls, the Arab doctors.

Q: When you say a real thing.....

A: They love the Irish girls to be their girlfriend. A lot of them were married but that didn't bother them! But we were kind of aware of that (laughs). One of my friends tells a dreadful story about, I think, a breast was taken off in a theatre and they were devils as well, these doctors. They would do it to an Irish girl or a young nurse if they thought they would get a reaction. They'd chuck the boob at her or breast. It was a dreadful thing to do in theatre – but you know they had – I would say it was a disregard for people but they – they would have...they would want a reaction – that's why they did it. Smarty. Showing off to the

nurses. But the doctors were kind of in the same boat as us. A lot of them were Indians. Nice to us, they were very nice to us.

Q: Christmas time.

A: Aah, I know what you are going to come out with.

Q: No, but I am saying that they probably mixed a bit more around Christmas time.

A: The ward staff did mix a lot more. I loved being on duty at Christmas time.

Q: An awful lot of ladies I interviewed – they recalled Christmas, big time.

A: I loved it. Yes it was beautiful. It was lovely being on there because it was the time when your religious bit- you were comfortable with it. Because Christmas time is about religion and the patients – regardless of what religion they were – they knew – they assumed if you were Irish that you would have an idea. So I never had any problems with religion. You didn't mind asking patients what religion they were and you had a healthy respect for religion. But Christmas was lovely. Because you'd be putting up decorations and you only had skeleton patients in, you know. You would only have the ones in that couldn't go home. But they loved it and we loved it as well. There would be food everywhere. And you were introduced to Indian food. And my first Christmas on the ward – I think it was my second Christmas on the ward – we had a lovely Indian staff nurse, big big staff nurse. Her daughter was actually my midwife. Staff nurse – and she brought in Indian food and I had never eaten Indian food – I came from the West of Ireland. I saw these beans and I thought they look safe so I took some beans and one or two other things. I put these beans in my mouth. Everyone that popped got hotter. And I didn't know what to do then I hear a couple of doctors sniggering and the staff nurse looked across at me as if to say – she stopped talking – what's wrong? My face was red as a beetroot and they gave me water to drink which – I had to go outside and take the stuff out of my mouth. I will never forget it in all my life (laughs).

Q: Do you still love Indian food now?

A: Oh, I love Indian food now- I love Indian food. But my friends hated going out with me if we did get invited out. They said 'oh, I hate going out with her – look at her – she will eat steak and chips. But I have to say they like going out with me now – 40, 30 years later now I would be able to eat that but its kind of very off putting. But the food would be lovely. They'd bring it all in and it was just a magical time. My first Christmas off the ward was when I had my baby daughter, Kim at the beginning of – at the end of '72. And I wasn't on the ward and I had been on '68, '69, '70, '71 and then 1972. I was a young mum. The loneliest Christmas I ever spent at home with a lovely 5 week old baby. My husband at the time was a

policeman and he was off working nights and I was lonely. So I missed the ward. It was a magical time...

Q: It was, yeah. I know other ladies I interviewed they recall Christmas.

A: Well, because you were Irish, you'd be nursing. You wouldn't be going home to Ireland. So I never went – you know, you offered to work.

Q: Yeah, can I just ask you were you a member of any organisation? Like any sort of nurses union, any sort of organisation or were you thinking that much of unions or pay or anything like that?

A: No, we certainly were not. Sure, we never even, we never even asked about pay. Even now when I go for a job, I don't ask about pay. If it is written down, I am very reluctant to ask. We didn't know. We were never encouraged to go into a union but we knew that we should when we got trained for kind of our own safety. I think most of us joined the RCN. The Royal College of Nursing and that is the spear head of nursing – the Royal College of Nursing. Its got lots of programmes and everything – everything that comes out – they now work with the Nursing and Midwifery Council, the NMC. They work very closely with them. So I'd be a member of the Royal College of Nursing for 37 years probably. But we knew, we kind of knew we needed that. You see, one or two girls went off to do midwifery. Ailish did health visiting. She started midwifery but she didn't like it and she did health visiting. Ann started midwifery but she didn't do it either – she moved somewhere else but she didn't do it. Angela did midwifery and M__ from Sri Lanka – she did midwifery. But the rest of us didn't because I was married by this time. And I felt very lonely. I felt very cut off from my friends. And I felt – I lost a lot of confidence. I think, Kim was 6 months old when I went back on night duty and I did two nights a week. Nearly killed me because I wasn't getting sleep. I lost a lot of weight and it wasn't easy putting a little girl of one year old into a nursery at 1 and a half. That didn't help.

Q: When a Medway woman went through 3 years – sorry – that came out wrong – when a woman went through 3 years of training, right, and you became qualified, did you have to give a year then to the hospital in order to acquire a hospital – the hospital badge or anything like that?

A: No, no. We were given our hospital badge as a mark of honour after our three years. We – there were some jobs actually. Come to think of it, because I – I got jobs no problem. A lot of the girls were going off because we were a very small set so I'm only looking at it as a small one. But we didn't have to give any time back to the hospital. Not that I can remember anyway. I just happened to stay there. Ann stayed there for a while. Ailish went off and did

something else. We were given a hospital badge – very lovely lovely badge. And we were given free at the time. I think we were given our SRN badge. That was – that was – to get that through and to wear it...

Q: I know.... I know... yes... the feeling of achievement.

A: And I know the 3 of us went down to the silversmith down in one of the towns and we had little – little chains put on them because they were so easy to lose.

Q: Of course, yes.

A: And you just wore it with pride – you wore it with pride.

Q: For your training, was there any sort of training fees. You got paid but you didn't have to pay any training fees.

A: Not a penny and I knew that if I trained here in Ireland –

Q: Yeah

A: You would have had to. We never paid for our uniform. Even now, if you go back and work for them, we don't pay for our uniforms. It is all provided for you. That's one thing good about the English NHS. It had its faults..

Q: Which was great really

A: It had its faults. There was a lot of changes when we were there but, sure, we were so junior we never never knew what the changes were.

Q: Yeah, I mean that's generally what I find from the interviewing of other ladies that worked in England, you know. In terms of the grand policies up there, it doesn't really affect really, kind of day- to- day, didn't really or they didn't really know too much about ...

A: No, we were the ants working down there, beavering away and never bothered us. We just knew there was a load of hierarchy. They come and do their rounds – especially at night.

They just come and do their rounds and they'd leave you alone. But to sleep on night duty was a dreadful thing to do. But I know a lot of them used to go into the airing cupboard

(laughs) and take it in turns. But I – I have to say I don't think I did a lot of that. You had to be very trusting – I think we had too much of a guilty conscience really to do things like that.

But it was tough. Four or five o'clock in the morning when you are tired. And even in my job today, four or five in the morning is a tiring time. And it brings me back to my student days.

But saying that, they were good days and because we had no intensive care unit in the

Medway hospital, that first year or two when we had no casualty – anybody that would come in with collapsed lungs and very very – things, now that they'd do in the ICU, we did it as

young nurses. So we had great experience and to be honest with you, what you watched and observed – that's how you learned.

Q: So there was a lot – you were pretty much plunged in at the deep end.

A: Oh, you were – hands on, hands on. We knew every inch of a patients body. We knew how to wash a patient and talk to them. Ann and I when we were in PTS, I was 19 and she was 18, we were taken over by Mrs. Archer to the ward to give a bed bath – our first bed bath to an 18 year old lad. An English fella - he must talk about it to this day. These 2 Irish nurses turning up by his bed to give him a bed bath. And you did it all properly. One arm, one leg (laughs), change the water halfway through. But we did give him the flannel to wash himself and –

Q: Matron didn't have to threaten him with the forceps!

A: (laughs) I didn't have any of that at all. But when I think about it – we just took it as matter of fact. We did what we were told. We never questioned it and even to this day – 2 of my set – 3 of us were district nurses in Gillingham together out of that first PTS in 1968 so we had photos of us taken.

TAPE CHECK

A: So I have to say we had great training. They looked after us well, they got good work out of us and 1 of the 3 of us, you know, 4 of us trained together meet up. We have a great time. See, Ann's sister was a year ahead of us but she was with us – and some of the West Indian girls we knew. We see them on and off. One girl is in Australia, My friends – still in England and I am back in Ireland. When we get back together, we could be 18..... we could be 18..... (pause).

Q: Yes.... Yes.... I just want to go through my notes here to make sure I haven't left out anything.....To conclude, is there anything more you would like to say or to maybe.....

A: I think, that as an Irish nurse, you were very well thought of. As a nurse, you were well thought of. I never had any discrimination. They'd be laughing about your accent and things like that, but we were good at laughing at ourselves, I think. Never discriminated against.

Q: Never any sort of actions that today would be regarded as bullying or anything like that?

A: I don't think so – I really don't. The only one that did kind of – I wouldn't have said bullied but – who did run my friend Ailish around a bit was an Irish girl who was 2 years senior and she had come from Whitcross(?) and I think she might have been a staff nurse, but she, she used to kind of – I wouldn't say bully Ailish, but would getting her to go out and buy cigarettes for her and bossing her around a bit. And they – they were not – she was the only one I can remember but as far as I am aware, Ann – Ann didn't – a window fell on her one

day (laughs) a sash window fell on her – Ann. And there was no such thing as ‘oh, are you all right nurse’ and things like that. And to this day, you know, she said I could have sued them for millions said Ann. But I think it was my little paper hat that kind of took the brunt of it. But we weren’t into that sort of thing. It wasn’t the days of litigation and watching your back.

Q: As well as that, like, when you got a place where a lot of people are working together, like, you are going to have some sort of, you are going to have some sort of personality conflict anyway, you know what I mean – and that’s very different from institutionalised bullying, you know what I mean.

A: To be honest with you, there wasn’t- and the other thing I have to say to you is when we went to England – I went to England to start nursing at the end of ’68 – we had ’69, the Troubles in Northern Ireland, ’70, ’71 – we were nursing all through that time. But people would make a kind of distinction. ‘Your accent – it’s Southern Ireland, isn’t it?’ That was just a cautionary thing. I think once in district nursing, I had someone ___ (low tape volume) calling me an Irish cow, but if that’s all that was going to be said to me... We were – we were invited into big army establishments, into the police stations, because we went into meet the lads and in to the big Royal School of Military Engineering as young Irish nurses. The car would be searched but you would never feel victimised. And this was in the heart of the Troubles in Northern Ireland with English soldiers dealing with you. So we never – I never noticed anything like that. We were treated very very well – treated as ladies. Best training I ever had. We think that we had great training. The girls and I feel we had a really good training. The proof is in the eating of the pudding, I suppose. Ann still works for the Medway Health Authority. Angela does and Mary does and I worked with them up until 3 years ago. I know that if I went back there tomorrow, I would have a good chance of getting a job again. So 40 years is a long time.

Q: Thank you very much for that.

A: You’re welcome.

END OF RECORDING.

Interview 10.

Sr. Mary

Notes given.

First Preliminary Training School in Central Hospital Galway was in 1961.

4th year Hospital. (? Your 4th year was to work in the hospital in order to obtain the hospital badge?)

A midwifery qualification was important for promotion.

I started training on 3 October 1952.

A fee of £10 yearly was paid by probationers but the student got that back at the end of training and 4th year.

One years training in fever and midwifery training in your year back to your training?

Sr. Eugenius Mc Veigh.

1926 – only 6 student candidates. Bridie Naughten { Antionette O Donnell retired from midwifery – still alive – Anne Marie Flaherty – maternity. Her aunt was one of the first that trained in the Regional. By 1940, 35-40 students in training. Nora Barnacle was born in the Central Hospital in 1884.

When I went there, Prof O'Donnell was Medical. There was also Prof Folan 'bugs', Bat O' Driscoll, Michael O'Malley. Wat Fallon was there before I trained.

There were talks on medical ethics as far back as the 1950's. Bishop Browne was the first person who gave them, then Cannon Paudge Lee, then Fr Vincent Jennings and then it was left to the Chaplains after that.

We had to do Night Duty. A Student nurse was in charge of a ward during the night. If anything happened you would call the staff nurse.

Nurses were resident for 3-4 years in a nurses' home. It was too expensive to live out. One time nurses were allowed to live out. It was too expensive to live out and they asked to come back again but they were not allowed to come back (into the nurses' home?) They had lost a

sense of camaraderie. They had to buy their own food and cook it. In the hospital it was decided that the food was at fault but it wasn't at all, it was the cook.

Paediatrics opened in the 1950's – 1953. Dr. David Lillis. Nursing Students got information on drugs from the pharmacy. This was of great help during training.

Lottie Joyce was the night superintendent – this was before my time.

Mrs. Quinlivan was the home sister.

A midwifery qualification was essential for promotion. We went out on the district with the district midwife.

Connacht Tribune 'Hospital's School of Nursing closes down after 76 years as University takes over training.' Bridget Howley, director of nursing 1990-1998.

The wards in the hospital were: St. Anthony's, St. Enda's, St. Mary's, St. Theresa's, St. Pius, St. Nicholas. There was the Casualty on the ground floor. The ENT was near the Analysts Department. Miss May King was in charge of the fever Department prior to Mrs. Kate Hehir taking it over.

With regard to Staff matters etc., the administrator sanctioned staff – Mr. C. I. O' Flynn, the County Manager. Dr. T.K. White was the first resident medical superintendent.

When I started training, I went straight on to the wards without any prior induction. There was no preliminary training school. Lectures were held during off duty time. It depended on the Consultant or physician or Matron tutor. Ward Sisters didn't give lectures. Mc.Hugh – radiologist. Dr. Kieran Byrnes gave lectures on anatomy. All written exams were done in the University. Prior to this, they were done in Dublin.

Kathy Moloney – X ray department.

Mrs. Tracy – maternity

Delia Dermody – St. Anthony's (Anthenry)

Sr. Kieran – St. Enda's

Kitty Mullins – St Nicholas

Mrs Bowler – Theatre

Bridie Hession – Casualty Sister.

Sr. Imelda was the general tutor.

Before going on duty in the morning, nurses said prayers – 3 Hail Marys in the Rosary. No Chaplain in the hospital – services Presentation Road (?)

Telephone Conversation 7-7-08

17th of March, nurses participated in the St. Patrick's Day Parade. They went out in their caps and uniforms on St Patrick's day; also on the Corpus Christae procession parade. Mary Byrne was Mayor and an active member of the Irish Catholic Nurses Guild – (RIP), Nell Reynolds (RIP) also an active member of the Irish Catholic Nurses Guild. Guild AGM was held in Shantalla around the community care centre.

Telephone Conversation 7-7-08

The Irish Catholic Nurses Guild started in 1967. Fr. Delaney was chaplain. One of the nurses in Ballinasloe asked to start it in the Regional. They had the AGM in 1972 with a few hundred in attendance. It was held in Shantalla – up beyond community care in Shantalla. Special Irish Catholic Nurses Guild shamrock. Merlin Park nurses attended – Bernadette McGlynn.

There was different speakers including Fr. Michael Cleary. There was another lady doing make up. Health and Safety meetings were held once a month in the nurses' home.

Galway had a high number of nurses who won 1st class honours in obstetrical exams and nurses in Dublin didn't like the idea – they couldn't understand why.

Sr. Fidelis gave extra tuition to weak students. There is a feeling that the West was ignored and never got great coverage.

Interview 11.

3 ladies interviewed. Joan W, Mai T and Eileen R The following is information given on a written questionnaire which was filled in before the interview. This was to enable me to ask more focused questions.

Joan W. Date of Birth: 20 April 1921 Trained at Royal Edinburgh Hospital for the handicapped, the New End Hospital, Hampstead North West and Lambeth Hospital South East London. Supplementary training 1939, main training 1945-1948. Did part one midwifery training at Lambeth but gave this up to do agency nursing. Nursed stroke patient Lady Lee, Whitley Park House Estate Goadlming.

Mai T. Date of birth: 19-07-1967. Trained University College Hospital Galway. Began training on 9 March 1986 and finished training in 1990. Did midwifery training at UCHG from 1992-1994. After midwifery training, worked as a staff nurse on female medical ward and male surgical UCHG. Also worked as a staff nurse in orthopaedics and general medicine in Merlin Park and Staff midwife on the ante- natal ward at UCHG. Worked as staff midwife on the Labour ward in UCHG. Worked as a staff midwife to Gort out reach ante- natal clinic and for one summer worked in the Galway Family Planning Clinic.

Eileen R. Date of Birth 12 April 1930. Trained at the Central Hospital Galway. Wasn't there for the opening of the Regional, but witnessed the turning of the sod for the new hospital. Began training end of 1948 and finished in 1952. Proceeded to work as a TB Nurse at St Mary's chest hospital in Dublin from 1953-1960. Then worked in St Josephs in Ennis for 2 years. Gave up nursing work, married and settled down in Kilbeacanty.

Other details: Her Aunt was a Matron in Woodlands. Felt she had to give up nursing when she got married as she couldn't drive and it would have been difficult to continue work.

The Interview

Q= Mary Hawkins.

J=Joan W

M=Mai T

E=Eileen R

Q: Ok, so first of all, I would like to thank all of you for being here today and I really do appreciate you meeting me.

J: Any help or anything..... [we can give you]

Q: Ok, so, I suppose, first of all, were you (plural) born in Galway, would you have been born in Galway?

J: Yeah, I was born in Galway.

E: Yes mmm... mmh...

Q: All of you?

J: All of us.

Q: Were (all of) you born around this area?

E: Loughrea.

Q: Loughrea?

E: Loughrea was my area – yeah.

J: Me in Loughrea too, well, East Galway I suppose.

Q: You would have been born in East Galway and ...?

M: I was born in hospital in Galway.

Q: Hospital in Galway – OK.

J: I was born at home. That was the thing at the time.

Q: Ok

E: That was the way in those years – yeah.

Q: And was it , was it the district nurse – the Lady Dudley Nurse or –

J: I think it was the Doctor – Doctor Carey from Woodford.

Q: Ok, Yes.

Pause

J: There was a midwife as well but sometimes, a woman, you know, that would be around, that would be good at that sort of thing – she wouldn't be trained or anything.

Q: Handywoman.

J: Yeah, a handywoman, yeah.

E: D__ L__

Q: That's it.

E: Mrs B- over the road delivered a lot of babies as well.

J: Ah, she did.

E: There was an uncle recently.....

J:.... And laying people out.

Q: That woman, was it?

J: Yeah.

E: You know, when you think of it, anything could have happened.

J: Yeah

M: She was probably very intuitive, you know, she probably had good hands.

E: I suppose she had, but even so, you know, if somebody haemorrhaged or....

Q: That's it ... maybe...

J: But, sure, they often did too. There was, you know, a lot of children born dead.

Q: When you were doing midwifery later on, would there have been that kind of problem in England, having to kind of, deal with handywomen or?

J: No

Q: No

J: No, that wasn't the case.

Q: By then, a lot of people came to deliver in hospital.

J: Oh yes, very much so.

Q: So what was it like, kind of growing up in Loughrea – or whatever?

J: It was very, very, - well, I am speaking for myself – there wasn't much wasted. Everything was put to use and people were self sufficient.

E: Flour bags – they made sheets out of flour bags.

J: Oh, exactly.

E: You got the big flour bags – my mother would have four flour bags and sew them on the machine and they used to make tea towels as well.

J: Yeah, exactly and they used to make cakes then like a cart wheel. They were so big and there was a lot of us in it too.

E: Mmm.

J: Yeah, so it was our own butter, bread.... Nothing was bought except tea and my mother used snuff. She used to have snuff.

Q: It still sells, even today.

J: Really?

Q: There are still people...

J: It is in a tin and it looks like pepper.

Q: That's right.

J: She used to like it.

E: They used to pass it around at wakes. Everybody used to be laid out at home. There was nobody dying in hospital years ago.

J: Yes.... That's right.

E: And there was tobacco and clay pipes passed around as well.

J: Oh, there was no funeral parlour then.

M: If people knew you were a nurse, you would be called upon to lay out – even today I have actually been asked to lay out people from time to time.

J: Yeah.

E: I did a lot of that as well.

Q: And would you do it?

M: Yeah, I would. It wouldn't bother me. Sometimes it is easier to look after the dead than look after the living.

E: It is indeed.

M; There is a certain peace about it.

E: Yeah.

M: I'd never mind. I'd always feel privileged if someone asked me to lay out someone belonging to them actually.

E: Yeah.

Q: Did ye (J+E) have to lay out people?

E: Oh, we did.

J: Yeah

E: In hospital, it was part of your training. You left them for an hour, didn't you, Mary?

M: That's right.

E: An hour, and put their hands down underneath their sides.

J: I was training – there was a lot of Jews in Hampstead and you weren't allowed to touch them. They had their own ritual.... Yeah. They were brought to the mortuary and they seemed to do it themselves.

E: They had their own rules, hadn't they? Yeah.

J: Yeah, oh yeah.

Q: What did your mother and father do for a living?

E: Farmers.

J: Well, my father was home assistance officer as well as farmer.

Q: Yes.

J: Yeah, and he went around and you know they had to look at grave yards for some reason. Well TB was rampant that time.

Q: Yes.

J: And the dunghill. You probably don't know anything about it. It used to be left beside the house and that was against....

Q: Regulations – yeah.

J: You know he was a sanitary officer as well.

Q: Yeah, so he was sanitary officer for County Galway?

J: No, for his own area. That covered Loughrea, Woodford and on to Portumna. Not this area.

Q: Ok.

J: It was divided up into areas.

M: Like a health inspector really – was it – yeah? – like a health inspector?

J: Yeah, it is sort of.

E: Yeah.

J: Well, it is, sort of, and then home assistance you know. If the person was, you know a down and out which they were in that time.

E: They were, yeah.

J: He would have to send in a sort of means test to St. Brendan's in Loughrea.

E: Oh really?

J: Yeah.

E: Yeah, there was (?) there at that time. That's where you got your birth certs one time in the County Home in Loughrea.

J: If you were born...

E: Yeah.

J: Yeah. But that was it. My mother then she did most of the farm work. He was gone most times. But my uncle was nearby and they used to see to it. But a lot was in it of course. But (pause) that was it. Everything was done by – you know- you didn't waste anything and as you said, the big bags of flour.

E: The big bags of flour – and what you bought really was the white flour. You used to grind the brown flour.

J: They did locally.

E: You know, yeah. The only things to buy was the white flour, the tea and the sugar and maybe the meat for Sunday. I mean it was bacon and cabbage every day because everybody used kill a pig. It was – they killed a big – and the threshing.

J: Oh the threshing – yes – a nightmare!

Q: So happy days, then.

E: They were, they were really, you know.

J: You had to feed about 13 or 14 people as well as your own.

E: Yeah.

J: And –

E: That would be when the threshing would be going on though.

J: It all came free though – the meitheal.

(pause for tea)

J: If you go astray now anywhere you don't meet anybody on the road to ask them for directions because everyone is in a car.

E: Yeah.

E: Years ago, they were cycling and walking and going to town in the horse and cart.

J: Or pony and trap.

E: That's right.

J: I remember going into Loughrea and my godmother brought me in and they said if you wash your hands in the lake first time you go in, you can open any knot. Did you ever hear that?

E: Really? I never heard that now and I am from Loughrea.

J: Must be our area then. I don't know if it is true.

E: Oh, I have never heard of that.

J: Yeah. So I was brought in and my hands washed in the lake.

E: And did it work?

J: I don't think it did! I get the kids to do everything.

E: If I have a knot, I will bring it over to you!

J: It's only a piseog.

E: I think so, yeah (laughter).

Q: Ok.

J: Ah dear, oh dear.

Q: Ok, just to open it up to all of you. Why did (all of) you choose nursing as a career? Mary, I might ask you first, ok.

M: Well, I am far behind E and J in age but I can identify with everything they have said about their upbringing because the threshing and you know being reared on a farm and being

self-sufficient on a farm would be very familiar to me as well. My mother was a farmer and we grew all our own vegetables and my mother baked bread and made tarts and we bought very little growing up. And I actually thought that was the way every family lived. I didn't know any different. But when I left school, it was 1985 and everybody I knew was emigrating and I had a good Leaving Cert, you know. And I suppose I was just lucky to get nursing in Galway. I would have done loads of interviews in the Dublin hospitals and it was just rejection after rejection. I was actually getting a bit disillusioned and it caused me to be quite assertive for my second interview. You were interviewed twice for Galway so....

Q: Oh, you were interviewed twice?

M: Yes, you were interviewed twice.

Q: Oh, I didn't know that.

M: Yeah, you had, I suppose the first interview and you were maybe selected from a crowd. I don't know. And then I remember going for my second interview. I remember more about my second interview than my first interview because as part of my Leaving Cert programme, we had to do a project on a career that we thought we'd be interested in. And I actually did mine on nursing at the time. But I wasn't one of these people that always wanted to be a nurse from the time I was a little girl. I just thought – my attitude in Leaving Cert was – I will apply for everything. So I actually turned down an Arts degree from NUI Galway because what appealed to me about nursing at the time was you were trained in a profession and you were educated and you were actually paid as well. You were paid about £200 a month which was a huge wage in 1986.

Q: Oh, it was, definitely.

M: I remember on the day that we were taken into Galway, Eamonn Hannon was the CEO of the Western Health Board and he addressed all of our group. There were about 65 of us taken in on that year and he advised us all to open a bank account if we didn't have one and that we weren't to be squandering our money, more or less! (laughs) So it started from there and actually years later I found out that the day I started nursing was 9th March 1986. And that's the day that my that my fathers mother died. It was like a good omen in my family. And I can remember not liking it, you know we had 12 weeks of tuition and we went on to the wards and that was my first time to see real sickness. My grandfather lived with us and he would be sick from time to time but never anything like sick patients with bed sores. For the first time I saw a confused patient I – I couldn't get to grips with this at all because I had never seen anyone confused other than drunk was the only state of not being right I understood. So after 6 months I wouldn't know how to do anything different now you know. And after 21 years I

certainly wouldn't know how to do anything different. I couldn't use a cash register and I couldn't pull a pint. I often – I would have liked the odd summer job here just to experience those things. But when I walk on to a ward now I would actually feel very comfortable about, you know, taking over. I am very familiar to the hospital environment now at this stage.

J: Well, you'd have the knowledge of everything too.

M: Yeah, we had great training and we, you know we learned an awful lot. It was a very science based programme really, you know and I would have loved biology in secondary school. I remember I would never have actually opened a biology book for homework - that it came very natural to me. I would just read it and because I was interested in it, I would retain it. I didn't like physics and chemistry but we didn't do much of that.

Q: Oh, yes.

M: But, here I am.

Q: Can I ask the question to J and E. Why did you choose nursing as a career and, like, in terms of options, did ye have many options career wise. When ye were deciding – ok, what am I going to do for a living, why did ye choose nursing and was there any other things ye could have done?

E: There wasn't many openings in those days – were there?

J: Oh no, no, not at all. Very few.

E: You know, yeah.

J: And you were lucky to get in anywhere.

E: You were.

J: There was just the civil service, nursing and what else.....teaching.

E: Teaching, I suppose, yeah, or the bank.

J: The bank, yeah.

E: It was very hard to get into any of those that time.....

J: No jobs.

E: But it was all I ever wanted at the time. It was all I ever wanted. I suppose an aunt of mine and cousins of mine were nurses as well. And I suppose do you know, you kind of say – 'God, they did all right for themselves so maybe I might as well' do you know?

M: It was considered a good job, wasn't it.

E Yeah, it was, yeah. But the pay..... when I heard you talking about £200 a week, Mary.

J.... A profession....

M: A month.

E: Do you know what we got a month? Now, living in, of course.

J: Yeah.

E: Living in. £2 – in the old money now. £2 3s and 4d a month.

M: Yeah (pause). We got about £200 and it was part of the regulations. You had to live in the nurses home for the first year. And your food was subsidised, so in comparison to other students, you actually had a very good life.

E: Mmmm.... I suppose.... Yeah.

M: If you could tolerate the strictness of it, you had a good life.

E: Mmmm..

J: But do you know you had a group and you stuck to your own group and you had great fun with them.

M: Oh yeah.

J: Mmmmm.

J: And it lasted for ages.

Q: You (E) mentioned that your aunt and your sister – that they were nurses.

E: My aunt was Matron in the old Woodlands and then I had cousins nursing in England.

Q: Did they ever talk to you about nursing or did they ever over hear them talking about...

E: No, they all seemed to be happy at it anyway. Well, granted, our Matron now was kind of a responsible job really, you know. I suppose it eventually got to her because she died of a heart attack, you know. Yeah, she got pneumonia and died. Well, I suppose only about 55, you know. But the – that Dr. Cussen came while she was still a matron and he was very very strict. And I think that kind of got to her because up to then, you see, it was real happy go lucky.

Q: Ok. It got more stressful, maybe.

E: Nobody caused – nobody made it – nobody made problems for you and you just – you know, everybody kind of agreed. But he was very very strict. I think he came from England.

Q: Ok

E: Yeah. And he changed the whole system.

Q: Yeah.

E: And I suppose that kind of got to her then. You know, she kind of couldn't live up..

M: You are talking about all the connections you have now in your family that were nurses

E: Mmm...

M: And that was one thing I noticed when I was being interviewed for nursing. You would always be asked did I have anybody – any relative in the profession. And I didn't. Nobody before me had gone into that and it is funny now because I trained as a nurse and two of my

sisters trained as nurses after me. And then I married into a family where my mother in law and my sister in law is a nurse. So now it is a big nursing family. I used to always feel that that was a pointer against me in the interview. I felt that they felt I didn't know what I was letting myself in for.

E: Mmmm.... Really?

M: Mmmmm.

J: Well, it was a case of just – in my time anyhow it was a job and that was it. But I – I liked the idea too of caring for people.

E: It was easier to get in, I think now, in my time, really Mary because I got, I got it now in Galway on the results of my Inter Cert.

M: Ok.

E: The Leaving Cert results weren't even out at the time.

M: Mmmm.

E: And even girls from primary school got in as well.

M: Ok.

E: But they had to do an educational exam though whereas I am not saying I was over educated but I didn't have to do the educational exam, you know?

M: Yeah.

Q: The Connacht Tribune back in the 1930's had one of the questions that I think the doctors used to in the 1930's – Doctors for Central Hospital Galway. They used to interview candidates and I think in 1930, I think there were only 6 taken in and there was something like 30 people looking for – you know – looking for a place. And one of the questions that were asked was (pause) 'a man drowned yesterday and died today.' What's wrong with that statement?

J: A man drowned?

Q: A man drowned yesterday – what's –

E: If he drowned yesterday, he was already dead.

Q: That's it!

(laughter)

Q: So, yeah.

J: A quiz.

Q: So, I mean once you decided then, ok, you're going to become nurses, how did you apply – how did you – how exactly did you go about choosing a hospital – applying – getting in?

M: Well, you didn't have the CAO so you applied directly to each hospital.

E: Mmmmm.

J: Yeah.

M: So you spent your time writing letters in your best handwriting. You didn't type anything and even your CV. My CV would have been handwritten when I applied for nursing.

E: There was no such thing as a CV in our time at all.

M: Right. Did you just write to the hospital?

E: I just wrote to the hospital – yeah. And then I think we probably got a letter and from then I suppose I just filled out the form.

M: You got an application form – that's right.

E: Yeah, that was the usual.

E: And then we had to pay a fee. Now the fee was only £30 then, which would be – you could pay £10, you were £10 for each year.

Q: Ok.

E: You didn't have to pay down the £30 – which was a lot of money in those years, I am telling you. So you would pay the £10.

M: And what was the fee for?

E: Am... they had to pay a fee in all the Dublin hospitals as well, you know. The Mater and Vincents and Jervis Street and all those that were on the go when I was in Dublin then, yeah.

Q: Training fee.

E: Training fee was the – the hospitals were governed by County Councils – I mean it was the Galway County Council – yeah.

M: Yeah.

E: There was no such thing as the Western Health Board or whatever it is now.

Q: That's right.

E: Galway County Council then.

M: And then when we did midwifery training in Galway, if you were 'regional trained' as they said, you were automatically offered an application for midwifery in Galway.

E: Oh yeah.

M: And they took in -

2 conversations going on here at once. One between E and J and one between Q and M.

J: (to E) Did you do your midwifery?

E: No, I never did it, no.

M: (to Q) And they took in – 13 of them would be regional trained and 2 of them would be permanent staff nurses from the Western Health Board area.

E: Mmmm.

Q: And what sort of – what would the application form then be like? Just kind of name, address.....?

E: Name, address I suppose your age and am... I suppose parents occupation and – basic really, you know, very basic yes.

M: Like a basic CV.

J: A good character.

E: Yes.

M: Getting basic kind of information, your inter cert results and your leaving cert results.

J: Well, if they know – a lot of it was to do with your parents – who they were and what they were. But –

E: Mmmm.... That's right, yeah (pause). It was very different then to now, there is no doubt about that.

J: Mmm. People now aren't taking up nursing that much – unsociable hours they say now. You had to do the night work and you had to do weekends and whatever.

Q: How did you set about applying to England then?

J: I was looking after 2 children first. My sister was in Bristol and she was coming home to get married and I went back. I was very young at the time...

(Interruption – cup of tea) But... from there ... I went into.... We went... the war broke out then and we went up to Edinburgh – the parents and their children and I applied for Edinburgh and I got it.

Q: Very good because, just kind of, from interviewing other ladies who would have gone abroad to train in England, very often they relied on, kind of, people to help find them a hospital. Do you know what I mean?

J: I know, yeah. A lot of them did in that, just that. You applied directly to the hospital and you either got rejected or taken in or whatever. I suppose the same here. You applied to plenty of places and you just hoped for the best.

M: Yes, you applied for a place in individual hospitals.

Q: And did you – did ye have to do an interview?

E: We did, we did.

J: I did

E: I did

Q: Do ye remember anything about it?

E: Well, I suppose why did you want to become a nurse, I suppose was the most thing they'd ask you.

M: That's right.

E: Then of course, in Galway, you see, we had to have a bit of a knowledge of Irish because we had a lot of Connemara patients.

M: That's right, you know.

E: I will always think of – when Leanne was out in the Gaelteacht you know, this year and Dr. Piggot was asking how she was getting on because their young fella was out as well, you know, and like, we used to – I mean they – they're, you know, not as backward – if backward is the word to use now as they were then because they do learn English now. But in those years, they would come in there and they wouldn't have a word of English, but anyway this poor man came in anyway and his wife was in the maternity having a baby and of course the first thing you ask a patient when they come in looking for somebody is what's the patients' problem and if it is surgical, well you go up to the surgical ward. If it is medical, you go – 'tis that she can't see the ground' and of course the nurse directed him to the eye and ear as it was then. And he said 'oh no, no, no, it is that she can't see the ground.' And it was then it registered – she goes – the woman was pregnant, fully pregnant, like, you know. Such a way to kind of describe....

Q: Describe it – yeah.

E: You know, yeah. But really, they usen't have a word of English. We used to have the, the basics in Irish as well, that time, you know, yeah.

J: When they used to go back to London, the men, all big, big heavy strong men and the hair would be coming out here and all Aran jumpers on them and (both W and P talking together – couldn't decipher) Not much English. I heard them. A lot of them emigrated, sure..... (pause)

Q: So once you were accepted, what did you have to do then?.... Presumably, ye...

The nurses home.

E: You would have the usual medical, in my time. You would have the x ray...

M: The medical – that's right.

E: I remember heading off to Galway in the bus for the medical....

M: Dr Joyce did my medical in Galway

E: Did he? Really... did he?

M: Yeah he was the appointed doctor. I went to Merlin Park then for my chest X ray. And then you got a list. I had to go to North Great Georges Street in Dublin to buy my uniform (interruptions) you had to had to have a certain supply going in. And then you got another list when you went in and you bought the rest of it at the Nurses Station in Dominick Street in Galway. Its gone now ...

J:... There was names on them all....

E: We bought them but we got them through the hospital in my time.

M: Yeah, well I remember buying the two uniforms.

E: Yeah, yeah.

M: That is what I was asked to buy. And then I think maybe the veils came with them. We wore veils initially. Like the renaissance, you know.

E: We wore veils as well.

M: But I remember going to the nurses station then for my shoes and my watch and ... we started with 2 uniforms and then the hospital paid for the other 4 uniforms. We had to have that much coming in ourselves.

Q: So there was an actual dedicated shop in Galway for nurses.

M: There was – yeah. And that’s not there now.

E: Ryans used to do it one time.

M: Ryans did nurses uniforms – yeah.

J: And what about the one in Dominick Street?

M: That was called the nurses station and that was set up by 2 nurses, I think. They did uniforms and then they ran a service checking blood pressure. You could walk in off the street and have your blood pressure checked... for a pound.

E: A pound... did you wear a white coats, Mary or did you wear a dress and an apron?

M: Am... no... we wore a white dress.

E: A white dress

M: Yeah... and we had a navy gabardine coat which we wore if we were on show for the St. Patrick’s day parade or if we were going to Merlin Park and if it was a wet day, you couldn’t walk between the units in your uniform. You had to wear your coat, but the cloak – the girls that came before us wore cloaks. The girls that were older. And we wore a veil and white shoes. And we were – I remember the very first day that we had our first lecture, the tutor gave us a lecture on personal hygiene – told ua how we were to have our hair, you know, it all had to go back under your veil with your big bald forehead on display. We were told to wear white underwear under your uniform – we were actually told this.

E: Really? Oh God!

M: You were told you could grow your nails for your day off, you know and not to have any polish or anything like that.

E: And jewellery.

M: No jewellery. You could have a wedding band if you were married, you know. Very few students were married at that stage and you could have a pair of studs or sleepers and your shoes had to be immaculate and you would be pulled up for very little on your uniform.

E: Oh yeah

M: I remember a time, the junior doctors used to have their hair down and they'd be taking their blood and their hair would be like a tent around their patients arm and the nurses would have their hair back like this (demonstrates). You know, maybe if you had a curly fringe you might have a curl down but not if you met some. We had a nun called Sr. D_ and she would kill you if she caught any of your hair down. But I – I used to – at one stage I used to think 'were student nurses the only people to carry infection, you know', you had to be so well groomed, you know.

E: Yeah

J: Oh, the doctors could do with that!

M: But the tutors – they would never say a word to a doctor.

E: To a doctor.

M: But they would pull us up and if they caught any of our colleagues with jewellery, they would confiscate it and you mightn't ever get it back. So I never thought it was worth it, to have anything confiscated.

Break for tea.

Q: Does that sound familiar to any of ye?

J: Yeah. I think it was mostly the same in everyplace.

E: I think we didn't wear jewellery. We hadn't the price of it anyway in my time. We might have the ears pierced alright and wear sleepers you know but we wore black stockings and black shoes as well, you know. Then when you were trained, you could wear the coloured – now they weren't tights – they were just up to here – everybody had to wear suspenders in those times, you know – yeah.

J: Yeah. (Pause)

M: When we were training, we wore veils. And that distinguished us from the staff nurses who wore hats.

E: Hats, that's right.

M: And the sisters of the ward, they used to wear a veil also, but they were dressed in navy.

E: Mmm.

J: Yeah.

M: And then when we trained –

E: And white collars.

M: White collars – when you were doing student midwife, then, we had our white staff nurses uniform and we wore the white hat but we wore a yellow band.

J: Oh yes.

M: Across to distinguish us.

E: Distinguish –

M: Because now when you go into a hospital, you don't really know the students from the staff.

E: They wear a stripey –

M: They do, they wear –

E: They wear a blue stripey – kind of a stripey top.

M: The student midwives wear a qualified nurses' uniform. You don't actually know they are student midwives unless you read their identification.

E: Yeah.

J: That's another thing- you do have to have your identification.

M: Yeah – wear your identification, yeah.

E: There was none of that, like in my time at all.No.

J: If you had your badge –

E: Every hospital employee has to have their identification from the bottom up to the top.

M: Yeah, that's right. And your identification is barcoded so a lot of the doors are electronically locked and you use your bar code to access different areas – people access the car park now.

E: Oh, I see – its all new, yeah.

Q: So, first year, then, of general nurse training. What was that like- did ye have to do any –

J: Oh, bedpans!

Q: PTS – like did ye have any sort of classroom experience first before going on the wards or-

J: No, no.

E: We went into the hospital today and we were out in the ward tomorrow. Wasn't it terrible?

M: That was terrible.

E: We didn't know a bedpan – and you know the men, they use the urinals, they use them – they're called bottles. The men – the men would be asking for a bottle. You didn't know in the name of God what a bottle was, you'd maybe go and get a – (pause) – a glass bottle or something.

J: I know, yeah.

M: We had 12 weeks tuition before we – which was only 3 months which was very little. But at least we had that.

E: But we did a lot of domestic work really, you know, in our first year, I suppose really. We had to dust the lockers and dust the tops of the beds and all.

M: You had to do the floors, didn't ye, Phil?

E: We did, yeah.

M: Skirting boards and that.

E: Yeah, yeah, we had and wash the chairs out in the bath and things like that every so often, yeah.

J: And the patients, you had to see to, set them up for meals and wash them.

M: Feed them.

J: And bed baths then and all that sort of thing in the first year – bed pans and everything like that.

Q: And sputum mugs.

E: Oh yeah

J: Yeah

M: Oh, they were horrible, I hated them. (P W and W talking together) We had sputum cartons, they were disposable, but you still had to look at the sputum. You had to inspect the sputum every morning.

J and E: Yeah.

M: But at least we could dispose of it and we never had to wash out anything when I –

E: And like, there were very little rubber gloves in those times. Sure, rubber gloves were only used in theatres as far as I know, you know?

M: Even when I started, you would be reprimanded for opening gloves for waste. I remember one day doing this lady's oral hygiene. She had a number of medical problems. She was like a vegetable in the bed really but when – I remember taking a huge plug of mucus out from the back of her throat. Her mouth was all dry and when I came back after my day off, she had

been diagnosed with TB. And I had been handling her mouth and her secretions with my bare hands. So I thought after that I am going to open the gloves no matter who kills me.

E: Yeah, yeah.

M: You know, I thought it was better than picking up the disease.

J: Oh yeah.

(pause)

Q: So what was your PTS like then, can you remember anything much about it or?

M: Well, even though we had 12 weeks tuition, it was very strict when you went out on the wards. You were just thrown in and people would shout at you to do things and you wouldn't know what you were supposed to be doing, you know. And the doctors were treated like gods. There is much more equality now today in the hospitals but they got away with murder. They walked all over everybody and they expected to be treated like that.

E: And some of the medical students were equally as – in my time – were equally as –

J: Oh, they were.

E: They were a step above everybody else.

Q: Does that (pause) can you identify with what she said there with regard to the doctors.

E: Oh, yeah, yeah.

J: The doctors now were Ok in England. I suppose it's like – they'd have students along after them, trailing along after them everywhere.

E: Mmmm.

Q: Ok, and did you have to like open the door and stand up and let them in.

J: Oh no, they'd just open their own door.

E: We were expected to do that alright.

M: When they would come on a ward round in the morning, if you had your bed bathing trolley on the long ward, for certain consultants, you had to remove the trolley even though you might only have the patient half washed. You had to take everything out when certain consultants –

J: Oh that's true. It all has to be cleaned.

M: And you couldn't – you were betwixt and between then. You couldn't go back in the ward to finish your work and you couldn't be seen to be hanging around doing nothing. That was one thing when you were a nurse. You had to look as if you were occupied all of the time.

E: Oh yeah – as if you were busy all of the time.

M: You had to look like you were busy for all of the time. And God help you if you weren't. If you had the wrath of the sister down on top of you.

E: I mean, in my time - it might have been different in your time Mary - but in my time the sisters were real oul' – I wont say it! (laughs)

J: Oul' stagers.

E: Oh, they really were.

M: And some of the senior staff nurses were very hard to work under.

E: Could be, yeah – I mean there was one particular student nurse that was only in, I think about 6 months before me. Well, I mean, when I didn't leave the hospital then, and I will never leave, she was – she gave me an absolutely horrible – I don't know what – she probably got a set on me. She was from Spiddal, as we used to say backside Spiddal. But anyway. You'd always get your own back, wont you? To make a long story short, she got pneumonia and she was out. When you got pneumonia back then, like, you were out for nearly a year or – no – it was pleurisy she got.

M: Ok, yeah

E; So she was off for nearly a year. So I passed her out then and I worked with her again.

M: Ok, right.

J: You were longer.

E: And I got my own back, I did, yeah.

M: You were senior, yes.

J: They'd be 6 months your senior.

E: Yes, yes, yeah.

M: You became very astute in judging personalities.

E: Mmm.

M: You know, if you ran out of something, rather than saying – this stock is depleted, can I go to another ward to borrow something? You would sneak up the fire escape and you mightn't even ask anybody for it on the next ward, you might just take it.

J: ... take it.

M: I remember going one day stealing a pillow off a bed upstairs for somebody. You were doing it for the patient, you know.

E: Yes... yes, I know.

M: And it was easier to be at the bedside of a patient. They were the nicest to you really, you know? If you met a senior student who was nice to you and good to teach you, well you latched on to her and you looked out for her and you stayed with her as much as possible and you stayed away from anyone that was going to break your heart, you know?

E: Yeah.

Q: And was this just kind of down to personalities?

J: Yeah, I'd say a lot of it was.

Q: Was it just people – you know like when you have got a huge organisation and a lot of people working together – like you are probably going to have one or two people that won't get along – was it something like that or was it?

M: There was a lot of hidden bullying tactics.

J: I'd say there was a lot of that everywhere.

E: There was.

M: And if you showed any kind of assertiveness at all, they took you down a peg or two and put you in your place and who did you think you were and lots of that attitude.

E: Mmm.. and in front of visitors just to reduce you another little bit.

M: Yes.

E: Or in front of the When the senior doctor would come in there was J _S_ from Oughterard, sure – and she would always find something to say to you when the doctors would come in – just to make you feel small. But to me, that was downright ignorance.

M: Yeah.

E: I mean, I always adopted the attitude that I would never be hard on anybody – that I would try to help everybody. I would think of my own day as a greenhorn, you know?

J: Yeah.

E: There would be times like when you might have to lose your cool alright, like, you know?

J: I'll tell you, a lot of students are very green too when they come in.

E: Oh, they are of course.

J: And I mean they'd just start from scratch.

E: Yeah, well I mean they'd have to be dished out in the wards the very next day after going in and I mean you knew nothing. You'd hardly put on your uniform properly.

J: Yeah.

M: You learned by – you learned so much from a book

J: Yeah

M: And things you had to study for your exams but a lot of things you learned by observation, you know.

E: Mmmm.

M: I mean you developed your bedside manner from observation.

E: Yes.

M: And your skill of dealing with awkward patients because I mean you couldn't give out to anybody or correct anybody, you know the patient is always right, you know? So you just – you developed a knack of dealing with – (interrupted) self consciously.

E: And in my time, the bed had to be tidy, regardless of the patients comfort.

J: Ok, it didn't matter.

E: And if there was a bed an inch further out than the other –

J: Oh, what!

E: You would be told off – you know when the beds would be pulled out you'd be behind them and the domestics – if they didn't shove them back properly. If there was a bed a little further out than the next one, you were told – the student nurse was told off and the beds had to be tidy. I mean now there is no notice taken.

J: And the corner of the bed.

E: The corner of the bed, yeah and visitors were not allowed to sit on the bed.

J: And the pillows had to be just so.

M: I remember when we started –

J: ... It didn't matter about the patients...

M: - we had this book and we used to have to count the thermometers on the ward every morning.

J: Oh, really?

M: And we logged them –

E: Yes

M: And if there was a thermometer broken – they were the mercury and glass – there would be war.

E: Mmm.

M: You had to count the water jugs and count the glasses and the home sister A- N- from the nurses home, she used to come and do her own count. And if there wasn't holy water in the holy water font as you entered the ward, there would be war, you know? She would – she would wreak havoc on the first student nurse that she'd meet. She wouldn't say anything to the staff nurses. I remember one of my friends one day – the 4 bedded – the best patients were always nearest the door and the sickest patients were always near the nurses station and that's the way it is today. So A- N- came on the ward round and said there had better be holy water in that when I come out after my round so this girl from K- Co. M- A- C-, she ran into the fourth bed and she grabbed a jug of water – drinking water for the patients locker and she ran out and she filled the holy water and A- N- blessed herself as she passed.

(laughter)

M: And the two of us watched this from the alcove to see if it had worked, you know? So you did lots of harmless things like that.

E: You had a lot of fun, you know really.

M: In order to survive.

E: I remember –

J: And not get told off.

E: You know, in my time, hygiene, like, was very – not like now, you know. You saw a lot of patients like with – you know – there would be a lot of vermin in their clothes.

M: Right.

E: But this poor creature came in from Connemara, Mary, and they had to go up for fumigation. But you didn't send boots or shoes because they'd shrink to nothing, you know. But of course, this poor little student nurse sent off the boots, those big brown boots, you know. And when she got them back, they wouldn't be the size of the jug. So what she had to do was she knew a soldier in Renmore and at that time, a soldier used to wear brown boots. So she went out to Renmore. She got a pair of boots but she got them a size too small. And the day the poor man was going home, she was trying to squeeze and squeeze into the shoes. Like you know, you would have all that kind of craic as well, you know.

M: I remember you'd have to brush the patients dentures.

E and J: Oh, that's right.

M: Every day. It was essential. But some poor student... We were told about this story in class before we went out and we were warned it wasn't to happen again. That some student nurse collected all the dentures on the long ward. There were 25 beds on the long ward and of course.

J: (Laughter) – Oh Lord!

M: And of course, probably the 25 patients had dentures in those days, you know if it was a male medical or female medical where you would have elderly patients on the ward. So she put 25 sets of dentures in a basin and she washed them with the one toothbrush and the one tube of toothpaste. And then she didn't know whose dentures were whose when it came to giving them back.

(laughter)

E: Something like that happened when I was in Ennis as well, when I was in it as well, you know? There was just the one locker between the 2 patients, you see and one patient died and

the woman next to her had dentures as well and I suppose the container – maybe the one was over here and vice versa, you know. So the wrong teeth were put into the corpse. So when she discovered – when the nurse discovered her mistake, down she went into the mortuary and pulled them out of the corpse.

M: Out of the body.

(laughter)

M: It wouldn't happen in any other job,

J: Oh, you know.

M: In Galway, there would be some older staff nurses – there was one male staff nurse. Now he loved to play tricks on the new people coming in. Because you would come on the ward from PTS and you are so serious and you want to do the best you can and you want to make an impression. And you don't know the name of anything, you know, everything is new to you.

E: Oh yes.

M: You didn't know the name of illnesses, tablets or equipment. So he said to one of the students one day, you know she was telling me. He said to go up to St. Gerard's ward for a long stand. So she – And he rang up to say I'm sending up one of the students for a long stand. So the other staff nurse upstairs said wait there and I'll get you a long stand, you know. So the student is waiting and waiting and she is peppery because she knows she has been gone for a long time. So anyway, she catches up with the staff nurse again and she says I really need to get that long stand because I have to get down to where I am working. So the staff nurse says well, are you standing long enough now – long stand you know?

(laughter)

M: So they used to say – like, we used to warn each other then, like watch out for this one, you know? He sent somebody to the ward the other day to borrow – if supplies were short, you would be sent to borrow, so he sent this nurse to borrow some Bowman's capsules. So she thought a Bowman's capsule is like maybe a cod liver oil capsule or something. But a Bowman's capsule is actually part of the anatomy of the kidney, you see but it didn't register with her or maybe they hadn't studied this particular anatomy at the time, you know.

E: The fallopian tubes now was the go...

J: (laughs)

M: The fallopian tubes – that went on as well.

E: Upstairs for the fallopian tubes.

Q: Skyhooks.

(laughter)

Q: Can you remember your first day on the ward?

(pause)

Q: Anybody?

E: I can't.

M: Mmm.

J: I can't. It's so long ago. It's so long ago now but you were very green.

E: - female surgery – patients coming back from surgery and you are more frightened than anything else really. When you see patients coming back from theatre and they're out for the count, like and maybe vomiting after the anaesthetic and all that kind of thing, you know and you really feel like running – as fast as you could, you know, you really are afraid. It is all so new and I mean you are only 18 years like, you know. And it is all so new to you, you know? But it is so long ago since my time.....

M: I remember being sent to St. Enda's ward and it was a male medical floor, you know and all the patients were eighty plus and nobody in their eighties, you know, were in a good condition. People's health seems to be much better today, you know.

E: Yeah.

M: And I hated was dealing with incontinence – fecal incontinence. You didn't have nappies and you didn't have gloves. So you were using all these disposable incontinence sheets and draw sheets.

E: Draw sheets, yeah.

M: You were shown how to make a bed with a draw sheet so you wouldn't have to strip the whole bed but dealing with incontinent men, you know, the smell and just cleaning somebody like that and – I found that very difficult at the beginning.

E: The patient's dignity and all in that time.

J: You were shown how to roll them and –

M: And because a lot of them were quite heavy then.

J: I suppose.

M: Maybe sixteen stone men, so you might need four people. We didn't have a hoist and the equipment they have today. So you'd have the ward attendant which was usually male on those wards. So myself who would have been the student nurse at the time and then maybe a staff nurse or two staff nurses. So there might be three or four people around this man and he'd be totally exposed you know, you'd keep him covered a certain amount but you had to

wash him, you know. So again as you said E..., you were only 18 and were dealing with all of this. It was a lot to take in.

E: Yeah, there was a lot to take in and you would feel like running, wouldn't you? As fast as you could.

J: Yeah, but sure, the smell and everything, you had to cope with it. (Pause) and bedsores.

M: Bedsores – it's not as bad today but bedsores in those days...you could take your bottle of 7 up and shove it into a bedsore into the very end – they were that – they were so bad.

J: So bad – and that wasn't supposed to happen.

M: No, it wasn't. And some of them would have been so bad they would be necrotic and again the smell out of those.

J: I know, yeah.

E: They got gangrenous, didn't they?

M: Gangrenous, yeah, they were absolutely terrible.

E: Because most patients if they are able at all, they're sitting out in chairs now.

M: That's right.

J: Which is a good thing.

M: But nutrition is much better now as well.

E: Oh, it is.

J: It has a lot to do with it.

M: And if they can't eat now, there is all these nutritious drinks and supplements. They're referred to the dietician and their skin doesn't seem to break down as quickly as it used to.

J: Well if you keep on turning them one side to the other.

M: And of course there are special mattresses now you know the airbeds and that kind of thing. We didn't have those rings.

J: Rings – rubber rings.

M: With the cover on.

E: There was an A- R- from Loughrea. You might have known her – Dr. I – R-.

M: Yes.

E: Her sister was a sister in Galway, you know. And she always described a patient by their problem – if somebody had something on their hand – when she'd be dishing out – 'that's for the man with the hand, that's for the man with the leg, that's for the man with the face and that's for the man with the eye', you know. That's how she would describe the patient, you know somebody on small dinner. And it was beef and peas every day for years – I couldn't look at beef or peas.

Q: The nurses had to eat?

E: We got the same thing – yeah – on Sunday we got chicken which was a great treat then.

Q: You got the same thing as the patients?

E: We did, yeah. Beef and peas every day and I just couldn't look at beef for years.

M: And do you remember the porridge in the mornings? You had to line up, because the sister dished out the food.

E: Yeah.

M: And you had to tell her what diet was required by the men. You had a ward with 35 patients on it so you had to know everybody's name and diagnosis. That was the some list. You were off for 2 days then – learning off the list on the coffee break, you know.

J: And proper diet.

M: You were lined up then, you had to know who was next on the four bed for dinner and were they a cardiac diet, were they a low fat diet, you know. You had to say Mr. So and So – cardiac diet or Mr So and So low fat diet, day 3, post coliotomy or day 5 – you would hardly be feeding them on day 3 in those days. And then, they dished the porridge out every morning like that and the breakfast was easy because it didn't matter – everybody got porridge. And to this day, I never eat porridge unless I made it myself – it would just be sloped up into the bowls.

E: It was nice when I was in Merlin than when I was in the regional. I mean the food is totally different now.

J: Oh, it is a lot better.

E: I mean you'd look forward to a meal in both places, you know.

Q: When ye didn't have any PTS classroom training before going into the ward, when did ye start learning? I know ye mentioned that ye were initially doing domestic stuff – when did they decide to teach you? You probably had lectures?

J: Yeah, of course we had a tutor.

E: A sister tutor, yeah.

J: And so many parts of the day, or whatever, you would have to go down.

E: If you were off in the afternoon, you would have it in the afternoon – during the time off or if you were off at 6 as we were at that time – every second day. You'd be off 3 to 6 one day and off at 6 then the next day. Then kind of every second day, you know. But there was an afternoon class and an evening class you know. God, if you missed out on your class or if you were seen going out the town – I am telling you – you'd nearly, you'd nearly get the stick (laughs), you know? (laughs)

M: It wouldn't be worth it.

Q: So what were those lectures like? Were they generally Ok or –

E: You wouldn't understand – medical terms, you know, you wouldn't understand it.

Phone rings.

M: You had house exams. To me, it was almost like secondary school because you had house exams at Christmas and Easter and –

E: We didn't have that at all, now.

J: No, funnily enough.

Q: Did ye have an exam at the end of first year or anything?

E: Not really, no.

M: Did ye have registration, part 1 at the end of first year or anything?

E: No, we didn't. We – the prelim was the first examination.

M: I did the prelim.

E: The sister tutor, like would be asking you questions at the study as we used to call it then. She would have the big box of bones there and the skeleton. She would pick up the bone 'put a name on that' – more or less – this, that and the other and all the other organs as well, you know.

Interruption

E: There was one on the surgical ward and one on the medical and the surgical ward was up on top and the medical ward was down lower. And if you got an enquiry then for a patient in the surgical ward for somebody to see them, you had to be running up and down the stairs because I mean, the lifts – you would be waiting the – you know. It was all leg work up and down the stairs. It was all running and racing up and down.

Q: Do ye know of any people of your set that mightn't have made it. That might have dropped out?

E and J : Oh, yeah.

J: That girl in the photo – she didn't do the exam. She didn't get the exam.

M: Yeah.

J: She dropped out, She got married of course after –

E: Do you know who was one of my crowd, now was G_ C_. B_ C_ 's G_. She lives in there, you know in there by the Tech. She was one of my crowd as well.

Q: Really?

E: Same year, yes.

J: Where – in Galway is it?

E: Yes, we trained in Galway together. She was originally from Ballinrobe, yeah. S- M- I-. She'd be junior to me, now.

M: Oh, S -?

E: Yes, she was junior to me. S_ M_ I_. About 2 years younger than me, I suppose.

M: And what about S – F-, C- F-'s mother?

E: No, she wasn't there in my time. Did she train in Galway?

M: She trained in Galway. She'd be sister of A- F-.

E: Her sister, J – T-. They were T-'s weren't they? Her sister J – was junior to me.

J: And S – D-.

E: No, she wasn't in the Regional – she was in Merlin but she wasn't in the old Central.

J: Oh, was she not?

E: And another thing, if a patient came in at any time, but mostly during the night for surgery, the first thing before you even called a doctor – the first thing you had to do was call the chaplain. It was the thing to have confession before you went to theatre.

M: Yeah.

E: This poor little student nurse, when the patient came in and had to go to theatre and of course she rang the priest. He lived down opposite the university. He didn't live in the hospital in those times, and sure when the priest came in, he discovered the patient had had confession and the priest wasn't at all pleased. This was 2 o'clock in the morning now you know, but now –

J: Oh, I suppose that was the case then.

E: That was the way then. The confession was more important than getting the senior doctor, you know.

M: But the chaplain still has a big part to play in the hospital. He goes to the ward.

E: He is coming to Gort, now isn't he?

M: He is, yeah.

(discussion of current priest)

M: He would do his rounds and would have an anointing list. I'm sure they still have it.

Pause

Q: M, you mentioned earlier that you participated in the parade on St Patrick's day.

M: (Pause.) Yeah, the hospital was represented.

E: Corpus Christi we did.

M: Yeah,

E: Corpus Christi procession on the Thursday always. It started – where did it start at all? Of course, the cathedral that is there now wasn't there in my time, you know. Where did we start? (Pause.) We started at St. Mary's college and we finished up in the square.

Q: And did you do St Patrick's day?

E: No, we didn't do St Patrick's day. We went out in the uniforms.

M: We did St. Patrick's day and whoever would be off in the nurses home, a group of them would have to get together –

J: You would be in your uniform then.

M: You would be in your full uniform with your gabardine coat. And I remember one year, the home sister rounded up cloaks because she didn't like the idea of the gabardine coat, even though it is very respectable –

End of Side One.

E: ...Layabouts around the Salmon Weir Bridge, you know. 'Nurse! Give me a bedpan, nurse!'

M: Yeah, shouting at you.

E: Yes.

J: It was great fun.

E: It was good old fun, we had good days as well as bad days, I suppose.

J: You had your own friends.

Q: What was your second year like then?

E: We were smarter by that time.

M: More competent

E: You could give out to whoever would be junior to you. You were a little bit cocky.

J: Well, I suppose you seen to treatment and drugs and things like that.

M: You would be given more responsibility.

J: A little more advanced.

Q: And I think you had blue belts at that time or had you a change in uniform?

E: No, prelim was two years and a half I think in my time. Roughly about that. Then you got your blue belt and then you thought you were great, you know, yeah.

Q: So what was your uniform like then in second year?

E: It was much the same.

J: Well, we had the same caps, you know – the ones out like this and a badge – whatever – it was St Andrew’s in Scotland.

E: But you didn’t have a badge as a student nurse, did you?

J: No.

E: We didn’t either.

M: You had to be qualified.

J: Yeah. We just got the blue belt when we did our prelim – provided you passed our prelim.

M: We didn’t get anything at all to say we passed ours.

E: Did you not?

M: No, same uniform.

E: But you got a little bit more responsibility. How to do dressings and we used to give out tablets as well you know, yeah.

M: Yeah, you’d give them out with a staff nurse.

E: And you could be in charge. And I remember being in charge on night duty and I only had my blue belt. Blue belts we’d be called. The junior nurse. Which was a huge responsibility really.

M: A huge responsibility.

E: You know

J: Well, it was quieter at night, I suppose.

M: But you still had 35 patients.

E: And in the surgical ward, somebody could come in for an operation and you had to cope with all that.

M: You would be busy.

E: And then if there was a theatre there, you see, there would be the theatre nurse and the student nurse, and woe betide if you handed the wrong instrument. Well, you wouldn’t be scrubbed up as we used to call it then, but you would be the only one there. The runner, we were called, you know? And you had no one to fall back on, you know? Where as in the day time, you would have 3 or 4 nurses there you know. There would be the staff nurse and the theatre nurse and there would be a senior nurse. But on night duty, if you were called to theatre there was just the nurse that was attending the surgeon and yourself. You were the runner. You were on your own then.

M: You couldn’t go into the sterile field, you had to know where everything was.

Q: And what was night duty like for you? Was it much the same?

J: It was much the same. There wasn’t many staff on night duty.

E: No.

J: You had more responsibility. But then I think it was quieter – or you'd expect it to be quieter.

Q: It must have been hard to stay awake around four or five o'clock in the morning.

E: You would be so busy that you wouldn't even think about sleep.

J: About 3 or 4 in the morning, you would feel really tired.

M: Three to five are the worst hours.

E: Life began then at 5 o'clock in the morning really. Five o'clock in the morning.

M: You would have to go around to each patient and see to their drips and empty their catheters. And in the older days you had to have the patients sitting up in their beds for their breakfast in the mornings and open all the curtains in the ward. Whereas nowadays, you can just write in your report 'sleeping, left undisturbed' and that would be acceptable. But in 1986, if you wrote 'sleeping, left undisturbed' you would be landed down in Matron's office.

E; Oh, really?

M: You had to go down and wake up everybody –

E: We didn't have curtains. We had those screens you pull along in the old hospital. But I always remember on the first Friday, all the patients received on the first Friday. And we had to have the beds made and the priest wouldn't come in until about half nine or ten o'clock. Everybody had to be ready.

M: Washed and ready.

E: Yeah. He didn't come until about half nine, you know. Patients up and awake at that hour of the morning, you know, yeah. But you had to do it. All that had to be done for the day staff would come on.

W: It was all right for the patients. They could sleep.

J: And the beds had to be made and tidied.

Q: Are there any wards that stand out in your mind as being....

E: Awkward?

Q: Memorable? Kind of that you really remember.

E: There was an old place now in the hospital, you know. It was skin cases and rash and – it was called the zoo. I don't know why – the zoo! It was in the back of the old hospital, you know, yeah and the fever – that is the ambulance place now, isn't it?

M: Yeah, that was the old fever.

E: So when the night sister would be doing her rounds, you see if the students were cadging around for food and if they saw her coming, they'd run down to the fever. I remember one

day, one nun anyway and she having a sweeping brush and she after the students, you know – they were always starving, the medical students. A certain amount would be on at night and they would be going around cadging for to – we used to have our meals, our tea on the ward. We didn't go to the kitchen at all or the dining room at all. We had to do our own – make our own. There was a basket of food and then you would go on night duty and make your own food if you had time. There were many nights we didn't have time.

Q: You had to cook your own food?

E: We had, yeah, yeah.

Q: My goodness

E: Yeah.

M: We brought ours on night duty. Now during the day, we would go to the canteen. You would have a half an hour for lunch in those days and 10 minutes for breakfast and it was a strict 10 minutes for breakfast.

E: Yeah, like nursing, if you were 1 minute late, like, you could be told off.

M: You could be reprimanded.

E: You know, and isn't it funny, time always stayed with me and I mean –

M: Me too, yeah.

E: At home, they would laugh at me and John would say to me, why don't you go the night before – like in case you'd be late do you know? And I'd go cracked if I was waiting for anybody.

J: Yeah.

M: Punctuality was very –

E: Oh yeah and if you were one minute late – as a matter of fact, in my time, even in Dublin, when I was more the thing to be 10 minutes before the time and have your report taken for the day staff or vice versa for the night staff, you know. That was the done thing.

M: And then medications that were due at certain times, I remember nebulisers would be due at 12 midday and at 6 o' clock and you couldn't give them a minute before. Everything had to be on the dot and medication given at certain times, they had to be on the dot at that time.

E: And the time, kind of you know – being punctual always stays with you.

J+M: Yes.

Q: Was there ever any time where if a ward was extra busy and you were due to go off duty but you couldn't -

J+E: Oh yeah.

E: When I was in Dublin, if I got paid for all the tea times I missed out on.

J+M: Yeah.

E: You know, the evening tea. If you were –

J: You just grabbed it.

E: You went up to write the report, like and when you should be at your tea. You would get no thanks for it, I might add, but at the same time, you did it because you felt you had to do it, you know.

M: Yeah, it was a duty.

E: Oh yeah, certainly.

M: If there wasn't someone there to take over from you.

J: You would have to stay put.

M: Say you were surplus staff on the ward, say you were a pool nurse. And pool nurses would be allocated to different areas in the hospital, maybe to special a very sick patient – because I remember specialing a very sick patient and I was meant to be off at two o'clock. We had split shifts at that time. You would go off at two and you'd come back at half five. And there was nobody to relieve me at 2 o'clock. And I had to wait until somebody was allocated from the office. So then of course, you get wise. You start ringing a half an hour earlier to see who's coming...

E: Yeah.

M: ... To replace you but then you mightn't always ring depending which assistant matron was in the office because you might get the nose bitten off yourself for doing that, you know. But because the punctuality is drilled into you and you have to be at work at a certain time and you are punctual about it. It gets very irritating when people keep you waiting. I get very irritated if I have to wait.

E: Yeah.

M: Because you never kept anybody waiting while you were at work, you know. You skipped your dinner or you skipped your tea in order to see that something was done.

E: Something had to be done right and you wouldn't go off duty and leave something undone.

J: No, no.

M: It was more the norm to be late going off duty than to be early going off duty.

E: That's right.

M: - going off duty.

Q: What about the people who taught you – like sister tutors – whatever – what were they like?

J: Oooh, some very good and some battleaxes – I call her. (pause) Some of them were alright.

Q: Would there have been some that might have been a bit strict but at the same time fair?

E: Oh the lady we had A-, I remember her well, if you gave the wrong answer, she would say ‘it’s easily known you’re from the country anyway! You’re very countryish.’ That type of thing, yeah. Put down straight away. But against all that, I suppose she was good really, you know. But I think you always get a set for people that are kind of authority, don’t you anyway? The Matron was known as ‘the big one’ (laughs) But she was a big person – big nun anyway.

M: Right, ok.

J: Oh, was it run by nuns then?

E: Oh yeah.

M: I actually had good tutors now, they were very progressive and they’re still there today in the Department of Nursing at NUI, Galway. And they would have gone on to do – I remember two of them going to Dublin to do a degree, when a degree in nursing was unheard of.

E: That’s right, yeah.

M: And they used to get the mail train from Galway at 4.30 or 5.30 in the morning and we were all amazed but we couldn’t see the light at the end of the tunnel as to why – but we can see it now, you know. I don’t – I am one of the old certificate people. I feel there should be an amnesty in degrees. That they should hand them out to us now after all our years of experience. But they went to Dublin and you know they could see what was coming. I mean we were always working. Maybe they had more time for studying and sussing things out. But they secured their jobs for today by doing their degree at that time.

J: That was the time –

M: This was about 1989. They would have trained in Galway themselves and worked on the wards and then you could do a tutors’ course in Dublin at that time. It was a year long. So they did their tutors’ course and they got jobs tutoring in nursing in Galway and then they had the foresight to go and do the degree and they are affiliated with NUI Galway today.

E: The whole thing is totally different.

Q: What can you say about the people that taught you? Your hospital – it wasn’t managed by nuns.

J: No.

Q: It was just lay people.

J: Some of them just as strict as they mentioned here. Some of them were good and more of them weren't.

Q: And was there any kind of special conditions after the war? Can you remember anything in particular about that particular time that might have affected nursing or anything – like rationing still continued –

J: Oh yes, well there was rationing of course but I mean, they got their allocations – that was it. You just had to put up with it and do without it – if you didn't.

E: Yeah, we got our allocation of sugar as well now when we were in Galway. And sure we got porridge in the morning and sure you'd lash the sugar in the porridge. And that's how I got out of sugar in the tea because I had no sugar. I never touched sugar since that I suppose.

J: Well meat and everything was rationed in England –

E: - yeah and I think our butter was rationed as well as far as I know.

J: - a little book.

Q: Did ye – speaking of little books – did ye have a book that ye had to carry around with you and when you became competent to do something you'd get the ward sister to tick to say that

–

E: We didn't have that.

J: No, no.

M: We had it in midwifery.

E: What?

M: We had a little book.

Q: A book with duties, we'll say – listed like –

J: You'd put down the cases you'd attended and they'd correct them then or not.

M: We had an evaluation list. When we went on the ward, there was a certain amount of objectives that you were meant to be your aims and objectives. You were meant to achieve and you had to achieve these during your allocation and the ward sister would fill your evaluation sheet. That's why you were always wary of the ward sister because you knew you were at the mercy at the stroke of her pen at the end of the day. And if she didn't like you, you might not get a good evaluation, even if you were good at what you did, you know. And then, when we went to midwifery, we had a book like what you were talking about and you had to log your deliveries and you know, take care of so many ante natal patients, so many post natal patients – keep a record, like.

Q: What was your third year like in general nursing?

E: You were doing your study, I suppose in your third year leading up to your final. All of your time was spent studying really, yeah.

Q: And did any of the tutors give any extra help to anybody who might have needed it?

E: Not really, no.

J: I suppose they gave extra lectures before an exam, then I suppose it was up to yourself to do it.

M: Or if you were doing - you would be evaluating old question papers from previous years.

E: That's right, yeah.

M: It was maybe like the leaving cert – they might predict a certain amount to come up you know hit and miss. So if you wanted to do extra work on your own, there might be – I remember one tutor in particular, she would say, I remember she would say 'if you want to do any extra work – if you want me to correct anything for you.' She would take it and correct it in her own time. Or they would come on the wards and you could ask them something. Or you could ask a staff nurse. If you met a nice staff nurse you could say 'well could you go over the post operative care of such a condition with me today' or whatever or 3 of us, you know. There are different times when there is a lull. The morning is always busy and then just before lunch, there is a bit of a lull. And then after lunch all the work starts again. Getting patients back to bed or whatever so during these lull periods particularly after morning time, a staff nurse might take you aside or in my time a ward sister might say to you as a staff nurse 'I want you to take the students today up to the alcove so you would be in a public area and go through a b and c with them and see who knows what.' So that was actually – I used to like that.

Q: Ok.

M: Or if you were lucky enough to be allowed to see the end of a doctors round as a student and you would be in third year and you would listen to a consultant teaching his medical students. I used to always find that very interesting and I – the consultants were very good to teach their medical students, you know. And even now today, when I am working in maternity, there is one particular professor and I always say to the students go on his round, you know on Friday morning. He teaches his medical students. And you'd learn things that you'd never learn out of a book.

Q: Yeah. Have ye anything to add to that?

E: Not – now that didn't go in my time. Student nurses didn't go on rounds with doctors. You'd have to be a blue belt to go around with the trained nurse.

M: You'd be tailing –

E: Oh, I know.

M: You wouldn't be doing anything, you'd just be observing and listening.

J: Yeah, but you would hear what was going on.

E: Did you have a verbal exam as well, Mary? You know, the box of bones and they'd pick up a bone and –

M: Yeah, we did. We had an oral exam for general and midwifery. The tutors used to take us aside and do a mock oral with you. So you had to be groomed. You went to your mock oral in your ordinary clothes but you had to be groomed because that was one of the comments the tutors made after the mock orals. She spoke about the grooming. Even though you weren't in uniform – you couldn't come in plastered in make up and jewellery. She wanted you to look a certain way. And you also had an oral for your midwifery.

E: Yeah, we had that as well. Did you take that, Winnie? An oral exam for your final and your prelim?

J: We did yeah, and the ethics and standards of the nurse. They were very keen on that.

Q: Did ye have ethics and standards of nursing? Who taught ye?

E: Well, I suppose, a lot of it was common knowledge really. You never became over familiar with the patients or you didn't discuss any patients.

J: You didn't take any money.

E: No. If there was a neighbour of mine in the hospital – you know.

M: Confidentiality and professional relationship.

E: Certainly.

J: That was left in the hospital.

E: You'd often get boxes of chocolates but you had to hide them – bring them under your coat or something.

J: Yes exactly – particular nurse.

M: But you would meet a patient now and then who would want to give you money. You couldn't accept it.

E: Oh, no, no.

M: So you'd have to say to them if you do want to give something, talk to the ward sister or get something for the ward but you'd always have to say to the patient don't feel you have to do something like this, you know.

(pause)

J: No bribery.

M: No bribery.

E: Some patients feel you've been very nice to them if you can help them out. They'd be obliged to do something – yeah.

M: Even though you'd be only doing your job.

E: That's it.

M: You wouldn't be doing anything different.

E: But some need more extra care than others especially after surgery and that kind of thing.

M: That's right. We would have ethics lectures from the hospital chaplain.

Q: Yeah. Did Bishop Browne give ethics lectures?

E: No, we never had him. We had the chaplain alright. But a lot of the – I mean, it was Father C-, he is still alive, poor man. He is in a nursing home in Oranmore. He must be over 90 now.

J: Is that right?

E: But sure – we didn't understand a lot of the big rocks of words, you know?

M: I remember our priest and he saying the soul connected to the body and what happens if they have part of their leg amputated, you know, is part of the soul there? And sure, we never thought about this before and it didn't really matter to us but he was telling us about some people if they were having an amputation. They might request to have the limb buried in the grave that they were going to be buried in and we just thought that this was very morbid but it was to make you aware of things. And I suppose you would be very aware then of issues like that you know. That any doctor who goes in to do whatever he decides to remove or take away or whatever, that the benefit is for the whole of the body, you know, that they do no wrong or whatever. And again about respecting people and looking after their dignity and that a lot of it was common sense.

E: Oh yeah, it was of course.

J: You were supposed to be a nurse and keep up a certain standard. But then ah, you know, here abortion was done here and they would object –

M: No, abortion was never done here.

Q: It was illegal in Ireland but I know that there was – I know that in England, Catholic nurses could opt out – did you have any experience like that?

J: No, I hadn't. I could never face that sort of thing but I have heard it questioned alright and you can opt out.

Q: Oh yeah, yeah.

E: We had a lot of English trained nurses in the hospital I worked in and they were often telling us that they used to walk out if there was anything like that. They were never penalised.

Q: No, it was their right.

Q: Ok. (pause) What was your social life like? Was there any facilities in the hospital or Christmas?

E: My God! We had to be in at 9 o' clock every night –

J: - decorating yourself bits of – We had a good time over the Christmas and do the least possible work you could. They let you off with a lot.

E: Well, in my time now, nobody got a day off for Christmas day. It had to be for the patients.

J: Just.

E: You know, yeah.

J: That were in.

E: Yeah.

J: But they'd sort of try and get rid of as many as they could.

E: Well anyone who wouldn't be too ill, they would let them out for a few days.

M: They'd give them a drink on Christmas day in the hospital – when you would see the alcohol coming out. I dunno – I think the doctors would leave it in and the sisters would go around with a trolley and give maybe a glass of whiskey or whatever the patients wanted. They still do that today.

J: And give the old people a bottle of Guinness.

E: The domestics in Dublin – as soon as the patients' dinner would be over, they had this old red biddy. It was this cheap wine I think and they all got plastered the maids. You could find them thrown anywhere! (laughter) I mean it was funny, when you looked back on it really. But as regards social life, we had to be in at 9 o' clock every night except 2 nights a week, you got a quarter past 11. You could be out at Seapoint, you know and we used to walk out to Seapoint. We probably wouldn't have the price of the bus anyway at that time. And you'd look at your watch at 11 o' clock and you could be dancing with a lovely fellah and have to run and leave him – talk about – talk about guerrilla you know! (laughs) But the man would be looking after you saying 'that woman is gone cracked' you know? (laughs) It was funny and you'd run in then all the way then into the hospital, so the door wouldn't be locked. If the nurses home door was locked then you'd have to go over to night sister. That was another telling off then and you'd be reported to Matron the next day.

Q: Would you not sneak in an open window or go up a fire escape or something like that?

E: Well, some two tried that one night when I was –

J: There would always be a sister in charge there too in the nurses' home.

E: But I remember sleeping on the ground floor. It was – and there was five of us – a very very big room – there were five of us and those two came – one was from Loughrea and of course she thought muggins here would be – because she knew me, you know? About 1 o’ clock, I suppose – we didn’t snore, don’t worry – but anyway, they had to go to night sister but the two of them were suspended.

J: Yeah.

E: Well, no, no, not suspended but like – got rid of – I can’t think of the word now –

Q: Expelled?

E: Expelled, I should say, yeah.

Q: Actually – from their nurse training? Everything?

E: Yeah, yeah.

Q: Bye, bye?

E: Yeah.

Q: That’s very strict.

E: If we went up on the window we would have been in trouble as well.

J: Oh yeah, you would if you were caught.

E: Yeah, that’s right.

Q: That seems fairly severe.

J: Yeah.

E: Well, rules were rules then and that was it, like.

M: There was no bending the rules.

E: Oh no, no, only there was what we call sleep outs. Sleep at home one night in the month. If I was off today now and tomorrow, I’d couldn’t sleep at home now only one night in the month, you know, then. God, I remember I used to cycle home to Loughrea.

M: From Galway?

E: From Galway. And I had to do it in an hour and a half because we didn’t have the price of a bus anyway. But the roads were quiet then. You could do it then.

M: Yeah.

E: The roads were very quiet. Not like now, you know. We got the bus back. We’d get the price of the bus at home at that time the bus conductors – ther’d be bus conductors then. They’d put the bike up on top of the bus, you know, bring the bike back again for the next time you’d be going home.

J: Yeah.

Q: Did ye have any – like – did ye have any connections with the university?

J: No, I didn't know.

Q: I kind of heard, like, that ye might have dances over in the university.

E: No, we didn't.

J: Well, it was nearby.

Q: It was nearby, you see, across the road..

E: No, we didn't.

J: Often you had your own nights and you could do what you like.

E: You see, my companion – there was the Hanger at that time where Leisureland is now, isn't there? There was the hanger there.

J: You had a dance.

E: There was a dancehall there. It's long gone now.

J: Seapoint was great.

M: You had to sign a pass if you were going out.

E: Mmm.

M: And you had to go to Matron's office. It was always made awkward because you didn't like going to the hierarchy at all.

E: Mmm.

J: Yeah.

M: It was – it was very unapproachable. It is very hard to define – say well there was an underlying theme of bullying. It was very hard to put your finger on it and say what the problem was. But matron's office was a place that you almost ran past on the way out the door. You didn't want to be near it for any reason at all. So you had to go and sign the book if you wanted to go out at night and I had a friend who dared go out, C- F-. So she would go and sign the book and then she'd say you have to come out with me. I can't go out on my own, you know, and I'd say 'I haven't signed a pass, I'll be killed! And I used to go out with her and I would be peppery for the night about getting back in. So there was a night attendant on the door of the nurses home then. She was a very nice woman and I am sure she used to turn a blind eye to a lot that went on because we used to come in and we had to sign in coming in, you see, there were two slots. Sign out and sign in so C would go and would sign her Christian name, C – and then she would say 'now, M- you sign the book.' And I would sign the surname of F- So we would, two different people would signing the one signature. And that went on all the time and that was the boldest thing that we did while we were training, you know, to – you know. It was better to do that than to sneak out without a pass altogether.

E: If ever you needed to go to the Matron in my time, there was a clock, kind of, in this particular hall way and you had to stand under the clock and if anybody saw you under the clock, they'd say 'Oh God, such a one is under the clock, they must be in trouble.'

Q: Why would people be sent to the Matron?

E: Amm... (pause)

M: Not in the right uniform.

E: Maybe for little things or if you did something wrong, I suppose, well.....

J: Well, I remember breaking a thermometer. I was sent to the Matron with it and I had to pay for it. That was the last –

M: It was terrible.

E: In my time, we had a month in the X ray department, you know and the sister of the X ray department, she was a right battle axe, you know. And when your month was up, you stood under the clock and you told the Matron, like you had your month done, you know.... (pause) So that would be one time you'd be under the clock anyway, you know. She was a real battle axe and she would try to make little of you in front of patients and everything.

J: That was a form of bullying.

E: It was, really. It was, you know.

M: It was intimidating.

E: Oh, certainly, it was.

M: Intimidating was the word.

J: I think things have advanced a lot everyway.

E: And it's all Christian names now. I mean it was nurse in our time.

M: And you addressed your colleagues as nurse.

E: That's right.

M: Say if we were working together, I'd never call you Phil or you'd never call me Mary.

E: That's right.

M: I'd say Nurse F- and you'd say Nurse M- or whatever.

E: You might be in today and called nurse tomorrow but you'd have to accept it.

M: Because you knew you didn't know enough to even call yourself nurse. You were afraid to trust yourself. But the patients would call you nurse. They'd never call you by your first name and you would call the men and women Mr this and Mrs that. When I started – well, towards the end of my training then, patients would be more familiar and they would call you by – today now, you introduce yourself to a patient. If I said ' my name is M – and I'll be looking after you during my twelve hour shift.' That is what you would say.

E: That's what they do now.

M: That's what they do.

E: And the doctors are the same now. They'll always big shake hands and tell you their name as well, you know.

M: I remember the first time a doctor introduced himself to me, by his first name to me, you know, I was on the phone. And I answered the phone on the ward and the doctor said 'Hello, this is Jack' and I said 'Jack who?' I thought it was somebody enquiring for a patient and J-M-. He was the new plastic surgeon and I – I was newly qualified when he came to Galway. He was qualified in plastics down in Cork. He worked in the burns unit and he came up to Galway. And this elderly lady had fallen into a fire at home, so he had skin grafted her arm, but she was confused, so she'd tear off her skin grafts. So he put this plaster of paris and he called it an aeroplane splint and we'd never seen anything like this before. But she was a very slight woman and the weight of the plaster kept knocking her out of the bed like this so when you are newly qualified, you're sent everywhere and anywhere for experience. So I was sent up to special this woman and this man came into the room and I thought he was her son. He was so relaxed and I said 'will you ever give me a hand to straighten her up in the bed before the round comes'? Because Mr. M- did a round every evening after his surgery. So he took off his jacket and lifted the woman up in the bed with me. And when I looked around, when the lady was fixed, he was gone. And then the next thing he came back in with a staff nurse and a book to do the rounds. And I couldn't look at him. I thought 'I am going to be in trouble' you know, that's what I thought. But you know, the relaxation sort of came around 1990. Things were- he was one of the first consultants when he would see you were newly qualified, he would say 'get the book, you can do the round with me today and the other stuff.' Nurses would be looking at you because only somebody senior would do the rounds with the consultant. You know, someone might have a word in your ear. This whipper snapper – who does she think she is, doing the rounds with the consultant. There was very – people were very territorial about their partition on the ward, weren't they?

J: Yeah, they were your senior.

M: Well, when I started in 1986, when I went to the canteen, the students sat in a specific area of the canteen. The sisters sat in another area and then the consultants had a separate dining room of their own and you never mixed. Whereas when I went to work in Merlin Park, the doctors, the nurses and the nurses' aides all sat at the one table. If you went to the canteen from your unit, all the staff from your unit whatever their calibre all sat together but it wasn't like that in the Regional at the time.

E: It was the same way in my time now. The sisters had their own separate dining rooms, trained nurses had their own section of the dining room and then the student nurses, according to seniority. The more junior you were, you sat near the door, then you moved on as time went on, you know.

Q: And what was your relationship like with the doctors? Did you know them at all? Was it separate?

J: Some were casual enough.

E: When you saw the senior doctors coming, you'd run a mile in case they'd ask you something you didn't understand, you know, when you were still a student nurse, you know.

Q: So there were 2 separate groups, then.

E: Yeah, I'd often call it – when I was in Merlin Park myself there – this doctor came. He was only just qualified. He told me he was only just in the hospital doing his first year, you know. And the poor lad, he was taking my blood and mother of God almighty, he nearly crucified me, you know. The nurses are a lot better. They just come out, when they're just qualified like, they're kind of green enough aren't they?

M: They're green.

E: They are kind of, yeah.

J: Well, there is practice shots.

E: I suppose so, yeah.

M: But some of the older consultants – we were training and we were told if you meet this consultant on the corridor, you are to say 'good morning, Mr so and so. Or 'good afternoon, Mr so and so' or 'good night, Mr So and So, whichever.

J: Oh,

M: I remember one fellow in particular and I did this religiously and never once did he ever –

E: Acknowledge you.

M: Acknowledge me or say to me. And I thought I might as well be saying it – I thought it was ignorant, really.

E: A lot of them think they're a step above you, don't they?

M: But they – then we had some new blood into the hospital as they came back from England. They'd worked abroad and you came back to Galway, you were always treated much better like that than if you were always some one who stayed in Galway.

E: Stayed in Galway.

M: And these were the people then that picked up the doctors in their bad ways, you know. Now, the doctors set up their own trolleys now, whereas in my day if there was a male to be

catheterised, the nurse had to set up the trolley. Or if there was a lumbar puncture, the nurse had to set up the trolley. Now, the doctors are setting up these trolleys themselves. If the doctor used needles or sharps as we call it, the nurses cleaned up all of that, you know. There was always a huge risk of needle stick injury in that. So these nurses who came from other places, they said ‘well, if you use sharps, you are responsible for your own sharps and you dispose of your own sharps, all equipment is here.’ So no doctor would walk away now and leave a dirty trolley for a nurse and if he did, he would be reprimanded. And now the doctors will turn around and they will say to you ‘ I have gotten rid of my sharps’ and you would say ‘ thank you’ And that’s it. And if I find that a huge change from the first day I walked into the hospital, you know, because even there is something running through my blood that feels maybe I should be still doing this. It’s the training you get, isn’t it that stays with you.

E: Yeah, it always stays with you. It does really, doesn’t it?

Q: When did you learn to administer injections?

E: I think it was our second year as far as I can remember it. You know, you did it with the – you would have a senior nurse looking over you and you would be really nervous, you know. In case you do the wrong thing or harm the patient and once you did it a few times, then you would have great confidence in yourself – you now, you felt able to cope.

J: Do you know, the doctors aren’t always the best?

E: No, no they’re not.

J: They do hurt you.

E: At taking the blood, they’re not the best either.

J: Oh no, they’re not.

E: Yeah.

(pause)

Q: Can I ask were there any of ye a member of a group like the Irish Nurses Organisation, the Irish Catholic Nurses Guild, anything like that?

E: I suppose Altranais, now in my time. That still holds, doesn’t it, Mary?

Q: It does. It –

E: An Board Altranais is the Irish – the Irish Nurses Organisation is the English – is it the English?

Q: No – the – An Board Altranais is the Nursing Board and they deal with your registration once you’re trained but the Irish Nurses Board – but the Irish Nurses Organisation is alongside as well. So –

E: It was the Board Altranais in my time. There was no INO.

J: Or the Nursing Board.

M: I'm a member of the INO for insurance purposes, you know, nursing insurance. Because everything is getting –

J: Very

M: Litigious

E: Its all insurance now.

J: I think its getting very like America. You know, the patients pull up and they are very hot about everything.

M: Everybody knows their rights anymore.

E: That's right.

M: People have access to so much more information and they're told so many – so much more by nurses and doctors that you know, before if you went into hospital – say when I started training, you would be very green as a patient. Say if you had cancer, for example, the patient would normally be the last person to know their diagnosis. Everyone would know first. Whereas now, its not like that now, youre told straight out.

J: Which is only right in a way.

E: I mean there was – there in the maternity years ago when I used to be having my own –

M: He's one of the people I was talking about when I was told to say good morning. For 2 years, I said good morning and he never answered me.

E: He'd stand at the end of the bed, like and discuss you with the house doctors and wouldn't address you at all. You were just a thing in bed, you know.

J; You were only just someone there standing.

E: Yeah, yeah.

M: Oh, that would be common practice with a lot of consultants. I'd say.

J: Oh yes, all over.

M: But then the patients were becoming more assertive as the years went by and they would demand to know certain things.

J: Of course.

M: And they didn't put up with this attitude.

E: Well if the doctor was very rude to them, they could complain as well.

M: And people got more vocal and they did start to complain and write letters of complaint to the hospital and this would have to be followed up and dealt with.

J: Oh, people are looking for compensation now. There is all – there –

E: The least little thing.

J: Yeah, so it's getting more like America.

Q: You don't remember the Irish Catholic Nurses Guild at all in England?

J: No.

Q: Because I know some – some women who trained in England would have been Catholic Nurses Guild or –

J: Yeah, well you had the option of joining that or not. I wasn't no....

Q: And in Galway, was there any such thing?

E: No, no. Well it was presumed that everyone was a Catholic really, you know.

M: That's right. It was presumed.

E: In Dublin, you had one non Catholic –

J: But you do, I mean when a patient is admitted, you have to find out what religion they are.

E: Oh yeah, yeah.

J: And what they want.

Q: So you finished your training anyway and Winnie, can I just ask you fires, what was your midwifery like? You did part one of your midwifery?

J: Yes, I did my first part and I didn't like it. But it was delivering babies with somebody else and, you know, you had to write up the chart and what's what.

(pause)

Q: Ok, and what did you not like about it or -?

J: I don't know. I just didn't like it. Probably the hospital. I just didn't like it.

Q: Yeah. I know that some English nurses who wrote memoirs they said that Queen Charlottes in London was terrible in that the nurses in Queen Charlottes, they'd bully the – in terms of bullying the new midwifery students.

J: It wasn't just that, well I suppose it was the hospital too. No, I just didn't....

Q: Yeah.

J: Yeah.

(pause)

Q: What did you (E) do when you finished training then?

E: I went to Dublin to the chest hospital to do – it was called T A – tuberculosis association. But it was tuberculosis nursing. It took 2 years to do it.

Q: Ok, what was that like?

E: Oh, that was nice. You see, everybody was equal then. Really you know, even though those who had exams done, they were no different because we were all General Nurses –

qualified in general nursing so they weren't really above us in any way. But we still had to do it – had to do our exam.

Q: And what sort of TB would that be for – that would – pulmonary TB, yeah?

E: All chest TB, yeah, yeah it was.

Q: And that was (pause) that was in – TB now is nearly unknown but what was it like back then? Were there many sick with it?

E: Am... well, we had surgery as well. Like the general length they would be would be two years, you know? As I said before, you could have a mother and a daughter, you could have two sisters, you could have a husband and a wife. I don't think we did. And only visiting twice a week – Wednesday and Sunday. Wednesday from 7 to 8 and Sunday from 2 to 4, you know? And after surgery now, they would be – but then part of the treatment then was depending on how severe their TB was, they were confined to bed completely and the end of the bed was put up on blocks. What used we call that at all, now? I can't think of the name of it at all... for a certain length of time. They weren't allowed out of bed at all. They'd steal out. I wouldn't blame them... for going to the toilet

M: Probably to drain their lungs.

E: To drain their lungs, yeah.

J: complete bed rest.

E: Complete something. I can't think of it now at all. It's gone. Then by degrees – then they were, the blocks were taken away and they were down on level ground as we'll say and then by degrees again they were allowed up, once a day, twice a day. Now that was by name, but often by nature when there would be nobody looking, they'd scoot out to the toilet, you know.

M: A protocol.

E: And then if they had surgery then, they were usually discharged after 6 months you know, if they had surgery, they were kind of on the road to near the door, if you know what I mean. They could have their ribs removed thorocoplasty, we used to call it. Lobectomy, one lobe removed, pneumorectomy, one lung removed. And you know, that kind of thing, really.

Q: You were in Dublin. Was that –

E: Phoenix park.

Q: Phoenix park. Ok, and what can you say about the people at that time? Were they fairly well off or –

E: Some of them, you know the average Dub, you know from Cabra and – which was known as little Korea. That was the name we had on them then, like. And Ballyfermot. They were

the two main – I mean there was no Ballymun. I mean Ballymun was there alright but it didn't have the name it has now or Tallaght didn't have the name it has now either, you know. But it was Ballyfermot and Cabra. They were kind of poor area then, yeah, you know. Oh, typical Dubs. Some of them would be Ok, you know. And then you see a lot of them worked in factories then as well which was of course the -

J: - Spread -

E: - picked out. I suppose there was no ventilation and no whatever and I suppose maybe – well, what about food. I mean there wasn't all the convenience food there is now, but they probably still didn't have the proper nourishment, you know, but like it was hard then when children weren't allowed in. But that was the rule and what could you do? And only visiting on a Wednesday and a Sunday?

J: Yeah.

E: Yeah.

Q: Did you find Woodlands as strict when you weren't there?

E: Well I – didn't work there – it was my aunt that worked there.

Q: Ok – sorry, yes, sorry.

E: Oh, that was very easy going.

Q: Was it?

E: Yeah, Woodlands was, yeah.

Q: They had outdoor pavilions, apparently.

E: We had two chalets in Dublin. But they had knocked them, you see. In Merlin Park there, that is the thing. If you don't know exactly what unit you want in Merlin Park, you could be going round and round and round, you know.

Q: I think when Merlin Park opened, you see, it was to serve the entire Western Region.

E: It was, It was you see, yeah.

Q: So there was people down from Roscommon, Sligo, Mayo...

E: That's right, and Galway as well. Its very scattered as well isn't it?

Q: I think Woodlands.

J: Woodlands. Was Woodlands a TB place?

E: It was, yeah. It was the old TB place.

J: In Galway?

E: In Galway years ago.

J: Before Merlin?

E: Before Merlin, yes.

Q: And then what happened was Merlin Park opened and I think most of the TB cases went up to Merlin Park.

E: Oh they did, yeah.

Q: Then bone TB were kinda left.

E: In Woodlands.

Q: In Woodlands.

E: I suppose I was gone out of Galway at that time. I can't remember that end of it now, you know. Yeah. There would have been TB knees and TB hips that time as well, you know, yeah.

M: Was there any care for ye then looking after TB patients? Were ye ever afraid you would contract the disease?

E: Well, you had your – what do you call – your...

M: The Mantoux test.

E: The Mantoux test, yeah and it depended on that then, yeah. We had to wear masks an awful lot then, you know, yeah. And gowns.

M: Right, so you were always gowned up when you were nursing the patients.

E: Yeah, making the beds and doing dressings and this, that and the other. Except for the meals. You would take off the mask and the gowns serving the patients meals, yeah.

(pause)

Q: And what did you do then after you had trained?

M: I staffed on St. Mary's medical ward. I remember I was only 2 weeks qualified when I was landed in charge of night duty, you know.

Q: In charge?

M: Yes, in a ward as a staff nurse. And then I went from there to St. Nicholas which was a male surgical. They used to do a lot of vascular surgery – amputations there. Again, I would have been rotated on to be in charge of night duty there. And then I went from there to Merlin Park and I worked in orthopaedics. And maybe the general units like unit 3 and unit 1. I spent a good bit of time on night duty in hospital which was orthopaedics.

Q: Orthopaedics is what exactly?

M: Orthopaedics is bone nursing. I suppose looking after people with fractures and hip replacements.

Interruption.

M: Midwifery in Galway because you were automatically offered and to be eligible to apply if you trained in Galway. So I spent 2 years training as a midwife and then I decided I liked midwifery more than I liked general nursing. There was no heavy lifting and there were no confused people and no body very ill as such unless you had an antenatal woman with very high blood pressure or something like that.

J: And all younger people.

M: All younger people and you know much more joyous atmosphere to be working in usually.

Q: And, like, home delivery babies – totally gone now? Everybody in hospital?

M: Well, you see, a few years ago, we had a homebirth pilot scheme from the hospital and that – you know it just ran for its term. And then they decided to apply a neonatologist and there wasn't funding there to keep it going. But a lot of people campaigned to keep it up and running. Now I didn't work on that scheme but my sister did and it was actually televised. There was a programme made on television to show the success of it, I suppose and to promote it as well. But now they have outreach clinics running antenatal from the hospital. One of those actually comes to Gort so I work on that on a Thursday morning.

Q: Very good.

M: So there are certain criteria that the patient fulfils before they come there you know because midwifery for midwives is dealing with the norm and any deviation then is handed back to the obstetrician. So we would see them and do their check up and maybe do their bloods. You would do a bit of training in phlebotomy to work out there.

J: And how do the homeworks for on. Is it very popular?

M: No, no, it is not running anymore because of funding. But it was very successful. There was no mishaps because you had to have very skilled midwives working on that team. You know my sister was one of them. She worked abroad in Australia. N and M worked on the scheme as well. It was very successful when it did run.

J: Yeah but if they have an accident they're –

M; You see, they're so well monitored that any deviation at all from – if they fall outside your list of criteria, they must be referred back to hospital because we cant take any chances with them. It worked very well.

Q: I am nearly finished now. Just one or two final questions. Do ye feel that nursing is a vocation?

E: Oh definitely. I'd say anyway. I would. I really would.

J: Yeah, caring for people and seeing them getting better. It's the satisfaction.

(pause)

Q: And what do ye mean when ye say the name vocation?

E: Well, you have to be dedicated. I mean, if you didn't like it, I mean there would be no way you could carry on you know.

J: Or if you didn't like people.

E: You know, you would come across very sad cases really, don't you.

J: Mixed emotion.

E: Patients dying young, like and trying to talk to their family and –

M: I think there isn't enough of care for the carers that you – that once you get the title nurse, whether you are qualified or not, that you are expected to be able to deal with everything no matter how much outside your scope you feel. It is – you know – young people dying or young people diagnosed with terminal cancer. And dealing with their families and you know. You are not on your own, you are part of a team. But there are times when you will be one to one with those patients and that is difficult.

J: Yeah, it is difficult.

E: Yeah, it is.

Q: Do you feel that was maybe like one of the good points of staying in a nurses home? I presume all of you had to live in a nurses' home. When you came off duty, if there was anything upsetting at least you could kind of talk about it. You know what I mean?

J: Yes.

E: Apart from that, it was economical, do you know? You were away from home and accommodation in a home is fairly expensive.

M: But you couldn't talk to anybody else about it because of confidentiality. People wouldn't understand if they didn't work in that environment. They would have no idea. Even today, people who don't work nights, they don't understand what it was like to maybe be on a night shift for 3 months or more at a time.

E: Yeah, we did 3 months in Dublin. You were out of circulation for 3 months.

M: For 3 months, yeah. We always did 3 months in the summer.

E: By the end of it, you were worn to – you know.

Q: It must have played havoc with your body clock.

E: Yeah. It is very hard to sleep during the day. Very, very hard.

M: And you lost weight on a regular basis.

E: Oh, we did.

M: Between all the walking and all the lifting and going on nights because your body clock was out of sync. And when you came off night duty then, you wake up hungry at 1 or 2 in the morning, because that was the time you were used to for going on break for your main meal of the day.

(pause)

Q: So do you think then that have things gotten better or worse for nurses?

J: They've gotten better.

E: Oh, I'd say better, definitely, you know.

Q: I mean, what has changed? Has anything actually changed? What has changed? What hasn't changed?

J: Well, you see patients getting better. They have more cures, more advance in medicine altogether. As regards operations, medicine – everything. Sure, look at TB, its nearly wiped out, thank God.

E: We very rarely had cancer in our day except the men who smoked pipes would get it on the lip. You don't hear of that now.

J: Well they don't smoke the pipe so much.

E: No they don't I suppose. All the elderly used to smoke pipes.

End of side two.

E: They really depended on you, you know? Yeah.

M: And you are dealing with very vulnerable people over the time. The sick are very vulnerable, they will tell you things that are maybe outside the histories of their chart. You know you will learn so much more about them and you feel privileged that some one would trust you to tell you these things.

J: Its not just the body.

M: Yeah.

(pause)

M: You get to know them very well.

E: You see people getting well then. You get a bit of satisfaction as well, you know you played a part in that.

M: And sometimes even if you have a patient that's turned awkward and if you have them long enough and you deal with them in the right way, you find out that it is something that's bothering them or something they are worried about and that's how they are presenting

themselves. So never mind awkward, I think there is always something going on and it might come out eventually, you know.

J: Its more psychology.

E: Some patients get very cocky and very cheeky after a while because I remember so long -

M: They're getting better.

E: They'd nearly tell you what to do, you know.

Q: They were institutionalised.

E: Yeah, break the rules if they can. All lights had to be out at 9 o' clock and of course, they'll leave them on until 9.30 and of course muggins would be told off by night sister and the lights were still on.

M: There was no smoking ban in those days. So in Merlin Park we used to go around and -

J: The toilets! (laughs)

M: We had to check all the elderly patients - men and women - to take cigarettes and matches away from them you know because there is oxygen points. All the bed linen - you would always be afraid of a fire.

J: Yeah, of course.

(pause)

E: I remember one lady anyway - a typical Dub and she had a nickname on all the nurses and I was porridge jaws anyway.

Q: What?

E: Porridge jaws. Some one else was corn beef neck! (laughs) A Dub.

M: You meet some - you meet some characters.

E: And then they would say ' go back down the country and wipe the - off your shoes. You know, because we used to call them the Jacks, you know. You give as good as you get (laughs).

Q: On the surgical ward, were there any rude males?

M: They were usually easier to nurse than women. They were easier to please, you know. But if you met an awkward man -

J: Some of them were contrary enough too.

M: They would be.

J: You could get round them. Yeah, usually.

(pause)

E: Well, you'd meet the odd one everywhere, I suppose, in every surgical ward. But there is a way of dealing with them as well. (laughs)

J: It doesn't matter what – we'll get round them. Its better than –

M: Then you meet some people with conditions over and over again. They are in and out and you would be amazed at their resilience, you know and their attitude towards life, you know. You don't feel they are doomed – they are putting the best side out and you'd wonder would you cope as well yourself if you had the same diagnosis, you know. They can keep going sometimes as much as you keep them going. Sometimes a patient will tune in. I remember when we were students, a patient would tune in that a sister or staff nurse might be down on your neck about something, you know and they'd make a comment to you. But you could never confirm the comment because you couldn't. It wouldn't be a professional thing to do but you would be very much aware that the patient was taking in what was going on in their environment.

E: A patient might say to you 'Ah, take no notice of that one.' 'She is old' or 'she is such a biddy' or whatever or 'she'd want a man' or something like that. A man! (laughter)

M: The men would be very witty like that and they wouldn't be afraid to say it.

E: Yeah.

(pause)

E: There was an old lad in Ennis when I was in it and we would be at a dance and he would say 'Well, did you meet your Garda Siochana?' You know, the Garda Siochana. 'Did you meet your Garda Siochana last night?' 'Did you go to the ceil – low (ceili). He would call it ceil – low. You meet some funny characters as well.

M: Oh you do.

Q: How did the public treat you as nurses? Like I will give you an example. There was a woman and she did her training over in London and she used to – I asked her what was there to do on her time off and she told me – like she told me that sometimes theatres would give free tickets.

J: Oh, that's right, yeah.

Q: And then a taxi man would pick her up if she was stuck or anything and bring her home.

J: Yes, and you could go out anywhere if you had your coat and hat on. The nurses and they wouldn't touch you.

Q: Really.

J: No matter – the worst areas. That –

E: We wouldn't wear the uniform out, though.

J: What?

M: But you were in the community.

J: Yeah, we were.

M: So you felt safe when you were doing –

J: Yes I was. It didn't matter where you were or how bad it was, you know. They had respect for the nurses.

E: But we used to get free passes for the Olympia theatre and for the – its gone now though – what was it at all? The Royal. I think it was called the Royal, yeah.

J: The nurses, they'd be coming from the side. I don't know if they do it now or not. Its too expensive. Oh they did. And London the same.

(pause)

Q: And there was plenty to do.

E: There was – there was always something to do.

J: Your money was the shortage.

Q: But I mean if you think of it, if you are living in a nurses' home –

J: Yes, that's it.

Q: You are getting your food and you are getting – or were you very well paid or –

J: No, we weren't .

E: No.

Q: So how did ye manage?

E: Well of course you got all your food you see and you'd go home then maybe and bring back something you know and girls that would be living..... There was a girl and she would be first cousin of – do you know T? His mother? And she would have a lovely fruit cake coming back and little chip marmalade and we would have a great feed then in the room, you know. We had no way of making tea though we used to be hungry. Now, I will admit we used to be hungry, you know, yeah.

J: But you would at that age anyways.

E: Lydon's was all the go that time. Lydon's restaurant. I mean there was none of those other restaurants at all at that time.

J: Takeaways or –

E: No, yeah. It was all Lydon House. We'd go to Lydon House for the cup of coffee and didn't they leave down a plate of lovely pastries and we would have the price of a cup of coffee.

Q: Aah – would they not...?

E: Oh no, they wouldn't. Then we'd get paid. We'd make one tear for Lydons and it was liver and chips. That was our speciality - Liver and chips (laughs).

Q: Galway must have been very different back then. Just talking about Galway city in general.

E: When I was in Galway, Galway city finished at Monanageesha. There was no Renmore or none of those houses out there and like it finished on the other side then I suppose it finished where the Hangar was. There was no more houses like there was no housing estates then. There was no Tirellan or no Knocknacarra or no..... It finished at Monanageesha coming out.

J: Yeah.

E: And like you were quite safe to walk the streets of Galway. We used to walk back from the cinema and we used to cross the Salmon Weir bridge but then you wouldn't do it on your own. There would be two or three with you, you know, yeah. And it used to be the same in Dublin. We lived out for most of the time and ...

J: Oh, you'd hardly do it now, no matter what.

E: God, you wouldn't walk around here at night, would you? On your own would you? I mean you couldn't really you know.

J: Oh things have changed like.

E: They have.

Q: And you were Ok, like walking in London, walking around the place, you know you felt safe.

J: Yeah, yeah. There was a group of us that would hang around together.

E: There would always be a few together. You would make friends with the –

J: Or unless you were going out with somebody in particular. It was great. Plenty to see and do if you had enough in your pocket.

M: People knew you were a nurse – they looked at you as if you had way more knowledge than what you actually had.

E: Probably.

M: I always felt that. Or somebody would tell you 'oh, I have this condition and I have this treatment.'

J: Yes, I know.

M: And they would expect you to know all about it but you might be working – they wouldn't understand about the different specialities and you mightn't have dealt with this for five or six years and they would tell you as if you knew everything about it. Where as today they would probably know more about it than you would yourself.

J: Just a listener they want to have.

M: Yeah, yeah.

E: Another rule that was in Galway now in my time. You weren't allowed – well a student nurse wasn't allowed to be – to go out with a medical student or a doctor or anyone who worked around the grounds. There was one particular girl – she was just a few months senior to me and she was going out with the ambulance driver. And when was found out, she was the one who was suspended and he wasn't.

M: Right.

Q: That's not fair.

E: So anyway she was suspended for 2 years. She was from county Meath. So anyway in the mean time, the ambulance driver got married to somebody else and his wife died in childbirth. So she came back again, her 2 years were up and we all presumed that the romance would start again but it didn't. But we heard that she got compensated from the Galway County Council then you see. Now I don't know whether that's true or not but she finished her training.

J: Well, you'd never know sure.

E: You know?

Q: Were there any other quirky little rules like about – like those little rules – like for example you probably couldn't go into a pub or anything like that in Galway. Well, you wouldn't at that time. It was men only.

E: We didn't have the money for one thing.

Q: Yes, yeah.

E: It was unheard of of nurses to even take a drink. Now I remember at one of the hospital staff dances, you know, it was mostly the paid nurses that went of course, naturally enough. But this nurse was seen drinking sherry and it was the talk of the hospital the next day that she was drinking sherry.

Q: Where were those dances held?

E: Am... what hotels were there then? There was an Eglinton, there was a Banba and there was a Grand Hotel. And the Warwick was always there I think, yeah. Well of course the Great Southern was always there as well. It was there for years, yeah.

Q: You obviously had to get Matrons' permission to –

E: Well the staff nurses didn't. The student nurses wouldn't have the price of those things you know. You had to have your long dress and all of that you know, yeah, for the staff nurses, yeah.

M: Yes, nurses are always very stylish. If they go – do you notice that?

Q: That's right, yeah.

M: I don't know if it comes from spending all your work time in a uniform. In a very strict uniform.

E: Well it was an old omen that nurses had always a very good taste in clothes. You always had that.

M: Yeah. Or if you went to a nurses' wedding, you know you'd want to be going all out and out with your dress and your hat. If you were just turning up, if you were invited to one of your colleagues weddings as a student.

J: You wouldn't give it to say yourself.

M: No, you wouldn't, that anyone would be better than you.

J: That's it...

E: I really have to go.

Q: That's everything anyway. Thanks to all. Thanks very much.

End.

Interview 12.

Q=Person conducting the interview =Mary Hawkins

A= Carmel N

A: There was one nurse that nursed with me. Am – well, she came into the training school a year after me. S- M-

Q: Yes, yeah.

A: You know about her.

Q: Yes, very nice.

A: Do you know who's another one, she wasn't in my group, C – oh, what's her name? B – down there, G- B-'s wife.

Q: Oh, G – B -'s wife.

A: Yeah.

Q: Oh, very nice.

A: She was nursing. Actually, I think she was a nurse with the sister of B- (pause). Yeah, yeah. J- you know, she was the youngest of the family. There was another woman now Mrs. L- I didn't know her but she nursed with J – too.

Q: Yes..... (pause)

Q: So were you actually born in Galway then?

A: No, I was born in Ballinrobe.

Q: Ballinrobe in Mayo.

A: Mayo, yes, yes.

Q: Oh yeah, what was that like?

A: It was nice, mind you. We were living in a farm, you know about a mile or a half a mile outside the town. And we used to walk to school and the school was over, I suppose two miles. You'd have to go through the town to get to the primary school. It was up a bit. And, ah it was grand living there. We had a grand childhood you know. My father and mother were working away on the farm and we were all out during the summer time doing the hay you know. We had a grand auld time. The summers were lovely too, do you know. Plenty of sun and we'd be all around with lovely cotton dresses and all this and enjoying the sun and the heat. And my mother used to love the summer and out in the fields because she said her heart you know used to get a lift.

Q: I know, yes.

A: In the sun and the fine weather and that was their holiday nearly. They never used to go abroad or go any places. All they'd do is go to Knock maybe. Knock, I suppose was sixteen miles.

Q: That was handy.

A: Yeah.

Q: That was handy. And so your parents then were farmers.

A: Yeah.

Q: Very nice. And were you the only child in your family or –

A: No, there were seven of us altogether. I was the fifth.

Q: Ok.

A: Yeah. There were five girls and two boys.

Q: And did any of your sisters go nursing or anything.

A: No, I was the only one that went – oh, they did – the sister that came after me, C-. She did mental nursing.

Q: Very good, yeah.

A: She was five years younger than me. And then of course the other girls then, they did all commercial courses. And they were doing you know shorthand at that time - they used to do as well. And they got jobs in shops and things like that.

Q: Very good. So there seems to be a good lot of options you could do, like. If you were – in choosing your career, like you had a number of things to consider.

A: Oh, you had, yes, yeah. But we had – of course they all did the commercial course now, the older sisters. I was the only one that did the Leaving Certificate. So we did it in the convent.

Q: Oh, you did it in the convent? In?

A: In Ballinrobe. I went to Secondary school there so I went – as for as the Leaving Cert. There were lay teachers there as well. We learned Latin and French and the usual things like that. And we enjoyed it too. But we used to cycle to school and a big bag of books and all that! (laughs)

Q: And what year would you have done your Leaving Cert?

A: Ah, oh (pause) was it 1948 or something? (pause) 1948 or 1949 would it be?

Q: Yeah, just roughly.

A: Yes.

Q: Yeah, so am, (pause) when you were looking then at your career, like, what sort of choices did you have or –

A: We didn't have much of a choice, you know. Just maybe – go to a store, you know. A lot of girls used to stay at home, maybe and others would go to England or America or somewhere like that. So anyway this day my mother said to me - we used to get the paper – the weekly paper – Mayo News. There was an ad in it for nursing – for student nurses and my mother said to me one day ‘ do you know’ she said ‘ you should.... am.... (pause) you know write - see would you get a place in nursing.’ And ... ah so I did anyways. And I was called for an interview very shortly after that. Do you know?

Q: Was this – was this a specific ad for the Central Hospital?

A: Oh yes, yes.

Q: Really? It was advertised in Mayo as well?

A: Yes.

Q: That's interesting.

A: Yeah. They wanted student nurses to train and so – I got the interview, so. We didn't travel by bus that time I suppose, it wouldn't be right. So we – a hackney car brought me to the old central, so.

Q: A hired car?

A: A hired car, yeah. So we had the interview. My mother went with me as well, I think – yeah. She did. So there was a few more girls there as well and their parents were with them, so the Matron interviewed us anyway, so. I think they told us that day that they'd take us on.

Q: Oh, right ok.

A: And they gave us a list of all our uniform that we had to get do you know? And the place where we would get the uniform made in Galway – Prospect Hill and all that. And they told us that we would be called such a day maybe two or three months' time.

Q: Ok.

A: To start the nursing so there we went anyway. I started – (pause) – I can't think. I think it was September or August down there. But we started anyways. But that time you know there was a nurses' home that time do you see. And we all stayed in the nurses' home that time, do you see. And we all stayed in the nurses' home. And they'd check your baggage to see had you your uniform and everything I suppose. Your watch and your shoes. So the next day we started off in the ward with everyone. (laughs) We had to get up early – about a quarter.... I think a quarter to seven and go on duty at 7 was it? No, half seven or twenty past 7. And we'd get a cup of tea just or something there if you wanted it you know. And then we started the ward. So what we used to do, I started in an emergency ward. It was an accident ward. So

student nurses that time had to take the chairs on the ward and leave them in the corridor and we would have to do damp dusting, you know.

Q: Yes.

A: Damp dusting. We'd do that anyway before breakfast and then we'd have our breakfast. There were two rounds. Nine o'clock I think and the other one was at half nine. So half the nurses went to one breakfast and the others you know, vice versa. So then we'd come back again and go to our room and tidy up and make our bed and all that. And we would get our breakfast – porridge and the usual thing. Then we'd go to the wards then again and we'd start off again making beds. The head nurses would tell us how to make a bed and – you know do the corners and everything right! (laughs)

Q: You said there that you had to do an interview. Can you remember anything much about that interview like what you might have been asked or -

A: Well I – I don't remember that much about it but it was just like who used to teach me going to school, was it the nuns or what, you know. And did I know anyone who was nursing around the area. I think there was one girl that went from the town in Ballinrobe alright that was nursing before me, yes.

Q: Central Hospital?

A: Yes.

Q: Very good.

A: Yes.

Q: Ok

A: So I suppose I got the idea – that gave me the idea.

Q: And do you know of anybody who might have to do any sort of entrance exam before going into the Central Hospital.

A: No.

Q: Because I know that up to 1943 they had to do like, a written exam as well as an interview.

A: Oh yes?

Q: Some people.

A: No, I never heard that now. I suppose the fact we had our Leaving Cert probably.

Q: Yes.

A: That was it. But I started off anyways in the accident. The first thing I was put – was the student and staff nurse brought me around and she said ‘ there is an accident case there now.’ There was a young boy. I think he fell off a ladder or something. He was a bit unconscious but he was there anyway in the bed and motionless. But I think he was alright again after that. And it was an orthopaedic ward you know and there was fractures and all that and there was –

Q: In the Central?

A: In the Central and there was a doctor there. Gerry Little. He was – oh he was a lovely man. Very good looking, tall and wavy hair and he would always come into the hospital wearing a dickey bow and well there was a staff – she was in charge. The sister in charge, she was an old sister. K- was her name and she used to get awfully – when she would meet Gerry, you know? (laughs) She would go around the wards then with him and the staff nurse then would tell him all about the patients and all this you know.

Q: Did ye have any sort of preliminary training school where you might be in a class room for about twelve weeks before going on the ward or were you just put on the ward?

A: Put on the ward red raw! (laughs)

Q: Goodness! How did you feel about that?

A: Well, you'd feel awful like and you'd feel kind of humble and you know wasn't this I have to do this you know. But you fall into it gradually because usually the senior staff would be very nice to you and all that. I suppose they would be sympathetic starting off you know. Ah, it was grand too. We had good fun you know. And – the ward then they would give you a cup of tea if you wanted it around you know the kitchen. And you could get tea there if you wanted it for your lunch, you know.

Q: Your training consisted of three years in Central and was there a year then for fever nursing?

A: Oh, three years, three and a half, yes in the training and then if you wanted to you could leave if you had your training and go elsewhere or go where ever you like. Then you could have a chance if you wanted to go do fever. But what we used to do at that time – ah yes I suppose I can't think of any other word – it was special fever nursing, you know. You wouldn't really have to do a special course but just you would have to do a month I think or six weeks there and then you could go on doing fever if you wanted to.

Q: Ok

A: There was a special little place / unit at that time.

Q: There was the fever hospital at the back.

A: Yes, that's right. And then there was another place where they used to do skin conditions.

Q: That's right. I heard about that! (laughs)

A: And the used to call it – calamine zoo! (laughs)

Q: Calamine?

A: Calamine zoo

Q: Is that after Calamine lotion?

A: Yes, yes. Because all the patients used to put on that. They had a rash. Calamine zoo pol a phúca it was called. (laughs)

Q: Calamine what?

A: Calamine Zoo pol a phúca (laughs)

Q: Pol a phúca

A: Yes, I don't know what the meanings are. Some kind of pookas – Irish word.

Q: Oh right... ok... yeah. So your training then was for three years and you did a little bit in the fever and you could then go on to do a year if you wanted to specialise in fever nursing.

A: Yes, that's it. But when I finished my general, I applied to do maternity nursing. So when we were all finished then, do you know the training, the girls with me. There was – ten of us trained together now at that time. We had to leave. There was no work for us. But the matron said to me, she kept me on. She says ' I'll keep you on till you know you start your midwifery' So I suppose I was lucky all right I did. She kept me on for a few months until I started the – In September again – the midwifery.

Q: And did you do your midwifery in Galway?

A: I did, I did.

Q: Oh right, so they started training people in – they must have started the midwifery school.

A: Oh they did – before I – a good few years – oh they used to do very well and some of them, you would see them get gold and silver medals. They were – it was a great school because they had a sister tutor there and she trained in England. Delia Casey was her name and she was a native of Headford and she was a wonderful person. She was – she was better than any doctor or any gynaecologist herself, you know. And she – the training room and she'd be lecturing us and all that. She was very good. But she'd nearly expect us to be as good as herself, do you know what I mean?

And she'd tell us all what to do and in the delivery room and babies and this, that and the other. And then she'd say – she'd give out to us as if we didn't know our stuff because she'd tell us a bit to study and do thing and then sometimes she'd kind of get into a tear. She'd say ' Well give me the blacks, give me the Africans, give me Indians, give me the Chinese, give me anybody but don't give me an Irish pupil!' (laughs) And sometimes if she had a book she'd nearly fire it at you! (laughs)

Q: Oh my goodness!

A: Yeah. She was so good herself you know she was a bit highly strung, you know I suppose. (laughs)

Q: So you started your general training then in what year?

A: Ah, it must have been 1949 –was it? (pause)

Q: Yeah, you did your leaving cert in 1948.

A: Yeah, I was eighteen.

Q: Just roughly.

A: Yeah, I was eighteen.

Q: Ok, and you were admitted then when you were eighteen years of age for nurse training.

A: Yes.

Q: And you finished your general presumably three years later which would be 1951.

A: Yes, that's right.

Q: About that. And then you did your midwifery in 1951 in Galway.

A: Yeah, three or four years. It was four years after that I really started midwifery because I suppose it was – in between, do you know.

Q: Yes, I understand. So kind of apart from what you were telling me about your mother seeing this ad in the paper, why did you choose nursing as a career?

A: Well, It was just I suppose a job to be honest. Something to do in life do you know, because nobody ever belonging to me really nursed, did any nursing. But (pause) they did other things probably do you know – restaurant manager – things like that, you see because my mother's sisters before that went to America. I suppose it was after the famine or do you know they all emigrated to America and they brought out sisters brought out – V- was the oldest one – sent the passage home, the usual thing do you know? Yeah.

Q: Yeah and like kind of when – when you got into it then you obviously – obviously you loved it.

A: Oh I did. It was - oh it was very good. We used to have, we used to join up a bit of training and then when we would come over to the nurses' home at night – you know we'd all gather in the room or rooms you know with other friends. The girls that were nursing with us and we'd always be talking about the day's happening, do you know and about what such a sister said to us , about what we did and what we didn't do, you know? And we'd have a great ould talk. We really enjoyed every bit of it do you know. It was very good. It was and girls and all. They were very intelligent girls too and they'd be telling us all their own stories and everything about that. And of course they used to have ah – some of the sisters were very strict.

Q: Really?

A: They were. Oh they were very strict on the wards they were. And ah, you know you'd have to do your stuff right, you know. They'd check up on you then. I remember one incident when I started in the theatre, do you know the operating room. Ah – do you know, the poor student nurse there would be there very mute. And she'd see the operations going on and all that, you know (laughs). And ah it was our job that time to count the sponges, you know when the patient had an operation you know. They use a sponge for wiping away the blood whatever and you'd have to count them and put the number up because I think years ago there was a sponge left in a patient and it was very serious. They got very ill or something to

that effect. I don't know did the patient live or die or what happened anyway but it got very strict about that. So anyways the sister said to them - C- was the staff nurse. Wasn't there one sponge missing and there was - I don't know if the sponge was a bit torn or it was a bit raggedy. I said I threw that in the bin do you know? (laughs) And wasn't there one sponge missing and we were all lined up and said what happened to the sponge. So I told the sister what happened. I told her that I thought it was a bit worn, I threw it in the bin. So she had to tell the sister in charge what I did with the sponge. (laughs) So she you know said what happened? So I told her. And she said 'what staff nurse is in charge there?' I said 'am... B - N-' (that was her name). 'Oh' she said 'such familiarity' she said 'the next thing you'll have going around is my name' she said. 'I might as well tell you - M- B-' M- B-! (laughs)

Q: I have seen her name in records. Yeah.

A: (laughs) Yeah, we never called them by the first name. You know, the seniors (laughs).

Q: Yeah.

A: That's it.

Q: She was what? She was a head nurse?

A: She was a head sister in the operating ward - the operating room, you know.

Q: Do you know now she trained in the Galway hospital in Prospect Hill before it closed. That's where she trained.

A: Ah I suppose she did (laughs). Yeah, I know. Sure I can still imagine her going around but she wasn't really - her bark was worse than her bite. She wasn't that bad. But I suppose I should have - I shouldn't have put the sponge in the bin, you know. (laughs) That's the way you know?

Q: Sure how were you to know, like?

A: No, no, not at all.

Q: Do you know what I mean - how were you to know, like? You weren't told or anything about it or you weren't -

A: No, no I just.... Kind of innocent (laughs).

Q: I know, yeah. So..... so like your first year then. What was that like?

A: The first year (pause)... Oh yes, we did an exam about a year and a half in the house.

Q: Was that in Dublin?

A: No, no we did it in the University in Galway.

Q: Oh.

A: Sat it there do you know and ah if you passed it then you see you'd get a blue belt. They called it so you were - you were progressing a bit. (laughs)

Q: Why? What belt did you have to start off with?

A: White.

Q: Did you have any –

A: A white belt (laughs) and then a blue belt and then you could start administering injections. They tell you how to give them and all that, do you know?

Q: So you did – after a year and a half, you did an exam.

A: Yes.

Q: And did you do any sort of prelim – was that the preliminary exam or –

A: Yeah it was. Well of course before that you'd always want to study.

Q: Yes.

A: There was a study hall and there was a nun teaching us there. She was Sr - ... I think Sr – She was a matron that time anyways.

Q: E –

A: E – was there when I started, yes.

Q: Yes.

A: And there was an assistant matron then. I cant think of her name now (pause). I think C- was her name.

Q: That rings a bell, yeah.

A: She was from – I think she was from Athenry side or that side and ah she'd be giving out to us when we wouldn't be studying right. She said 'ye all wanted to come in here' she said. 'And all belonging to ye were pulling strings and doing.... Trying to come in here and then when ye came in ye won't do your study.' She'd be giving out to us! (laughs)

Q: What did she mean about pulling strings?

A: Pulling strings to get in, do you know now?

Q: Oh right yeah.

A: To get in to do nursing, do you know what I mean? Well say – you'd – a TD or a councillor would put in a good word for you or someone.

Q: And I mean did that actually happen?

A: Well, it didn't happen with me anyways.

Q: Oh, I know but –

A: It may have happened with some of them.

Q: Did you ever hear of it?

A: What?

Q: Did you ever hear of it?

A: Oh, I did, some people, yeah, friends, you know?

Q: Yeah, I mean I saw one written record alright of where this (pause) of where the father posted in And he was blaming the post for being late. They received her application late, do you see?

A: Yes, yes.

Q: So because the application was late, they weren't going to go ahead with it, you know?

A: Yes.... Yes... I know.

Q: So this guy got the TD to kind of say would you not give the father the benefit of the doubt. It was probably a problem with the post office not – you know. So they – so like they did give this woman the benefit of the doubt, you know? But...yeah.

A: Yeah and she was giving out and she'd say 'sure and then you won't study, sure dragged up, you were.'

Q: Dragged up?

A: Dragged up.

Q: What did she mean by that?

A: (laughs) That we were dragged – reared up in some kind of funny way (laughs)

Q: So I mean, by the sounds of what you were saying, like it must have been very tough to get in, in Galway.

A: It was, I believe, yes it was.

Q: Well, I have seen myself like from written records there was about 104 people trying to get in for 6 places at one time in 1940.

A: Oh, yes.

Q: It's an awful lot like, you know?

A: It was. I suppose there were no jobs or work anyplace.

Q: But I just kinda thought that during the war years, they'd be all off in England and they would have found it very difficult to get anybody to nurse. But no, it was the opposite that was the – true – that was true. They had loads of people.

A: Oh, they had.

Q: You know like, seems like my records only come as far as 1941, but... like it seems as if it was tough enough to get in.

A: Oh it was very hard to get in, yeah. Yeah I know.

Q: Do you know what I mean, but at the same time like if you had the Leaving Cert, you were sorted. Do you know?

A: Yes.

Q: Even like as early as 1940 – you know?

A: Yes, yes that's right.

Q: Because I know there was an entrance exam before –

A: Before our time – there probably was.

Q: You know they actually had to sit down – they had to do exams in Irish, oral Irish, English, History, Geography, Maths. They had to do all those exams, you know?

A: Yes, it was as bad as the Leaving Cert, I know, yes.

Q: But yeah, that's definitely interesting... You were saying that the nuns used to give out to ye a bit?

A: Well, they used to give out to all of the girls like but I suppose we'd only laugh it off like if we go – when we were finished, you know.

Q: So there'd be nobody really upset.

A: Ah no, there wouldn't really. No. It was just in one ear and out the other, do you know?

(laughs) We were a great bunch of girls and we'd be all in the house and (we'd) talk about it and laugh it off and that was it.

Q: So, there was – nobody felt like they were bullied or anything like that or –

A: No animosity or anything like that, no.

Q: That's – I mean that's good. So your first year then, you must have just started off fairly simple.

A: Yeah, we did.

Q: Domestic work and –

A: Well yes, just doing the beds and maybe Oh we did night duty then. We were only about 3 months in the house sometimes or 6. You'd have to put on night duty for about – am – 6 weeks.

Q: So you were put on night duty in first year?

A: Oh we were, we were. About 3 months in the house you were put on night duty, I remember. And then I was up on top of the nurses' home - the top floor. And it was awful lonely up there when you'd be on night duty do you know (laughs).

Q: You – that was a place where you'd sleep during the day, was it?

A: Yes, yeah it was a dormitory. You'd sleep during the day. You'd get up at 4 o'clock, I think for the dinner then, you know. And then you'd feel awful when you'd be on night duty, getting up, trying to eat your dinner, you know? Or your lunch. It was so awful but of course to get used to it. But some girls then stayed forever on night duty.

Q: Really?

A: Yeah.

Q: Why?

A: Well, when they were trained because their lives might suit them, do you know what I mean?

Q: Yes.

A: But I wouldn't. And I never used to like it. You wouldn't feel right.

Q: I suppose you felt very tired, maybe around 4 or 5 o'clock in the morning or –

A: Oh you would, of course you would feel very tired.

Q: And I mean, was there anybody on much with you like? There would be the lady superintendent. Was there a night superintendent?

A: Oh, there was always a night superintendent. There was.

Q: And she was a nurse specifically for night duty.

A: Yeah. Some of the ward sisters would go on night duty too every so often during the year. And they used to have names on some of them. There was one nun and she was always dressed in white, do you know.

A: The nuns used to do.... And she used to come around at night and she'd come tip toes into the ward on the round to see into the kitchen with the nurses and the tea. They had a nickname on her 'Swan' they used to call her. (laughs)

Q: Swan. (laughs) That was harmless enough.

A: It was, it was.

Q: Yeah.

A: But there was one – she went into the fever hospital (laughs) came out. She went into the fever hospital this night and do you know the student doctors used to come around at night with the nurses when they'd be there, do you know. They might be talking about patients and the nurses might give them a cup of tea or something. But anyhow, they knew this – the night superintendent ... So there were 2 student doctors and.... Didn't want ... they did ... they went into a kind of wardrobe, big press. And they hid there. So anyway how ... she must have heard talking I suppose, something around. So she said to the nurses ... what did she do only she opened the press, and weren't the two doctors inside! (laughs)

Q: What did she say?

A: Oh, they got into awful trouble – the nurse you know. And I think she had – she had a brother a priest too as well. So anyway, this nurse, she was suspended anyways for three months after that.

Q: She was suspended because....

A: Suspended...

Q: Because she was talking to...

A: Because – yeah because she told her there was no one, you know in the house. She had – the student doctors hidden, do you know what I mean? It was themselves that did it. But she didn't want, you know....

Q: So it was kind of the fact that she lied?

A: Yeah, I suppose that was it like and I suppose they weren't supposed to – I suppose it would have been alright if they didn't hide like, you know (laughs) but the two – the two that- were the two student doctors. And I wouldn't mind but I knew one of them. Well, he wasn't you know – he was from around Ballinrobe. He came up to be a doctor, you know.

Q: Yeah, yeah. That seems to be – was there anybody else that kind of – can you remember anybody else kind of ... been given kind of discipline or – do you know kind of any other sort of events that might.

A: Oh there were other events too like... We will say.... Supposing... we would have two late nights in the month I think and you'd have to be in I suppose at half eleven – around half eleven I think. And the others arrive in say at ten o'clock. And we'd be able to go to Seapoint then that night.

Q: Oh, very nice.

A: (laughs) Well, we'd have to leave it a little bit to be like in at half eleven. And we'd pass in this little office here. The night porters were on duty. And P – B- was one of them anyways and he was supposed to be very nice. As you pass in. But I think ... but I think when you were passing in, he would put down your name too. And there were a few incidents that some of them, you know sneaked in or something like that. And then they reported to the Matrons' office for being out late, you know. They mightn't come in until twelve o'clock or after that and they'd be checked. They'd have to go to the Matron obviously. She'd check up on them and say 'why weren't ye in' and this, that and the other. And she could suspend them for three months.

Q: Really

A: Yeah, she could yeah. And take them back in again.

Q: I have heard stories of that in every hospital... like even women who trained in England.

A: (laughs) Yes.

Q: Dublin, you know stories of nurses trying to sneak in the bathroom window – open – up the fire escape – something like that.

A: (laughs) I know yeah. I suppose to do that in all places. I think... I think they used to try and do that too in Galway but I don't know did they get going with it because they were so secure, you know.

Q: So they couldn't.

A: I don't think they could.

Q: You know like if you had some sort of a fire escape you could...or...

A: Yes, I don't think there was anything like that, yeah. I never heard anyone really come in too like I suppose they'd take the brunt of it, you know (laughs). Suspended if you were in too late. But we used to go to the nurses' dance every year then you know, I think.

Q: Christmas?

A: Christmas, some time like that. And we'd have to dress up – beautiful, you know... evening gown, you know.... Long dress and all that. And if you had a partner, ask someone – they'd have to be in dress too you know. Black suit and dickie bows and all of this. So I remember, I think it was in the first year so I had an aunt in America and she used to send me home... she used to send us home some clothes. So she sent me home a beautiful long velvet, you know dress. And it was pink inside you know and it was all kinds of colours. It was beautiful and lovely. So I paraded before the matron. She looked, coming up at us you know in the nurses home. 'Oh that's beautiful' she says (laughs).

Q: That was a lovely thing to say.

A: It was, yeah.

Q: You know. And where was this dance held then? Would it have been in the University or –

A: No, the Great Southern in Galway that time. Do you know it was – its taken over by different people.

Q: Yes.

A: Yeah. It was a great night too. Do you know, you'd enjoy yourself.

Q: Did you have any links with the student in the University or did you ever have to do exams there or did you ever have to go over there to have dances or anything like that?

A: No, we never did, no. And we sat our exams, our prelim – our first exam and our second exam in it, do you know.

Q: Were these General Nursing Council official state exams?

A: They were.

Q: They probably would have been, yeah.

A: Yes, yes, they would.

Q: Because I know they had to travel to Dublin for those sometimes.

A: Well we had to travel to Dublin to do our...(pause)..maternity, you know. We had to sit – you know - we went to the Coombe hospital for one, do you know. And there would be a doctor there and he would ask you to stand in front of the patient and he would take that history and you would have to diagnose whether she was having a normal delivery or was it a different kind of birth or it wouldn't be coming right, do you know. And you would do the exam there.

Q: Oh right, okay. That was the Central Midwives Board exam.

A: Yeah, it must be the Board Altranais one.

Q: Ah yeah. By 1950 it was Board Altranais, yeah.

A: Yeah, something like that, yes. I was at the Coombe for one and I was at another hospital for another one now... the Rotunda.

Q: The Rotunda, yeah.

A: Yes, it was, yes.

Q: Part 2.

A: Yeah. So we passed that alright and we stayed – we had to stay up in Dublin for a few days while doing that a night or two. We used... and what the... the Castle hotel.

Q: Oh, ok.

A: Yeah.

Q: Where was that?

A: The Castle hotel? I think it was just near Grafton Street, up above somewhere. There was the National Ballroom near it, I think. But I think sometimes maybe we used to go to the ballroom for a dance for an hour or two if we had the night off, yeah. (laughs)

Q: That was nice.

A: Yeah.

Q: Yeah.

A: But this hotel, the food...oh it was awful food...(pause)...if – they get – they give everything, we'd get too much food, you know. That's the way it was that time like, do you know? (pause)

Q: And your second year, then you would kind of have more responsibility, you were saying after a year and a half...

A: Oh yes.

Q: You had your exam and you got your blue belt.

A: That's right and then you could be in charge of a ward. They'd put you in charge of a ward then maybe you know. We'll say the staff nurses would be off. She'd have 3 hours off or 2 and a half hours off. You had to take charge while she'd be away and ah – that's how you'd kind of get your experience, do you know.

Q: You had lectures by the medical staff and probably lectures by the nurse tutor as well as your ward duties.

A: That's right, we had. (pause) They used to come in lecturing us there. Dr O'Donnell used to.... The medical man.

Q: That was in the nurses' home or was that in the hospital or the lectures...

A: We used to go into the lecture hall in the nurses' home yes. Lectures and there was a skeleton there and we used to pick out and they'd be telling you all the bits and pieces – anatomy and all that, do you know – yeah.

Q: And the nurse tutor then – you'd have classes with the nurse tutor then as well.

A: Oh yes, all the time, yeah..... Take notes and you'd have to read that and she might be asking you questions and that. We had nursing books too. We had dictionaries and a big book....diseases and all that, yeah.

Q: So your third year then, that was your final year. What sort of –

A: Well, I suppose you'd be in charge of then maybe night duty and things like that. But one incident the first night I ever went to and it was in the medical ward and the staff nurse was with me you know and you'd be sitting in the little kitchen we used to call it. And you'd hear the bell ring and everything and the staff nurse used to say to me 'do the round and see are they ok and all the patients are all right' and I used to go. There were some awful big bellied patients in the ward – huge women. There was one women's ward, so what... I was awful frightened going out, you know – there was a small Awful frightened in case someone would be gone or dead. And then I remember this night, this big stout woman, she had stopped breathing. So I said 'God, what will I do with her – I'll go in and tell her' so I said ' I think such a woman has stopped breathing.' But, sure she (laughs) was dead actually.... you know that kind of way. But you'd hate it in the beginning because you were so young, you know what I mean?

Q: I think, like the sight of blood and you know even just people being sick and – I am not saying vomiting or anything but just like so many sick people and the sight of blood and –

A: Yeah. So another night then I went out and I could see there was this young patient. She was about 14... no I think... about 14 or 15 maybe it was more. Wasn't she walking up the corridor – walking up the middle of the ward. The big ward... walking up... I got an awful

fright. And so she didn't say anything. And so I went in and told her... she was actually a sleepwalker do you know (laughs), you know, yeah.

Q: I know.... Was the hospital overcrowded at that time?

A: Well not.... Well no. Sometimes there might be an emergency.... Come in and they may not have a bed. And they used to have a special place where they used to leave stretchers – stretchers... a little bed you can fold up. And you might have to take that out but ... and they used to call the place where they were stored the glory hole! The glory hole! (laughs) And they'd say 'go out to the glory hole and get the stretcher out.' The nurses having to go to get it out, put it down a ward you know, make a bed for a person. And there'd be plenty of room alright I suppose, yeah.

Q: Yeah.... So it must be great then when you did your final exams. Did you do your final exams in Galway or was it above in Dublin for your general nursing?

A: It was in Galway. I did it, as far as I know in the Uni.

Q: In the University. Sometimes, if there was a lot of candidates they'd have it down in Galway.

A: Yes, that probably was it, I suppose.

Q: And what was your uniform like then?

A: Oh, we had (pause).... Blue dress and there was kind of little white cuffs in it and white belt. Oh, first of all we started, kind of like a veil do you know and I think it changed again towards the end. It was a little cap we were wearing. And we'd wear an apron over it you see a – and we used to wear.... Student nurses used to have to wear black socks.

Q: Black socks....socks not tights?

A: Tights.... Tights.

Q: Oh yeah.

A: Tights... tights.

Q: Suspenders, maybe?

A: I suppose, suspenders at that time, yes, yes. But people actually were wearing you know the corsets. And I was in love with... it was a pity they did away with the corsets because they were a great support for people's backs.

Q: I suppose, yeah.

A: There is an awful lot of back trouble now. And I'd say if they had that, there mightn't be any back problems now, you know.

Q: And where did you get your uniform?

A: Oh, we bought it. I think Moons in Galway... the material and a woman in Prospect Hill used to make all the nurses uniforms for us. She was a lovely old woman, you know.

Q: Oh, so would Anthony Ryan's or anything like that... could you get them in Anthony Ryan's or....

A: No.

Q: At that time – no?

A: No, it was just Moons. That's where the dress – yeah.

Q: And did your uniform change then kind of as you progressed?

A: Oh, you progressed...

Q: Like was the uniform of a staff nurse different from the uniform of a first year or –

A: Oh, it was, I think – we had white coat, a white nylon coat or something.

Q: When you were training?

A: Training, yes.

Q: White sort of a uniform or –

A: Yes, a white coat I think because... a white nylon coat altogether, do you know?

Q: Ok, yeah.

A: It was a long time ago, you'd nearly forget it. (laughs)

Q: I know and....you were telling me about dances and stuff. What did you... what did you do on your time off – Christmas... or?

A: Oh yes. We used to get... first of all, when we started, we used to get a day off in the month. And we started first, the salary was very poor. It would probably just keep us in nylons. Over 2 euro or 2 pounds. That's all it was. But, ah you were asking me about...

Q: Just like what sort of ... what did you do on your time off?

A: Oh yes.

Q: Was there anything special around Christmas or... ?

A: Well on our day off now there'd be usually someone that you'd know. Some girl nursing with you on the same wards and we'd always go out for a cup of coffee in the morning. We'd go to mass maybe in the Abbey and go to the GBC for a cup of coffee and maybe a scone or something. And then we'd come in for our lunch and ... ah...oh, we used to go to a lot of pictures too, because you could be home early, you know. The Savoy cinema that time and the Town Hall.

Q: Was that out – that's kind of Eglinton Street now, isn't it?

A: Yes.

Q: Kind of around there.

A: Eglinton Street was the Savoy cinema and the Town Hall – there was pictures there – films and then there was another one out Nile Lodge – Estoria... that was...

Q: Is that out kind of around Salthill? I think it is, yeah.

A: Yeah. And on our days off, we'd have maybe three hours off during the day. We'd all maybe go for a walk and go to the walk up then to the Prom in Salthill.

Q: Yeah.

A: And leave our foot on the wall and turn again and go home. It was great. The summer time then, we could go swimming and you know all that... the sea. It was a good life around it too.

Q: There was plenty to do. What was Galway City like?

A: Oh, it was very quiet of course. There was no – there wasn't that many cars or anything like now. I remember once when we were doing midwifery, another nurse and myself had to go out to do a delivery for a patient. So I think the – it happened to be a difficult situation. We examined her so we had to go to a booth, you know a kiosk to ring the hospital to tell an ambulance to come out for a patient. So there wasn't one on the streets of Galway. Dominick Street – it was so quiet.

Q: Really? And this wasn't like Christmas day or anything?

A: No, no. It was night – middle of the night, like. It was very, very quiet, Galway. (pause)

Q: But apparently Salthill – were there dances down in Salthill or –

A: Oh there was of course – in Seapoint always. And then there was the Hangar ballroom opposite that. They used to do Céilí dancing there.

Q: Oh very nice. And was that a popular place? Was it a respectable place?

A: Oh, it was, it was. It was and they used to have very good big bands like you know. And.. oh.. Seapoint was ... we used to go to it. We used to love it, do you know? I think that time there was no body drinking at all. There was not much drink, you see.

Q: Oh, I suppose they wouldn't have much money for it really.

A: No, they wouldn't, they wouldn't really. So we'd be going around dancing and you know they'd say to you... they used to have names on the lads you know... some of them (laughs). And this lad used to say ' would you care for a soft drink' he'd say, you know (laughs) and another lad might say ' would you like a cup of coffee.' There was one lad then G-L- was his name and the manager of Seapoint.. I forget his name now what it was...He had this fella employed during the summer months the way he'd dance with the girls do you know. They'd be standing up, do you know what I mean because... (laughs)...that time. It was ladies choice that time you know and all the lads would cross over to ask you to dance do you know

(laughs). And someone else ... soft drinks there and we had names on them too you know. They were really innocent days too. They were.

Q: And did ye ... have much interaction with doctors or university students or did ye ever ... mix that much or?

A: Oh, not that much really, but the doctors used to come in and sit their exams. They used to take a patient do you know on the ward and you'd be in charge and they might they might... you know... some of the doctors mightn't be kind of sure if they'd diagnose them. We'd know all this because we'd have our chart there and you might you know tell them sometimes that such a thing was wrong. They'd be delighted to get the bit of info do you know what I mean, to get their exam.

Q: Of course, yeah. And like medical students – did ye ever go out with the medical students socially or anything like that or were they like a different group altogether or...

Q: They weren't really, no. Some of them used to go out with us. Some of them used to go out with doctors, some of the nurses and some of them might meet the medical students in Seapoint and be dancing with them. I remember there was Dr L-. He came from Mayo and he used to dance with me in Seapoint you know. And I think he was a great GAA man too again. He used to come..... they were very nice.

Q: So kind of.... Relations then between the medical staff and the nurses was fairly...

A: Oh it was yeah. It was very good, yeah it was you know and the medical staff and the nurses was fairly ok.

Q: You know and the medical staff and the nurses was fairly ok.

A: Oh grand because sometimes at night we'd give them a cup of tea and they'd sit down and chat with the nurses, while away the time.

Q: I suppose. Anything extra special for Christmas?

A: Wait 'till I see.... Oh yes.... Oh race week... the... It was always opened up – the nurses home. And you could come in any time you wanted.

Q: Really?

A: You could stay out all night (laughs) if you wanted.

Q: Race week?

A: Yeah, race week.

Q: That's unusual.

A: Yeah, it is. And every – we had to go to the races. We'd get off – we'd have to go to the races.

Q: Why?

A: We were in Galway. I suppose to support them or something.

Q: To support the....

A: To support the races or whatever.

Q: Really... so nurses of the Central Hospital could go to the races.

A: Go to the races.

Q: Had to go.

A: Had to go, well more or less had to now. It was.... You know you couldn't be hanging around when everyone was going.

Q: Wasn't that very nice.

A: It was nice really, it was.

Q: That's unusual now, you know like I never heard of anything like that in any other hospital.

A: Yeah, for the two nights, the nurses home – you could come in any time you wanted.

Q: That was very handy and they trusted ye to ...

End of Side One

Q:... Patients kinda stayed.

A: Stayed that's right. They used to try and empty the wards and things and they used to some of the nurses – oh and they used to decorate the ward and all that. But for Christmas coming up and decorations and all that for Christmas. And... ah... then they'd have a lovely meal for all the patients, you know turkey and plum pudding ... the whole lot and all that. And then the nurses have their own dinner. You'd have .. I suppose a bit of wine that day or whatever... And it was very nice. It was lovely. Some people used not go home at all. They'd love to stay there do you know (laughs) for the sport and things like that yeah (laughs). But it was good old days now... you think. We enjoyed every bit of our training. We used to have great fun and everything.

Q: I was told that you used to participate in the Corpus Christi and St. Patricks' Day parades.

A: That's... oh yeah that's true. I forgot that. We used to have to put on our uniform and go and we'd start off there I think at St. Mary's and then go all up around the town and all. I think they had a big stand in the Square.

Q: Probably, yes... yeah.

A: And back in again, yeah. (pause) It was mighty.

Q: And what was the attitude of the public in general like towards nurses? Like you know if you were out socialising like... I'll tell you now.... just give you an example. Someone who I interviewed trained in London and she said like when the taxi driver.... She was out late and she had to get back and a taxi driver actually gave her a free lift back to the nurses home, you know. Was there anything kind of like that with Galway people or if they knew you were a nurse they'd....

A: Well, if they knew you were a nurse, they'd be fairly helpful like... They were... They were very good and respectful, like towards us. It was very good, I'd say. But sometimes then do you see if you ... well say if you wanted to go to a dance like and if the dance might be on until 2 o'clock, you could stay out you know. You could check out and say well now you might go home or something and you could stay in a digs or a house in Galway you know – digs there. And there and your breakfast and stay at the dance and stay late if you wanted, you know. A lot of them used to do that too.

Q: Right. And like was that Ok like with the nuns?

A: Oh it was.

Q: Obviously, they had to know where you were staying like.

A: Well they didn't ask where I was staying but you just check out you know.

Q: OK.... Yeah.

A: They didn't ask where you were or what you were doing either – no.

Q: Really?

A: Yeah, that's right, yeah.

Q: Ok.... (pause)... were you a member of any group like the Irish Catholic Nurses Guild? I think they started in Galway in the – might be late 1950's so I don't know would you be aware of the Irish Catholic Nurses Guild?

A: No, no we weren't in that.

Q: Yeah, I think it was the late 1950's before it was organised in Galway.

A: Probably.... Yeah... must be.

Q: Because someone I was talking to ... I think she said it was the late 1950's before it was....

A: Yes.

Q: Were you a member of the Irish Nurses Organisation or anything like that?

A: Oh I think we were all in the Irish Nurses Organisation. I think we were, yes... we were. We were all members of that, that time.

Q: And do you remember any...like... outings you'd go to or anything at all?

A: All I remember we would be always going on strike, the nurses do you know. Maybe for.... Well once the matron aren't.... parading like because... maybe the food would be bad or...

Q: Really?

A: Yeah.

Q: Oh my goodness... with the reputation of matrons... you'd just be like terrified of her..?

A: Well no. I suppose there was people fairly outgoing and do you know they have to get their rights too.

Q: Ok, so what sort of things did they go to the Matron for?

A: Well I'd say they'd say that the food was very bad and do you know and all that. I think – I don't know – about wages too sometimes complaining I suppose for a rise in wages...

Q: And what was the matron like?

A: Well the old one we started with, she was lovely... she was a lovely person. She was really good. She came down the corridor one day to me and she said to me 'well, nurse' she said to me 'how are you getting on? The nursing here, do you like it?' and I said 'well yes I do matron' I said very timid you know and she said 'tell me what you don't like about it.' She said 'is it the bed pans' she'd say 'giving patients the bed pan?' But I'd say 'yes, that's right, matron.' 'Well do you know' she said 'that's the real life of it' she said 'that's the whole life of nursing' she said. (laughs) You know with the really ill patients, you know. So one day I was on duty in the babies ward.... The babies ward... the sick babies ward. You'd have 2 maybe 3 months in there Or 6 weeks. Well some of them wouldn't be awful young yet. Some of them would be 5 or 6, maybe a lot of different things wrong with them. And oh they'd be all.... I was no good really much with them and ah they'd be crying sometimes. So I was... one day the matron came in to do a round and they were all crying, I couldn't keep them quiet. She said (laughs).... 'the bells of matrimony' she said (laughs) when she saw them all crying.

Q: Oh that was nice. And then you had ward sisters, head nurses, were they all fairly ok, the senior staff?

A: I'd say I got on well with them all mostly. I did, yes. (pause) There was an old sister. She was in the out patients unit. They'd come in for dressings and things like that. We used to do 1 to 6 weeks there. H-, Sr. H- was her name. We used to call her Hessice. And she was very old and small and I think she had glasses and they were very thick and the patients would come in. 'What's your name now?' 'Where do you come from?' 'What's wrong with you?' She was saying the sane thing to every patient (laughs)

Q: And what about nurses themselves. Were any of you ever sick or do you know ... did you ever get sick or anything? Were you ever out sick with anything?

A: Yeah, I was out sick because I was in this ward and ah I don't was it second night duty and I was in this ward and it was a small section. There are 2 small wards and 1 big ward and 1 small ward. There was about I think 4 patients or 5 and they were all TB patients. And they were very... there was a lot of young lads there. It was a male ward actually and there were a lot of young patients there. And it was awful to see them you know because there was no cure for them.

Q: Was that pulmonary TB?

A: It was. The lungs, yeah.

Q: And why weren't they out in Woodlands?

A: I don't know now.

Q: Maybe Woodlands was full.

A: Maybe it was and there mightn't be room for them but I remember... oh it was terrible to see them being sick. So I must have picked up some kind of a bug or something. They did a blood test on us... so mine was up a little bit. So I got a cold and I got a pain in the back of my lung or something so I was told to go home and rest for 6 weeks. So I got no medication or nothing. So I was Ok, I came back.

Q: Yeah.

A: A lot of them used to get sick.

Q: Yeah, from what I have seen there was always somebody sick. Like month after month of long lists of nurses sick and even like some probationers actually passed away. One or two probationers did actually in the 1930's pass away but I think there was a diphtheria outbreak in the hospital.

A: I know, I suppose they picked it up.

Q: They might have picked it up or do you know something like that. Do you know of anybody that might have dropped out? Just kind of found it too tough for whatever reason... just decided not to continue? Maybe anybody that just kind of decided to get married? Because I know once you got married, you had to give up the nursing.

A: Oh yes. Well, I think they used to kind of stayed on, did they? I think they could stay on in my day. I think they could stay on in my day. I know a girl from Salthill, M-, a very good looking girl and she was always doing a line with this lad since she was very young. So she married and she was kept on anyways.

Q: Was she? Maybe temporary though.

A: Temporary, yes.

Q: That was handy.

A: It was.

Q: Because I thought you'd have to just completely give up once you got married.

A: No, no. They could bring them back, but the way it was with us too, when I got married. You couldn't....I suppose there was a shortage of jobs too. We'd have to give up our job once we got married, you know. They could come back temporary... that was it, yes.

Q: Yeah.

A: Yes, if you were... I was on the permanent staff for 2-3 years.

Q: Yeah... ok.

A: Yeah, so we had to resign I think. So that was that (laughs).

Q: How did you feel about that? Or was it fairly normal?

A: Sure I - I suppose - I suppose it was fairly normal. Everyone was doing it and it was the same way with teaching too. I think teaching.

Q: That's right...yes.

A: Teachers used to have to do that too. Yeah, I suppose we took it for granted. I suppose they had to make room for other people coming up. And sure look at the way it is now. I think since the women left the house and started putting their children in crèches and all that, it changed the world completely, didn't it? And the family unit, it did. (pause)

Q: So what was your midwifery training like?

A: Ah, it was nice.

Q: You trained in Galway.

A: We did, yeah. It was hard. We had to do night duty then do you see and sometimes I might have to be in charge like of the labour ward and there might be deliveries going on and things. And there'd be house doctors always there on duty and you'd have to know when to call them. And sometimes they might be out socialising and they might be late coming in so you might have to ring them if they were out – they'd give you a phone number. And there was one doctor, he was Dr. -, and he was a wonderful man. His father before him was Professor -. He was the son and he was very good. But ah, he used to go someplace for the odd social outing but when he'd come in, he would be better than if he... you know what I mean... if he was sober, he could do everything perfect. He was a wonderful doctor.

Q: So there was part one and part two and you were saying how you had to do part one exams in Dublin.

A: Yes.

Q: Part 2 I think was delivering on the district then because the majority of women would have their babies at home maybe at that stage or were more and more women coming in getting them delivered in hospital?

A: When I was... when I was there do you see, they were always...every hospital before I left. They began going out. I was trained at this time. I had to go out, some of them do you know. So anyhow, I know I had to go out. I was trained at this time. I had to go out with a student nurse to Shantalla to this patient, this woman. Well she used to be coming in to the clinic too. They'd have her chart and they'd know all about her but somehow she wasn't – the baby wasn't coming right. So I had to ring the hospital and we had to get her in the ambulance and the doctor... it was a tough delivery. So the matron was there the next day congratulating me that you know that I diagnosed right and everything went okay.

Q: That was good.

A: It was you know.

Q: Yeah.

A: Yeah, it was relatively new, that time you know.

Q: What was relatively new?

A: Having the babies out in the district... the women.

Q: Oh right.... Oh yeah.

A: That's it. But not... not a whole lot at that stage used to have them at home. I suppose really the truth was they used to like to come in to have a bit of a rest. (laughs)

Q: I suppose... get away from things.

A: That's it, yeah.

Q: So you...had to go out to houses in Shantalla?

Q: Yeah, yes, Shantalla. There was another...Henry Street was another place. There was a lot of families in there but I suppose it has all changed now.

Q: And... you didn't ever have to do...any part in the district hospital in Clifden or anything? You didn't have any links with that?

A: No, no.

Q: I know there was some scheme in place in the 1940's for training women from the Gaelteacht. Do you remember any students with you that might have been admitted under a scheme whereby.... This was a scheme where if you were a native Irish speaker you'd be admitted and your training would be paid for by the government and you could train to be a nurse. And then.... When you were finished training, you could go back to the Gaelteacht and do you know...

A: I know. No, that wasn't in my time, no.

Q: Or anybody? Would there be anybody... from Spiddal or any of those areas or...

A: Well, there was a girl now, a girl... she was from around that area Spiddal. She trained with us, yeah.

Q: Yeah.

A: But I didn't think there was anything like that going...I thought....

Q: No.... Did any of your training happen through Irish or anything like that?

A: Oh no.

Q: Or you didn't have to pick up a few words or anything?

A: Well no, because we used to.... Come in that time patients from Connemara and they had very little English and I was in a man's ward this time... a male ward. So this man used to come in. 'well nurse I have the bad sick, I have the bad sick' they'd be saying ' I'm winded, I have the bad sick nurse' and the poitin out. (laughs) You know, the poor elderly men from Connemara would be coming in do you know. Kind of among ourselves we knew the bad sick and the poitin out... very bad English.

Q: Poor dears

A: The poor creatures

Q: Poor dears.

Q: And did any of you.... Know how to speak Irish or to talk to them or anything like that?

A: Oh, we all did. We were all very good. We learned a lot of Irish going to school.

Q: Oh right.... Yeah. So you could talk to them.

A: Oh we could.

Q: Ok.... Yes, yes. And did you have to do any kind of lectures or teaching through Irish?

A: No, no.

Q: That was all through English.

A: Oh all through English, yes.

Q: You know what I mean.

A: Yeah.

Q: So what did you do then after you finished your midwifery?

A: Oh after I finished my midwifery then I got married then and wait till I see....

January...yes...stayed on until I got married.

Q: And you were saying then that when you got married, did you continue to work temporary or...?

A: No, I didn't. I just made a clear break because I was a good way from Galway too, yes, you know. I never went back because you know B- (husband) was farming and it was a different thing but I used to help him on the farm. 'Twas better than nursing after all that you know.

Q: Yes, of course... and just my final question then. Did... do you see nursing as a vocation..... or and if so....?

A: I would say it is a profession.

Q: It's a profession, yeah.

A: It is, yeah. Well, do you know it was a very great training. I think anyone should be a nurse because you know I think you can tackle anything when you're a nurse. Do you know you can face anything... you know problems that come, you know different situations.

Q: And as well as that like when you have children of your own.

A: It's great, sure.

Q: Its great knowledge like to have.

A: Oh, it is... it is. Ah its very good.

Q: I think that's basically everything. Thank you very much for that.

End of interview.