

## Class of 1948



### **Memories as shared by Verle (Hambleton) Waters Clark**

My class of 5-year students began our clinical at MGH Spring Quarter 1945. Known to ourselves as “Spring 45, The Best Damn Class Alive”, we were a small, tight-knit group, living on the top floor of Harrington Hall. We worked split shifts, 7 to 11 and 3:30 to 7, boy friends were in scarce supply, the cafeteria food was starchy, and when I showed up on Orthopedics with scruffy footwear, Miss Christopher got down on her knees in front of me and everybody in morning circle and polished my shoes. The two-and-a-half years at the General were intense, unforgettable, and life-changing. I wouldn’t have missed a minute of it.

To anyone of my vintage, it is both fun and interesting to talk about the wondrous changes in the years since our induction in what nurses know and do. There were times when I tried to tell nursing students tales about the olden days, but could see that I bored them. I might begin with a smile and describe how I would prepare a morphine injection by dissolving a tablet in a spoon of water brought to a boil by the flame of the alcohol lamp I had just lit and then before sucking it up in a glass syringe, I would do a magical calculation called “give over have”--but by that time their attention had left me and gone back to what they were facing in their own here-and-now.

But I think we were lucky to be learners in a time of major changes. Those last months of the war and the first months of post-war was a period when change got a jump-start. Penicillin was introduced. First we dissolved granules in saline and scurried up and down the ward giving patients injections every 3 hours around the clock, sympathizing when they complained of feeling like a pin cushion. In an effort to achieve a longer-lasting injection, penicillin was next dissolved in a waxy medium that had to be warmed in order to draw it into a syringe, then a hot four-by-four was wrapped around the syringe to keep it from congealing, and one raced down the ward to inject it i.m. in the patient’s behind before the stuff solidified again in the syringe.

At the time Dr Owen Wangenstein was changing the practice of surgery and the care of patients before and after surgery. His rounds at MGH were a grand affair. We were schooled in assembling and monitoring the Wangenstein suction. What you needed was three empty glass bottles that once held i.v. fluids, an i.v. pole and a stretch of plastic tubing. One bottle hanging on the i.v. pole was filled with water, which, when flowing downward

toward the second bottle on the floor, created suction. Said suction was transferred to the tube inserted in the patient's stomach, encouraging gastric fluids to travel outward and into the third bottle, also on the floor. We—nurses, that is--did not, of course, actually push the tube down the patient's throat, but we watched and monitored. Good thing, too. There was the time a brand new intern got a little mixed up and arranged the tubing such that the patient's stomach was slowly filling with water until a senior nursing student intervened.

Our school, my Alma Mater, the University of Minnesota, was enlightened for the times, and for me and others early seeds of feminism were sown by the way we were seen and treated. Students from a hospital diploma school affiliated at the General, and on a ward where we worked together, the affiliating student said she had been taught to stand up if she was sitting when a doctor came into the nursing station. She got no encouragement from us to continue that practice in our setting.

They say our memories never accurately recapture reality. I'm satisfied, nonetheless, that there is enough reality in my memories to content me with trying to recapture experiences that prepared me for a career that lasted 45 years, enriched me, and gave me opportunities to contribute to the education of others.