This transcript represents the nearly verbatim record of an unrehearsed interview. Please bear in mind that you are reading the spoken word rather than the written word.
This is an interview with Dawn Thatcher. The date is July 9, 1991, and our main topics are going to be Dawn's career as a Registered Nurse and her life in Montana, and I'm sure that this interview can't help but contain a lot of women's history in it, too. Dawn, you told me a little while ago that you worked at the Thornton Hospital, so that means you've been in Missoula at least a while.

We moved here - well, actually, my husband came before we were married. We met in July of 1945, when he got out of the service. Then, he came up here to go to the University of Montana. He was taking Forestry, and I was finishing my nurse's training. I had three weeks to finish over at Galen and then I came over to the Thornton Hospital in October of 1945, and started working for them in the surgery.

Can we back up now? If you were at Galen, that must have been part of your training, but where was your major...

My major training was Billings Deaconess Hospital.

Oh, I see. So are you from eastern Montana, then?

I was born in Billings, Montana.

Oh, you were!

And I went to grade-school and high-school there, and then went to Billings Deaconess.

Well, since this is supposed to include Montana history as well, had your parents lived in Billings a long time?

My mother was born in Livingston, Montana. My grandfather Milligan worked for the Northern Pacific Railroad, and my father was born in Creston[?], Iowa, but they must have come to Montana in the early - the very early - 1900's from there, because my mother met him during World War I. He was working for the Railway Express Company in Billings, and my mother went to work there when she was sixteen for the Railroad Express during World War I. That's when they met. And then they were married on her 17th birthday, in 1919.

Well, she was a young bride, wasn't she?

Very young, right.

About the same time my mother did. I think my mother was twenty and she got married in 1921. Well, did she or did they ever have any interesting tales to tell about their early life in Montana?
DT I don't remember any. The thing I remember was my grandfather Milligan homesteaded a ranch between Columbus and Reed Point, across from Springtown [?], and I can remember as a very small child going up with him to the ranch and he built three huge water-wheels during that - it must have been about a thirty-year period - trying to get water up this dry mat. It was a beautiful valley, but it was dry land.

GP Oh, it is - I know that valley. It's beautiful.

DT But he was trying to get the water from the Yellowstone River up there, and he built these water-wheels, and he did this on his days off. He worked as a conductor for the railroad - the N.P. Railroad.

GP He was a railroad man, too?

DT Yes, well, he was the one that was. He's the one - it was my mother's father that was the railroad man.

GP Oh, I see. Your mother's father was a railroad man. And he was the one who homesteaded?

DT Yes.

GP And, let's get the family name on the record, too, then.

DT Ok, my family name was Goddard, so my dad's father came from Creston, Iowa. And, like I say, I don't know how they happened to move out there. I don't know the history of that, but he was a carpenter. He built houses.

GP And that was in the Billings area, right?

DT Yes, right in Billings. In fact, I have an aunt that still lives at the original house on Broadwater Avenue that he built way back in - it must have been the '20's.

GP I see. Well, did your other grandfather get the water?

DT Yes, but never to the extent that they needed it. Then, later in the - oh, it would have to have been in the '40's, I would think - when they finally got a diesel pump, and then, that really put it up there. But, they were huge water-wheels. They looked kind of like a ferris wheel - that size.

GP Is that right?

DT That size. And the first one he built, before he ever got to use it, the river got too high that year and took it down the river.

GP Oh, my!
spread out at least a little.

DT Yes, they were well spread out.

GP Was her health good? Having all those children?

DT No, it wasn't, no.

GP How many was that? Ten?

DT There were twelve all together. Six boys and six girls.

GP That's quite a family.

DT No, she died when she was just 61.

GP Well, did she seem content having those children? Was it rough on her to have been the mother of all those children?

DT I'm sure it was rough on her, but she did seem to really love them all very much, because she only had one brother, and she always said she was going to have a large family. I don't know that she intended having THAT large a family, but she always wanted a large family.

GP Now, your father worked for the railroad, too, then?

DT He worked for the Railroad Express. It was a little bit different.

GP And how did that affect your life? Did he travel?

DT No, he didn't travel at all. He had to work - he worked six to two, and he used to walk to work from down there, too - downtown - and he'd get up at five in the morning get to work. And, then, in the afternoon, when he got home, he worked. We had a truck garden, and he worked in the garden. He was a hard worker.

GP Now, I suspect that you have some memories of the Depression. Do you?

DT Well, yes I do, except that my dad always worked, so we always had an income. But there were lots of children, and so, I can remember my mother always insisting that we had to have a good pair of shoes to start school in the Fall, and then, my dad getting so upset with her when the bills came in, because he used to charge a lot [?]. I can remember the arguments at home always over the money, and that was at that time. But, we always had food to eat and, we didn't have a lot of clothes, but, like when I went to high-school, I had two skirts and three sweaters. That was my outfit. But, nevertheless, we were much better off than a lot of people.
DT So then, the second one - I don't remember what happened to it - then, the third one, it did get water up there, but then, when the diesel pumps came along, why, it worked much more efficiently.

GP Did the family keep the land?

DT Yes, it was in my family until, oh, just a few years ago. My brother sold it.

GP So, did you visit that property quite a bit as a child?

DT Oh, yes. We did. With the grandparents on my mother's side - I was the only granddaughter for many years. And my grandmother Milligan was very crippled up with arthritis, so I stayed with them a lot just to hand things to her and stuff like this. She couldn't get around. And my granddad was gone for, sometimes, two nights at a time on the railroad. That's why he'd get a couple days off to go ranch that in between. So I stayed with them, and, as a result, I was kind of their pet or something.

GP Well, you said you went to school, then, in Billings. Are there any unusual memories that you have of your school days?

DT Well, we walked to school. We lived on Garden Avenue on the south side and we had two and a half acres down there. I can remember walking to school (the Taft School - it couldn't have been much more than a mile, I would think,) but I remember one time when I was in the 5th grade and walking home. I was going backwards down the street and there was (we had had a rain before hand) this great big puddle and I fell right smack into it, and then I had to walk the rest of the way home, which is about a half a mile more, all drenched! It was very embarrassing!

GP I can imagine! You said you had a brother?

DT I had five brothers and five sisters.

GP Oh, my! That was a big family!

DT I had one brother that was four years older than I was, and then I had a brother two years older that died, just three months before I was born. He had whooping cough.

GP He died of whooping cough? In Billings? Well, in those days there wasn't anything you could do about whooping cough.

DT No. That was 1924. And then, I was the scrub nurse for my mother when she had my youngest sister in 1944 at Deaconess Hospital.

GP Is that right? Well, with ten children, they had to be
GP You say your dad had a job. Now, with some companies, they cut back on the days of the week. Was he affected at all?

DT No, he worked full-time, all the time.

GP Well, you must have had a good-sized house to have ten children in it.

DT Now, all the children weren't there. I mean, there was such an age difference that all of us weren't there. But my older brother (that was four years older) and myself, and then, I had two brothers and then another sister, another brother that's ten years younger; and then my younger brother, Frank - all of those were down there when we lived in that house. It wasn't that large, but we had large garage that my grandfather Goddard converted into a bedroom-type of thing (a dorm) for my brothers, and the brothers all slept out there. So that worked out well.

GP Now, one thing that has arisen in my mind is: were these children all born at home? Or was this the time when some of them were born at home? Hospitals were beginning to ....

DT Right. I think that my oldest brother, the next brother, and myself were born at home, and all the rest were born in the hospital.

GP I see. Now, you say that one of your brothers died of whooping cough, but you wouldn't have remembered that.

DT No. That was three months before I was born. He was a "blue baby" (that's what mother called him) so he must have had a heart defect of some sort. And so, evidently, Harlin had the whooping cough and he didn't have any problems, but Billy didn't make it. That was probably because of his heart as much as anything.

GP Do you remember other illnesses in your family, with that many? Were there a lot of contagious diseases going around?

DT Yes! It seemed like there was something all the time. One winter I remember when we had scarlet fever and my dad was quarantined out, and he lived uptown, and I think that must have gone on for at least six weeks, and that was in the days when you were quarantined. They would bring food down for us and things like that, but you couldn't come in.

GP I remember where I lived there were big red signs that they would put on the door.

DT Yes - "CONTAGIOUS." And then, you had to be examined by the doctor before you could go back to school.

GP But, there were no after-affects from the scarlet fever?
DT No, except one of my younger brothers had problems with his eyes afterwards. He had to wear glasses. He'd never had any trouble before, so they always thought that was the cause – scarlet fever.

GP Did your mother do a lot of canning?

DT Oh, yes! And we had a truck garden, so we had all our own vegetables, and then we always bought a lot of fruit. And I can remember canning something like 300 quarts of corn – like that was nothing. We had a dirt basement (what do you call them? Oh, a cellar!) or a cellar outside, and we kept all the canned food in there, plus potatoes, onions, carrots, and stuff like that. I can remember the corn took four hours to boil in that boiler. You could boil 18 quarts at a time in the boiler. Four hours! And it was always so hot and humid in that kitchen when that was going on.

GP I can imagine! Of course, she had a lot of girls who could help her.

DT Well, actually, my next sister is 7 years younger than I am, and then, the next one is 14 years younger than I am, so, actually, she had a hired girl in the summer time that my grandfather Milligan paid for, because with my grandmother being crippled up and stuff, mother had to go up there every morning and check on her, so that helped a lot.

GP Well, when you were in high-school – first of all, were there any other things about your childhood that you'd like to recall?

DT I don't know – just that we really had a good time. I mean, we played Hide and Seek, and all the old games that we just really enjoyed. We just enjoyed life and each other. I was great growing up in a large family, it really was.

GP Then, regarding your high-school, did you know you wanted to become a nurse when you were in high-school?

DT I have wanted to be nurse from the time I can first remember. My mother had wanted to be a nurse and then she had gotten married instead, and evidently, she must have said that or something, I don't know. But, as early as I can remember, I wanted to be a nurse. I always wanted to be one, so that's what I aimed for all the time.

GP Now, you probably graduated from high-school when the Depression was ebbing. Is that correct?

DT Yes. I graduated in '42. That was after the war had started.

GP What was the condition regarding getting in to a nurse's training program at that time?
DT You had to have a recommendation from the minister of your church, and you had to have one from your family doctor, and then there had to be a — it seemed like it was [a letter from] a local businessman or someone had to recommend you for it. You had to be at least a "B" average, which is all I ever had. You couldn't be married, and you could not get married during nurse's training.

GP Age limitations?

DT No, I don't think there was, because I know... oh, you had to be at least 18. I know I was just 18 at the end of August and began training in September, but one of the girls in our class was 26. She had just started then. But most of us were just fresh out of high-school.

GP And tuition? Was there tuition?

DT Yes, there was tuition, and it was a big item in those days, because it was $100. That's all it was to start, but then you had to buy your cape and you had to buy your uniform.

GP Was that per year or total?

DT I think it was for the year, because then, they figured that after the first three months that you kind of earned your way, more or less, because that's when we worked on the floors — after your probation was through, why then, you worked part of the time on the floor.

GP Now, the war was on then — in '42. Did you ever consider, or was it possible for you to get in to the military training program?

DT Yes, the Cadet Corps started that next year, so then we didn't have to pay any tuition. And they paid us, then — I can't remember how much it was — while we were still in training. They paid the tuition, and I think we got like $20 a month or something like that. I can't remember what it was.

GP I see. And you were committed to them in a certain way....

DT If the war had still been on when we finished, we would have went into the service. But then, since I didn't finish until the end of '45 and the war was over, why, there was no commitment or obligation.

GP Was there an obligation at that time that you at least had to work as an nurse some place?

DT I don't think so. I don't know. If there was, I don't remember about it.

GP Because you were going to work as a nurse anyhow?
DT Yes.

GP Well, let's talk a little bit about your training. When you began your nurse's training, was it what you expected?

DT I don't think I really had any preconceived notions ahead of time, and so it was pretty much ... we just figured we were going to work hard, but I'd worked hard all my life and knew how to work, so it was no problem. And we had long hours. The first three months, I don't remember working on the floor. We had orientations, but we just mainly had classes then. See, we had classes along with our working all the way through because we didn't go to college, but the first three months, it was 6 hours a day of classes, and then we had our studying to do in the evenings.

GP And were those 6 hours all in the hospital, in the nurse's part of....

DT No, not all of them. We took our chemistry and I think it was psychology, and I can't remember which other ones, out at the Polytechnic Institute in Billings. We rode a bus out there for that. But all our nursing - all those things - were taught in the classroom.

GP I see. Now, I've never heard of that Polytechnic. Was that connected with Rocky at all?

DT Yes. It's Rocky Mountain. Yes, it's called Rocky Mountain Institute now, but at that time it was called "Poly." We just called it "Poly." It was Polytechnic Institute.

GP Oh, so they actually college courses, then, that you were getting?

DT Yes, we took our chemistry and psychology and whatever the requirements ...

GP Biology, or something like that?

DT Yes, or biology.

GP Physiology, I suppose?

DT Yes, and anatomy.

GP Were they special courses for nurses, or were they part....

DT No, we were in regular classrooms with regular students.

GP Were they fairly tough? I suppose [they were] fairly comprehensive, I would think.

DT They were, I think they were.
GP Well, and those courses continued into how many years of your training?

DT We had three full years there. We went all year around, and I think we had a week vacation the first summer after we had been there for a year.

GP I meant the college courses.

DT Oh, no. They just went during like the Fall quarter and the Winter quarter. Spring quarter we'd just have ... actually, we wouldn't take more than just one course a quarter, because we had all of our other courses there. After the first three months, well then we started working on the floors, so then we were working four hours a day along with our classes.

GP Now, there was quite a bit of change, if I have my fact correct, between nurse's training in the '30's (and certainly the late '20's) and expectations of nurses, too. Around 1930, nurses had to do a lot more things in the hospital - in the patient's room - than they did later on. Exactly what were your duties as far as patients were concerned when you first started?

DT When we were still "probies," why, we went over and cleaned up rooms.

GP You mean you cleaned the beds and cleaned the floors and stuff like that?

DT Yes, you did.

GP They were still doing that in the mid-forties, then?

DT Yes, right. And even after we ... passed the probationary period, we still - that was still part of our ... if that patient is the one that we kept care of during our time on duty, why, then, we cleaned the rooms and everything until they were discharged and took care of everything that way.

GP You did?

DT Yes. And that went all the way through my nurse's training.

GP It did?

DT Through '45 we were still doing it.

GP Well, that's interesting to know. Now, one retired nurse told me that one of the first assignments she had or that her class had was with the almost terminally ill people - I guess you would call them the medical patients.

DT The medical floor, yes.
GP The medical floor. And she said that those patients really needed a lot of nursing care, maybe there wasn't a whole lot that could be done for them, but they still needed a lot of nursing care. Did you experience that too?

DT Yes, we all rotated floors all the way through training. You would rotate a certain period on a medical floor and a certain period on a surgical floor and a certain period on the obstetrical floor. Of course you didn't go to the obstetrical floor until you had had your OB training, so then that was usually toward the end of your second year before you ever got to OB. And usually you had surgery first, if you were lucky, but it depended on how the rotation went. Some of them were just lucky.

GP Did you find, though, that you spent quite a bit of time on that medicine floor? That it was kind of an initial training period?

DT I just don't remember whether it was any more so than the other floors. I do remember that this one lady was there for two years - that she came in and out. She had cancer of the liver and she got... it must have started in her uterus, because she used to come in for radium insertions, and back in those days, if you've heard anything about it, radium was the big thing for cancer.

GP Yes, I remember that.

DT And you had these precautions that any of the urine had to be saved in a bucket in the room and stuff, in case they [?].

GP Radioactive?

DT Right. And things like that. But she was ... poor little lady, she would get better and then she'd go home for a while and then come back. But it got so that second floor - toward the end - we even hit the door and you could smell it. It was a terrible odor and nothing would disguise it. And she was just as golden as a pumpkin toward the end. She just shriveled up to nothing.

GP Was it difficult to get used to that part of nursing? The odors?

DT You just gradually got acclimated toward it. We had another burn patient - Mr. Dupka [?]. He'd been burning weeds with one of these sedaline[?] -torch deals and it blew up on him. He was terribly burned and he was in there for two years, and THAT smell was terrible, too. He was there for so long for skin grafts, that he was there for a whole two years. And then, he became addicted to drugs, because you had to give him so many drugs to keep him under sedation. So then, he went through a period of withdrawl, and he
had a three-month-old baby when he went in the hospital, and just imagine how much he missed of that child!

GP I didn't ask you how large your class was.

DT There were only 13 in our class. Ours was kind of an "in-between" class. Usually, they took the classes... well, we went in in September, but then, I guess before they had taken them in in January... I don't know. Because the class ahead of us had started in January the year before, and they had about 30 in their class. But there was 13 in our class. And then, the following January, there was more in that class, too.

GP I see. Of the 13, did they all stay in the program? Or were there some who couldn't handle it?

DT One girl got married after one year, so she had to quit. She would have been a fantastic nurse, too, but you couldn't get married and stay in nurse's training, so she had to quit. The other girls all graduated.

GP They did? There weren't any who couldn't handle it, then?

DT No.

GP Well, that was good. What do you remember about the kinds of diseases or conditions that the patients had? What stands out in your mind?

DT It seemed like there were... on the first floor (on the sun-porch, they used to call it. It would be like a ward,) there were about five patients out there and I remember hating to work on that floor because it seemed like they were all prostatectomies out there at that time, at these poor old fellows, they just went... it was really a major procedure in those days. They would have IV's going and all the drainage bottles and all this, and it seemed like it took them forever to get out of there. I don't know what their end results were like, but certainly THAT, in particular, is one thing that stands out that really progressed in medicine, the way they have done those. And then, we had a fair amount of cancer patients - nothing like we have now - but we always had cancer patients. We had heart-attacks. Of course, in those days, we didn't have that much that you could do for them.

GP That's right.

DT They tried the Digitalis and I remember when I first went into nurse's training, we used a lot of sulfa, and then, toward the... oh, it must have been around 1944, then the penicillin came in and that really made a difference.

GP Now, what year did you start?
DT I started in '42 - the Fall of '42. And I finished in the Fall of '45.

GP I guess I didn't realize sulfa was that early.

DT Oh, yes. It must have been in the late '30's, because I know they had the sulfa. We used it on that burn case that I talked about. We used a sulfa [?] ointment as well as Vitamin [?] ointment - we used a lot of that, as well as saline solution.

GP Were there any contagious disease epidemics?

DT I don't remember, because we didn't get anything like that in the hospital. They called it the "Pest House," but it was like a, I don't know; it was like the Poor Farm was like up here, something like that ... but we never got contagious cases. If they knew about it, they never sent the contagious cases there. I remember one case, though, it must have been our second year in pre-natal. They brought this woman in - a very attractive lady - and she had this terrible soar throat and we were doing throat irrigations and all sorts of things, and after she had been there about a week and everybody had helped on her, I'm sure, we found out she had syphilis! We were just scared to death! We just knew we were going to get it! But, we didn't.

GP Tuberculosis? Did you run in to that?

DT No. Later we did, at Galen. You see, they sent them all to Galen. You see, we had three months at Galen for our tuberculosis training, and then, we had three months in Butte for pediatrics at Murray Hospital because they didn't have a separate pediatric department in the Billings Deaconess Hospital. And then, we went to Sheridan, Wyoming, to the Veteran's Hospital for psychiatric training for three months. That was very interesting.

GP Now, that is called Deaconess Hospital. Does that mean that there were actually deaconess's running it?

DT No.

GP What did the word "Deaconess" mean?

DT I don't know, but it was actually a Methodist affiliation. Maybe originally deaconess's had something to do with it, I don't know why the name. But there is a Deaconess Hospital in Great Falls, too. And I think there is one in Spokane too. I'm not sure.

GP Yes, I'm pretty sure there is.

DT But they are all affiliated with the Methodist Church.
GP So, you said you went to Sheridan, Wyoming, for psychiatric training. Let's see, these would have been World War II and World War I veterans?

DT Yes. There was one ward there that was all World War I that was just like this - just nothing. They'd just sit around and hug themselves and never say a word. (Tape Side Ends.)

GP You were mentioning the World War II veterans at Sheridan.

DT The World War II veterans that we had were ... I can remember one that was a manic depressive. He had been a pilot and, oh, he'd flown very many missions, and when he was in the manic stage, why, he was higher than a kite. Then, when he digressed, he was just down on the bottom. And then we had some that really weren't too bad. We didn't do a lot of care down there. That was the easiest part of our training. We were lucky to have to go down there. It had good food and nice surroundings and the doctors (our instructors) they were all nice to us and we got to just mainly play games with the patients. We didn't take care of them at all, and so it really was ...

GP They probably thought you were really nice too.

DT It was a vacation for us! We really enjoyed it down there. Now, part of our class had to go to Warm Springs for their training, and THAT was - they really had a rough time, because they used them for nurses, and I can remember one girl got badly beat up by one of the patients. I was a totally different story.

GP And what kinds of patients were there, at that time, at Warm Springs?

DT All the mental patients. This girl was working on the women's ward, and they always said that the women were the worst to work with when they had mental problems, but if they were abusive, they were VERY abusive - in their language, in their physical acts and everything. So, we were lucky! We just had men to deal with, because there weren't any female veterans down there. It was all men.

GP Well, are there some other things you would like to talk about regarding your training, Dawn?

DT Well, I know that we'd have 4 hours of classes and then we would work 6 hours on the floor later on. And, then, eventually, we worked 8 hours a day.

GP An 8 hour shift?

DT Yes.

GP Around the clock?
DT Yes, we took turns working 7 to 3, or 3 to 11, or 11 to 7. And when we had classes, we would work sometimes from 7 in the morning until 9, and we'd go back in the evening from 5 until 7 and help with the back rubs and get the patients ready for bed.

GP So, you graduated, then, in 1945? What did you intend to do?

DT Well, I had just planned on ... I thought I would work down at the Deaconess there in Billings, except that Dave came to visit his sister, Ella, at the nursing home, and I met him and, so we made plans to get married. And that's why I came to Missoula, because he was going to the University.

GP I see. Was it easy to get a job at that time?

DT Yes. Nurses were in great demand right then.

GP Just general nurses? You didn't have to have a specialty?

DT No, they pretty much trained you for what they wanted — like when I came up here, they wanted a surgery nurse. The only surgery I'd had was in nurse's training. I was lucky that I'd had extra surgical training in nurse's training, because one of the girls got sick so I took hers too, so I was lucky there — that I had had a little extra. But then, I went straight into surgery at Thornton Hospital and took over.

GP We'll get to that in a minute. Was your future husband from....

DT He was from Billings.

GP He was from Billings, too?

DT Well, he was born in Bridger and raised in Absorkee. He graduated from high-school near Absorkee. And then, his parents moved to Billings before he graduated, and he stayed up there and finished. And then, they had a dairy in Billings and he worked on the dairy for a year or two. Then he went into the service in 1940, December of '40, before the war started.

GP You say you met him...?

DT Well, I had known his sister and younger brother in high-school. We had gone to high-school together and I knew of him, but I didn't ... he was three years older, and at that time, it made quite a big difference, so I didn't know him. I just knew who he was.

GP So, you married right after your graduated then?

DT Well, we got married ... not until December 22nd in '45. But, we came up here and I got the job at Thornton and lived
in the basement of Thornton Hospital - that was part of my salary. I got paid $120 a month, and was on 24 hour call. The only time I had off was alternate weekends from noon Saturday until Monday morning. And, other than that $120 a month, I got my room and board. I had a basement room in the hospital.

GP And were there a lot of young women living there also?

DT No, there was just one other nurse that was living there. The others lived outside the hospital.

GP I see.

DT There were just a couple [or] three rooms down there. And my husband was living at South Hall, and after we got married, we still couldn't find a place to live because the housing situation in Missoula was terrible!

GP I can imagine!

DT Yes, with all of these veterans coming back and going to the University. So, we still continued to live that way - occasionally we would go and get a motel on the weekend that I'd be off. We'd get a motel and that's the way we were living, until the end of February of 1946. They brought in some trailer houses ... they were 15 foot trailer houses that they put on the campus, next to the Forestry building... there were 25 of them, I think. We had trailer house #3. We were the only ones with a telephone, because I had to have a telephone being on call. Telephones were scarce back then.

GP Sure. You were lucky to get it!

DT Yes. There was a washroom where you went over for showers in the back of the ....

GP I've talked to - in fact, I've taped - Emma Lamason [?], who was involved with registering those veterans, and she's told me some interesting things about that: how everything was new to everybody. They were learning as they went. But it all worked out.

DT It did. It's amazing what you can do. We were just happy to have a place to live, even though we wouldn't dream of living in anything that small now. It was like a camping trailer!

GP Yes. Well, do you want to talk about your experiences there at Thornton? You said you became a surgical nurse there.

DT Yes. Emma Thornton ... was the Thornton sister, and her husband was dead, and I think it was Rochester that she graduated from ... it was a very good hospital and she was
one of the early graduates from there. But, she was completely deaf, and she's the one that showed me how to do everything because the surgery nurse that they had in there had left two weeks before. She was a good teacher. I can remember one day when we were doing surgery and we had the linen soaking out in the sink — those were the days when you cleaned your own linen ... you had to just soak the blood out of them before you sent them down to the laundry ... that's what it was. And then, when they were sent up clean, then you wrapped them and made packs and sterilized them in the autoclave. That was part of your job, too. Then, one day when we were having surgery, all of sudden, the water was running into surgery, because she'd turned on the sinks full-blast with the linen soaking from the first surgery, and she didn't hear them and oh! But there were a few things like that that kept things interesting!

GP I remember that building. It was two story, red brick, and it was still functioning when we moved here in 1965, I know that. How large a nursing staff did they have?

DT Well, roughly ...

GP They had quite a few beds in there.

DT Yes. We did, but then, we did a lot more in those days and you worked longer hours. You got a salary — you weren't paid overtime, so you put in an awful lot of hours. Well, in the surgery, to start with, there was just Emma and I....

GP Is that right?

DT Yes, until after a year and I told them I couldn't do it any longer, that I was just spending all my time there — I was there 12 hours a day and then would be called back for surgery or something, and it would be just that much more. I just simply couldn't do it. So, then, they finally got another girl to come and help. That helped tremendously.

GP Were they that short in the other departments too?

DT I don't really know, because I was so busy in surgery that I really didn't have time to check on that. And it was all staffed by RN's. We didn't have any nurses aides or LPN's at that time when we were still at Thornton's. And, I think that maybe on the OB floor, which is outside the surgery, and I think that they had one nurse in charge of the OB floor and one for the nursery. And then, on second floor, I think there were probably three nurses there. And, on first, I imagine ... I really don't know how many there were.

GP Now, we're talking mid-40's — were the beds usually full in the hospital? Did you have any extra?
DT Yes, we had it full. There was Charles Thornton, and Dr. Worth, and Dr. Savory that were in together as partners, I guess you'd call them, that were at the hospital. Then, Dr. Brewer did surgery there and some of the other doctors did surgery there, too. So, the beds were kept full.

GP Originally, there were two Thornton's, weren't there? Who were doctors?

DT Yes, but I can't think of his name - the other brother - he had died before I'd ever got there.

GP And the other one was probably getting up there, is that correct?

DT Yes, Dr. Charles. Some of the things that he did just horrified me just straight out of nurse's training! He put the emphasis on aseptic technique ... and he had these rectal gloves for the OB patients that we washed out with green soap and water and hung on the rack and then turned them and then powdered them and used them again (and sterilized the ones that were done for vaginals,) but sometimes he would just grab one of those off the rack, pour some green soap over it, and do a vaginal. And every time he did that, I'd just cringe, and yet, none of his patients ever got an infection! That was the funny part about it!

GP He was an old-time doctor!

DT Yes. And he was of the theory, like with the OB, he did not believe in induction. He said, "When the apple's ripe, it will fall!" Many times, that was true, but once in a while, why, it needs a little help. So, I was in surgery then for two years there, and then I quit when our oldest daughter was born in November of 1947. But I didn't go back to work until ... then, we had a son that was 15 months younger than she was, and then, when he was a year old, Dave had quit the University after his junior year because it was just too difficult financially for us to manage ....

GP I remember the GI Bill paid about $120 a month, because my husband had it, too.

DT And after I quit working, it wasn't enough to manage with two children, so then he quit. Then, he was out of work the winter of '49 and '50. It was February of 1950 when Gary was a year old that I went back to work and I worked days then for a while, until I could learn OB, because I hadn't worked in OB enough to do the vaginal exams and stuff like that.

GP And probably, techniques were changing at that time, too.

DT They were. Because when we were in nurse's training, rectals were done to check on progress of the baby. But, by
this time, the nurses were doing vaginals. That was something totally new, so I had to learn how to do that. So, I worked on the day shift. I worked 7 to 3, and took the two kids to the babysitter at her house, and I'd take their milk for their noon meal, and she fed them whatever and then I paid her $4 a day and I made $7 a day, so she was making out better than I was!

GP Isn't that interesting?

DT But that went on for about 6 or 8 months, and then I got confident enough that I could work the 3 to 11 shift, and then we didn't have to have a babysitter, because Dave, by that time, was working for Montana Power. He started to work the same day that I started to work at hospital, it turned out, but I was already committed to go to work so I went. And I'm glad I did, because it worked out well.

GP Excuse me, but did he ever go back into Forestry?

DT No, he didn't. He later went to work for the Post Office. He was a letter carrier for the Post Office.

GP I see, and he retired from the Post Office?

DT Yes, from the Post Office.

GP Well, so, you went back into nursing out of necessity then?

DT Right.

GP Were you looking forward to it? Were you anxious?

DT I kind of was. I was and I wasn't. I had these two little children that were two-and-a-half and a year old, and I hated to leave them with a babysitter, so that part wasn't good.

GP And that was fairly unusual around 1950-51, wasn't it? To leave your children with a babysitter?

DT Yes, it was. It really was. So then, I worked all of 1950 and all of 1951 in OB, and then ... no, it was about in November of '51, I was pregnant with Becky at that time, so I quit working then. So then, I didn't go back again until '65 when our youngest daughter ... '64, or something like that ... our oldest daughter started the at the University out here, so then I went back part-time two days a week or three days a week when they would need me, but it was a two days committed all the time, and sometimes more.

GP You had four children?

DT Yes, we had five children.
GP Oh, five. I see.

DT We had three girls and two boys. Our oldest boy was killed in Vietnam in 1970. I worked part-time from September of '65 until January of '71. I took a leave of absence and never went back after he was killed.

GP Oh, that's a hard experience to go through. Well, you were working, then - if I can keep all these dates straight - in the early '50's, you worked ... and this was a time when penicillin came in. Do you remember any other so-called innovations or new drugs that were changing conditions in hospitals? What was going on that was different? You went back a couple of times - you must have noticed some vast changes.

DT Well, I know when I first went into the surgery here, why, we were just using sulfa at that time here. And then, toward the end, we started using the penicillin, and they would use it for irrigation sometimes in wounds. Then, later, when I was working on OB, I remember we'd give quite a bit of penicillin to the patients whenever they had problems. And then, I was trying to think when streptomycin came in. That was probably when I went back to the ... that must have been in the '60's when they had the streptomycin and all the different ones.

GP I think so ....

DT But they had a lot more antibiotics by that time.

GP I think you said that you didn't work after 1970. During the '60's, were all the specialists in nursing becoming evident during ... geriatric and psychiatric and cardiac....

DT Yes, they were, because I know the obstetrics and gynecology - I worked mainly just on OB then for the rest of the time that I worked. And then there were just strictly doctors that dealt only with obstetrics and gynecology, and then, there were the cardiologists and the internists. Then, there were still a lot of general practitioners that did it all, I mean, did all the OB and everything, but it was becoming increasingly more specialized fields for people.

GP Now, where were these specialists getting their training? In the hospitals?

DT Not here, in town, no. Because they'd go back ... I can remember Dr. Carmichael was a OB/GYN, and he went back [and] he had taught medicine in some medical school ....


DT Oh, he was a remarkable man. He was a remarkable man.
GP He told me some very fascinating things about when he began his practice in Butte. His wife ....

DT She was nurse, too, wasn't she?

GP Yes, she was. I taped both of them. And they are two of the people I was referring to when I talked about the early '30's, which is when they started. They had some interesting things to say.

DT Now, see, he had OB patients at Community.

GP Oh? At Community?

DT At that time it was Community. First, after the Thornton Hospital sold to the city, it was called Memorial Hospital and eventually the name was Community, long before they built the new hospital.

GP I guess I was wondering whether these nurses who were specializing went away for more training, or were the hospitals training them?

DT Oh, well, I don't think there's really that many nurses specializing at that time, except - like me - you just got into that field and you learned on the job, so to speak. Now there were some nurses, I think, that took some training for cardiology (heart), but for surgery, up until then, the surgery and the OB ... you just got it on the job. You learned that way.

GP The thing that I don't want to forget to ask you is that we haven't talked about salary at all. You started to work in '45. Do you remember what you were making? Of course, you said you got your room and your board out of it.

DT I got $120 a month and room and board, and I was on call.

GP Yes, I think you did mention that. Did your salary increase?

DT Not until I complained that I was working too many hours, and they gave me ... by that time I had moved out of the basement room, too, and I wasn't eating at the hospital, and they still hadn't increased my salary. I was still $120 a month, and I felt that I should be getting more because I wasn't having my room and board there. So, then I got a $25 a month increase.

GP But you had to ask for it?

DT I had to ask for it.

GP You probably were getting Social Security.
DT No, it was a non-profit hospital, so we were not under Social Security until later when I went back to work in the '60's.

GP And I doubt if there were any pension benefits.

DT No. There was nothing like that.

GP In fact, I wonder if you ever got ANY pension benefits. You didn't?

DT Nothing. And I'd get minimum Social Security because I was just working part-time when I was under Social Security in the '60's.

GP I see. Well, you did work until 1970, which sounds like it's 21 years ago, and by the calendar it is, but it's not really that far back as far as our memories glide, is it? What were the biggest changes? Now, you quit after your son was killed, but were there some reasons about nursing that made you quit? Why did you leave nursing?

DT Well, I think it was just really that our youngest daughter was only 7 at the time and I decided after he was killed that I wanted more time with her. It just kind of hit home. No, I really missed it for a while. I didn't that first few months because I was in a numbness anyway. And then, the next years our minister got real busy teaching Sunday school and things like that, so I got involved in the church and stuff. So that helped. But I just felt that I'd be there all the time for Deb.

GP There are some things, some more of these rather general things that are on this guide that we've been following. I don't know whether we've covered ... we've talked about Social Security retirement benefits. I think you've mentioned the fact that nursing was stressful to you.

DT Oh, yes. I mean, you were so afraid you were going to make a mistake, at least, I was. You were over-conscientious and you just didn't want to make a mistake. In that way, it was stressful, for fear you would make a mistake on a drug dosage or something with a patient - something like that. It was very stressful that way. But the enjoyment ...

GP The satisfaction?

DT ... the satisfaction of it evened it out. I mean, it was worth it all because I truly enjoyed nursing and I feel I was a good nurse. I didn't like it when the LPN's were allowed to .... That was another reason why I was just as glad not to go back to work, because they permitted LPN's to give medicine, but the RN was responsible for it. And I didn't like that. If I'm going to be responsible for something, I want to be the one that gave it. I don't want
GP I'm glad you brought that up because I understand that there is rather a dichotomy among nurses - Registered Nurses - as to whether LPN's should be doing what they are doing, whether they should be licensed to do more than they are doing. There are some people who feel that - I think their training is for two years - that they should be getting college credit for that. Others don't even think that they should have LPN's. What are your feelings about that?

DT Well, at that time, the LPN's we had - they had learned their training on the job. They had learned it just in the hospitals. Most of them started as Nurse's Aides and then they were allowed to take the tests and, I don't exactly know when they allowed that, but those were through kind of a "grandfather clause." It's when they set up the LPN deal where they were licensed that there was a grandfather clause in there that all the ones that had been working for so many years and so forth could take this test. If they passed it, then they could be an LPN.

GP Licensed?

DT Yes, a Licensed Practical Nurse. And I was all for that because we had many very good LPN's, but I did not feel that if they were going to give medicine that the RN's on charge should take the responsibility of it. I felt that THEY should have to have the responsibility if they were giving the medicine. And I don't know if that has changed or how that is worked out anymore.

GP Was that a hospital rule? Or was it the physicians who put that out?

DT It was the hospital.

GP It was a hospital rule. I haven't asked you about your relationship with the doctors. And this might be a good time to mention this. You and I talked about this briefly before we began the interview, but I'm going to quote from a book called, BORN FOR LIBERTY: A HISTORY OF WOMEN IN AMERICA, by Sarah M. Evans, and this book is practically a new book. It's a Book-of-the-Month Club selection and it's copyrighted in 1989. On page 253, it's discussing the Cold War and THE FEMININE MYSTIQUE, which takes us into the 1960's when you were working as a nurse. And here's what it says. I'd like you to comment about this if you would when I'm finished. It says:

Nurses found new opportunities as well as new problems in an expanding help industry. Hospitals replaced private duty as the focus of most nurses' employment. Placed under the direct supervision of physicians and hospital administrators, many nurses
felt robbed of autonomy and artisanal pride. But hospital employment was more secure and jobs were plentiful. New divisions of labor resulted in para-professions of nurse's aides and licensed practical nurses. Within hospitals, nurses began to develop specialized expertise associated with cardiac, obstetrics and intensive-care wards. Female nurses also discovered new bonds of solidarity with other nurses while working together as a team on hospital wards, and they initiated informal methods of resisting doctors' authority.

Does that recall anything in your career?

DT Well, actually, like in OB, it was different than working on the ward, because I was in charge of the floor, and I had the responsibility of calling the doctor when it was time for the delivery. You didn't want to get them there an hour or two before. You had to time it pretty close.

GP Now, we're talking the '60's, right?

DT Yes, the late '60's. And then, sometimes if you timed it too close, then you ended up delivering the baby. Then the doctor was very upset, but then he was very upset if he got there too soon, so it was a tricky situation. For the most part, most of the doctors were very supportive and if you didn't have a pre-set doctor (they called them a "precipitous" delivery) before they got there ... because occasionally, there was nothing you could do about it, I mean the delivery (Tape Side Ends.)
[End of Tape 1]

[Begin Tape 2]
"multib" or multiberous [?] is what they called anyone after that first baby. A "primeb" is a woman that is having her first baby and a multiberous is one having her second or more, and they just usually progress much more rapidly. Some of them progress VERY rapidly at the end. And once in a while, you have a precipitous delivery, which means the doctor wasn't there in time. We usually got them to the delivery room, though - I did have one in the labor room in all the time I was working - but all the rest of them ... we didn't have too many. I was lucky. I could get the doctor there usually on time.

GP This statement about "initiating informal methods of resisting doctors' authority ...," were you aware of that at all?

DT Well, once in a while they would order a medicine that you would think that maybe wasn't needed under the circumstances or was the wrong medicine, why, occasionally, I would ask another doctor. I wouldn't say who the other doctor was or anything, I would just ask him if it would be used for a certain type of thing. And if he said "fine," I felt more confident about it, and if he didn't then I would sometimes call that doctor that ordered it and ask to make sure it was what he had ordered. And doctors, at that time, did not like to be questioned by the nurses. We had a good rapport with almost all of them, though, at least I did, when I was working because they'd depend on you a great deal, and - even though they'd never admit it - I think they did appreciate us. It was a totally different situation than it is now. I mean, you always wore uniforms and white socks and white shoes, and we wore our cap, except in the delivery room, of course. You just never dressed otherwise. You were very professional-appearing. I don't think you see it as much anymore. It's more casual now with the nurses wearing the pants and the various things. It's different.

GP Well, I got the impression that the situation that you have just been discussing - we could bring the stress in, too - has probably accelerated. It hasn't declined.

DT I'm sure it has. I know Ethel Reid and I took a refresher course some years ago - I can't remember how many years ago. We were thinking about going back to work part-time. But, after we took the refresher course, neither one of us wanted to go back, because the nurses now have to do the complete physical of the patient coming in, and I felt we had a lot of responsibility, but it was nothing compared to what they have now, and I'm not sure I would want to work now. I'm quite sure I wouldn't. Maybe if I were young again and had just been trained for this, then maybe I would, but with all
the machines they've got now and everything, I couldn't do it.

GP Who gives the refresher courses?

DT They gave it down at the high-school. I don't know if they still do it or not, but I know that they gave it that time. It was with the Vo-Tech.

GP I see.

DT We enjoyed the refresher course - it was fun.

GP How long ago was that, Dawn?

DT I can't remember.

GP A few years?

DT It's been about 8 years ago, something like that - 6 or 8 years ago.

GP And it didn't tempt you to want to go back?

DT No.

GP Would you have had to get re-licensed in order to go back?

DT No, I kept my license up all the time. I don't now. After I was 65, I let it go. But up until that time I [kept it up] so I could have gone back. I just didn't feel qualified.

GP Well, we've talked about LPN's giving medicines and doing things that nurses used to do. We haven't talked about degree nurses. Have you had any experience working with ... I imagine you've worked with degree nurses?

DT I had no problems. The four-year degree nurses, actually, I felt, didn't have any better training than we did. In fact, I didn't think they had as good clinical training because they didn't work on the floors like we did. So, I never felt any problem there. We did have problems when they had the two-year. For a while there was a two-year course for RN's. Now, that was a problem, because they didn't give enough training. They didn't learn aseptic technique and stuff, and I can remember when I was working in OB that we had two of them come in there and I was appalled at how little aseptic technique she had in the delivery room. It was just very upsetting.

GP Where were they getting that two-year degree?

DT I don't know.
GP Was it in Montana that they were getting it?

DT Yes, I'm sure it was in Montana, but I don't know. But I don't think they have anything like that anymore. I think it was a temporary thing. I think it was because there was a nurse shortage during that time and I think maybe that had something to do with it, but I don't remember. But, when asked about the LPN's and the Nurse's Aides, I think they all could be used in the hospitals if everyone knew exactly what their limitations were. And I think this is the whole thing - where the problems are. But, I think - like at St. Pat's now - it seems like most of them are RN's, aren't they? Do you know anything about it?

GP I have no idea.

DT I know when my husband was there, it seemed like almost of them were RN's, and I think maybe they have gone back to that pretty much. I don't know.

GP I don't know, either. I was wondering if you had it to do over again, given the condition that we know about today, and granted, neither one of us seemed to know exactly what's going on, except what we've been told by other nurses ... do you think you'd do it over again?

DT Oh, I think I would, because I would have the training and the qualifications for it, which I don't have now to go into it, but I mean, if I were young and starting out now, I think I would.

GP What about your daughters? Were they interested in it?

DT My oldest daughter graduated out here in microbiology and then she took a year internship in California for Med-Tech, and she's a Medical Technologist at the Baptist Hospital in little Rock, Arkansas, and she worked all her married life .... And our middle daughter just took one year at the University and got married and she works for the Kalispell County Extension Office. And then, our youngest daughter graduated from Dartmouth and took her degree in Law out at the University and she graduated a year ago last June. She's finishing up a year of clerkship with a federal judge in Vermont.

GP So, it's a different world now for the girls?

DT It certainly is, because they just expect to have a career and marriage, and Debra, that's our youngest girl, not too long ago said that she would like for me to address her as "Debra and Dave Gilcrest" instead of "Mr. and Mrs. Dave Gilcrest," because she had a name too! I never even thought about it! It's a different generation gap that ... I don't know!
GP It's different, isn't it? Different for women.

DT Yes, it is.

GP And, of course, it's different for men because of that.

DT Yes! Our oldest son that had left, why, his wife is also a Medical Technologist. In fact, she was one of [?] students [?] and then, Jeff met her down there, so he also was in Little Rock, Arkansas, with his wife, and they have a little boy and a little girl. She works full-time and he does an awful lot of the housework and he takes care of those babies. He's just as good at taking care of either one of the children as she is – and better at times. It's amazing! My husband never did things like that during the years that our kids grew up. In a way, I think it's great for them, because it's good for the children, and then, in other ways, it seems to me that the woman gets a little spoiled these days. I don't know, I don't know. It's just a different world.

GP It is. Is there anything else you'd like to add?

DT I don't know if we've overlooked anything of your notes there.

GP I don't think so.

DT Do you want to look it over and see?

GP It's always a shame to miss out on something.

DT I just enjoyed being a nurse and I'm very happy that I became one and I think that is what I was meant to be – and a mother and a homemaker.

GP Well, very good. Thanks a lot!

DT Thank you.