In January of 1944 I enlisted in the United States Cadet Nurse Corps. I had just turned 17 and was filled with patriotic zeal. I was willing to do anything to help my country in that perilous World War 2 era. I hadn't really thought about a nursing career, but I was too young to serve in any branch of the military and here was a wonderful opportunity to do my bit, receive a university scholarship and escape my boring hometown.

On a frigid January morning I left the little mining town of Ironwood, in Michigan's Upper Peninsula, and got a Greyhound Bus bound for Minneapolis and the University of Minnesota. I was filled with excitement and not a little apprehension, but I was lucky, my Minneapolis aunt was always kind to her impoverished small-town relatives. She provided me with a home away from home and an introduction to the "big city."

The U.S. Public Health Service and the Federal Security agency established the Cadet Nurse Corps, a scholarship program, to turn out needed civilian and military nursing personnel. The accelerated education program accepted only high school graduates in the top 10% of their class with the proper science prerequisites. At the U of M I joined the ranks of the nation's largest cadet corps of the time. School of Nursing director Katherine J. Densford had recruited more than 1,000 nurses for the corps, after first arguing down congress over a nursing draft.

The Cadet Corps consolidated the usual three years into two, with the final six months reserved as an elective internship in whichever specialty the student chose. We spent our first two months on campus, covering most of our basic science courses, 60 college credits!

Despite the attrition of one-third of our class in the first two quarters, we still ended up with too many students for the University Hospital to accommodate. Or class was split between three "home" hospitals, the University, Minneapolis General (now HCMC) and Miller, a private St. Paul facility that is now gone. My third of the class was assigned to Minneapolis General, although we rotated to the other two as well as to Glenn Lake Tuberculosis Sanitarium, which was near Lake Minnetonka. I especially enjoyed the stint in the pure country air of Glen.
Lake. The soft coal everyone had to use during the war was heavily polluted the city skies.

We spent much of time at General which was built in 1905. It had many additions but little updating over the years. I had never before even seen the inside of a hospital when I got my first look at the inside of this ancient structure. Imagine a teen ager being confronted with ward after ward occupied mainly by the city's oldest and most destitute patients. Fortuately most of us were too naive to realize that other places were available to house the ill. Those other hospitals offered private rooms and curtains, rather than the heavy wooden screens that we had to drag from one end of the 30-bed ward to the other. (wooden screens that frequently crashed, startling the entire ward and awakening any patient who had managed to get a little rest amid the chaos.

Because the program was accelerated to generate as many RNs as quickly as possible we had little pause for adjustment. We spent our first three months as hospital "probies" working split shifts from 7am to 10am and again from 3pm to 7pm with our classes in between. Immediately after my probationary period I was placed in charge of a small ward. I was still only 17. I will never forget the day one of the volunteers brought her intern son into the ward and introduced me as her charge nurse.

Our equipment at General was so outdated that a few years later when I went to work at brand new Mt. Sinai Hospital it took me a half an hour to extract a patient from a clip on blood pressure cuff.

At the public hospital we had no hand-crank beds, when a patient required a sitting position it took two of us to lift the mattress and insert a wooden lift. "Shock blocks" were just that: To elevate a patient's legs two people lifted the iron bed while a third person placed wooden blocks under each bed frame leg. We recycled used x-ray film into pediatric incubators, washing the film and assembling it with adhesive tape, leaving a small hole for the oxygen tube. There was no piped in oxygen, it came out of heavy green tanks that we had to push around the wards.

As in any antiquated building cockroaches were a problem. Sometimes the insects arrived in patients' clothing. Every patient received an admission bath and their clothes were promptly disinfected. I was amazed when I went to work in a private hospital and found that this was not a routine procedure.

Surgery was also very different in a hospital staffed by interns and residents. An inexperienced intern could take as long as two hours to do a D and C. I was amazed to see how quickly this was done by an experienced gynecologist.

No matter how comfortable one gets later in life it is important to know that there is another reality. I have never regretted my early experiences or my fortuitous decision to attend the University of Minnesota and to become an RN.