I've been asked to describe, as I remember them, my three years spent as a proud and grateful member of the last class of nurse cadets authorized by the U.S. Congress the summer of 1945. Hopefully my rendition will be accurate; I apologize if it is not.

I spent my senior year at Roosevelt High School in South Minneapolis in 1944-1945 preparing for a career as a 'private secretary.' However, a Cadet Nurse spoke at an assembly about the opportunity to serve my country while getting a very valuable education in a field I'd long admired: Nursing!

I was thrilled and enrolled post haste, expecting to start in September 1945. The war in Europe ended that August however, and I spent that month waiting to see if Congress would authorize that one last class. This they did, deleting only the dress civilian outfits. We were to receive room & board, duty uniforms, classes through the University of Minnesota School of Nursing, textbooks, and even 25 dollars per month for personal use (a movie then was 25 cents).

We began as a very large group of around 150 or so, and were divided into three main campuses: Minneapolis General Hospital, University Hospital, and Charles T. Miller Hospital in St. Paul. The curriculum was shortened to three years, resulting upon completion in a Registered Nurse license with the option to return for a further two years at the U of M Nursing School for a degree in 'Nursing Education' or 'Public Health Nursing.'

We knew what an opportunity we had, but we also knew there would be no second chance! It was not an easy course. We were scheduled for hospital duty from 7 a.m. -1 p.m., then classes at the U, hospital duty 4:30 - 9 pm, with one day off each week. We learned right away if nursing was right for us.

I was assigned to the Miller Campus where we experienced all the basic fields except pediatrics (which was at the University Hospital), psychiatry (which was at Minneapolis General), and communicable diseases (which was at Glen Lake TB Sanitarium). We joined the University and Minneapolis General Hospital Cadets for science classes in the auditorium at the U of M; anatomy, physiology, chemistry, biology, microbiology, and pharmacology. Miller cadets traveled there and back by bus, so we never really knew the other 2/3 of our class.

It was during these combined classes that we would be addressed by Kathryn J. Densford ('Katy J' as we respectfully called her). At the time, she was President of the American Nurses Association. She was such a lady! 'Be proud!' she insisted. 'Nursing is a great profession! The U of M School of Nursing is respected as number one in the country and you will have reciprocity as an R.N. in any state of the union without further testing!'

Miller Hospital specialized in Private Care and was known especially for eye surgery by Dr. Burch. He was Dutch and wore wooden clogs in O.R. which we could hear approaching and so be ready for his entrance. The top floor of Miller hospital had only private rooms used by V.I.P.s for treatment when ill or rest when they needed. The 'guests' were catered to, and had signs such as 'Wake me at 10, or 'I have a meeting at 11' hanging from the door knobs. On the eye surgery post operative unit time consuming duties included feeding the patients and applying and changing sterile hot packs for 15 minutes with gauze squares wrung out in a warm boric acid solution twice per shift. This was the one unit where the rubber half sheets were not used because retinal detachment patients had to remain on their backs, eyes covered with a mask, and sand bags placed on each side of their head so as not to move, with a usual recovery period of four weeks.
In Nursing Arts, we learned to change the bed linens with the patient in bed, the top sheet was to have a pleat at the bottom to relieve pressure on the toes, the bath should include a stimulating then relaxing massage, and most important, never leave the patient without phone, fresh water, and call light within reach.

We rotated to 'special' services of the hospital, i.e. obstetrics (including delivery room and nursery, where the babies were brought out to breast feed in two-tier carts partitioned to hold six babies at a time), orthopedics, clinic, operating room, and medical surgical units which were semi-private rooms with one six-bed ward. Everyone was to have morning care (hands & face washed, teeth brushed, and fresh drinking water) before breakfast followed by a complete bed bath. We had experience in all shifts; days, afternoons (pms), and nights.

It seems to me that I spent ? of my three years on night duty. There were no IVs as the resident doctor or intern had to be awakened to start one if need arose. Bed time care was a back rub, warm cotton bath blanket, and a cup of hot Ovaltine. Rounds were made at least hourly and quietly so as not to awaken anyone. Our main task was to sterilize glass syringes and instruments and sharpen metal needles. The night shift ended by passing out 'bath packs with fresh linen and wash water for 'morning care' use.

As I recall my rotation to the University Hospital Pediatric unit, I remember especially the Bright 's disease patients. They were so pale and edematous, yet so cheerful, aware, hopeful, and uncomplaining. Penicillin was just becoming available but sulfa was the treatment of choice. Massive doses were prescribed which caused varying degrees of deafness, but this was thought preferable to the alternative of no hope. Here I also had the opportunity to care for one child with diphtheria. I was on night duty assigned to 'special' him. His cubicle was kept very warm and moist which meant I had to battle to keep awake and alert for any change in his breathing.

I spent a month at Glen Lake TB Sanitarium because I had a positive Manitou test (my mother died from TB when I was young). Surgery here was performed using only local anesthesia (Novocain injection) to numb the rib cage area for entry to the lungs. The patients spent days doing arts and crafts and I still use a needlepoint pin cushion I purchased there.

It was December into January when I rotated to Minneapolis General for Psychiatry. At that time, the unit was a diagnostic one where patients were treated and released or sent to a long term care facility. We were not allowed to wear our aprons and thin straight silk black ties or carry scissors. It was the Christmas holiday season, so there were many alcoholics sobering up. One patient especially had a beautiful voice. I remember her singing 'Old Man River' while some patients sat around the table smoking the one cigarette a day they were allowed. Many had tears in their eyes when she sang 'we gets drunk and lands in jail.' The most memorable experience in the Psychiatry unit occurred when one patient thought himself to be Santa Claus. This upset another patient who took his towel and snapped the ceiling lights, shattering them. With broken glass everywhere being cleaned up, the patient in the one 'solitary' cell for violent cases (a wooden bed one foot off the floor with hands and feet restrained) yelled he had to use the urinal. He had been brought in because he was walking nude downtown in the snow. As the orderly undid one handcuff, he grabbed the urinal, knocked two of the orderly's teeth out, and proceeded to take a bite out of his own leg because 'he was hungry.' What a pandemonium it was, and one experience I will never forget.

Those extensive lessons and experiences have enabled me to enjoy a long and varied career in nursing. I spent nine years as staff nurse to assistant night supervisor at Alta Bates Hospital in Berkeley, CA; four years as a clinic nurse at the dependents clinic at the US Marine Corps Base in 29 Palms, CA; and two years as office nurse for Dr. Alan Avarick, G.P.M.D in La Crescenta, CA. I did have a hiatus from nursing while my daughter Lisa Heinemann Mirisola was growing up before realizing how much I missed hospital bedside nursing. I took a refresher course to understand current terminology for procedures and new equipment. Learning to start and maintain IVs and using a computer were major changes. My last nursing position at Glendale Memorial Hospital in Glendale, CA as a staff nurse on the medical surgical unit night shift ended after 14 years in October 1992.
The girls I spent three years with as a cadet became like family to me. So special, they remain so today. Our Miller
group of cadets had a great 50 year reunion in 1998, a smaller group in 2002 for 55 years, and with the help of the
School of Nursing & the Alumni office, Helen Aase, SuzAnn ’Nan’ Dobie Tarvin, and I celebrated an informal 60th
year reunion this August 9, 2008. I sincerely hope to see more of them in 2009 when the University of Minnesota,
School of Nursing will be celebrating its 100th year.