

St. Vincent's Hospital School of Nursing Alumnae | 2013

1963 – Golden Jubilarians

Thank you fellow classmates for sending me your memories and asking me to share them with the alumni. We have lost classmates over the years and even though they are not with us physically today, they are here in our hearts and minds.

I would like to dedicate this trip down memory lane to them. So many thoughts flashed through my mind when Gert asked if I would speak for the Class of '63. My first thought was of a November day in 1960 when we probies were asked to escort the Golden Jubilarians through the nurse's residence. I remember looking down the hall and seeing a group of very old women hugging and laughing as they waited for their tour. They were so excited to see each other and all through the tour they shared with us what their experience had been like when they were at St. Vincent's. They were the class of 1910 and as they regaled us with stories of scrubbing floors not just patients, cooking patient's meals not just serving them and their long 12 hour shifts our eyes rolled. Well ladies, today we are those old women and I'm sure that for the rest of our fellow alumni your eyes will roll as I regale you with our experiences.

In September of 1960 we swept through the golden doors of 158 West 12th Street for the first time. We were bright-eyed and eager and had no idea of what truly lay ahead but in a matter of days we were well on our way to understanding the school motto of patience, fortitude and perseverance! We met our roommates without any facebook matching and found a way to share a tiny room with old iron beds and make it "homey".

There were thirty-six of us to a floor and we learned the give and take of living with people who were all so different. These relationship skills were not always easy but we became fast friends very quickly. I guess we were having too good a time because Sr. Catherine said that for the first time ever she was instituting enforced study hours from 6-9PM.

Our housemothers had their hands full trying to keep us in line. Mrs. Cosgrove or Cosie as we called her was an old hand at her job, but her accomplice Mrs. Burns was new and wore sneakers. This unfair advantage allowed her to catch and report us every time we broke study hour. It took a few months for us to reach a mutual respect and understanding and a lost weekend pass for thirty-six particular students.

Rupert and Skippy were our elevator operators and if we had been famous they would have made lots of money selling our secrets to the Enquirer. Many an evening after a few rounds at McCoys we would walk the straight and narrow from the front door to the elevator only to collapse once the doors were shut.

Miss Murphy or Murph as we called her was our switchboard operator. The switchboard was the old fashioned kind you have seen in Lily Tomlin skits. There was one phone per floor and the lines would go non-stop in the evenings. When Murphy got tired or crazed from all the buzzing she would just pull all the lines out and everyone would lose their calls. She was a hoot and no one ever got mad at her no matter what she did.

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Mrs. Boyce and Sr. Joseph were in charge of student health. We learned early on that feigning sickness to get out of a day of class or floor duty did not work. You had to physically produce your symptoms via stool cups, sputum jars and emesis basins. The standard treatment was a packet of APCs and a large can of warm grapefruit juice.

Class was eight hours each day five days a week for the first eight weeks. We then had class four hours a day and patient care four hours a day until we were Capped in March.

Our instructors were many, but some really stood out from the rest for many reasons. Miss Shannon taught Anatomy & Physiology and pharmacology. We spent many a night studying till the wee hours and making pajama runs to the White Castle for fifteen cent burgers to keep us going. If we wanted to stay in the program we had to make it through her class and for many of us that was a challenge.

Sr. Gertrude taught microbiology and pharmacology. I still remember her saying, "Germs are not elephants" and "Fomites girls, think fomites!" She went over our math, drilling us with fractions and decimals. We did not have calculators or individualized dose packs. Our meds came in large jars and one or two strengths. You had to cut the pills or pour the right amount to get the dose you needed.

Sr. Dominic, Sr. Dolores, Miss O'Connor and Miss Murphy were our nursing foundation instructors, and "Mrs. Chase" was our trusty patient. We were taught that at times we would need to "improvise" since we may not

always have all the supplies we needed. What a wonderful life lesson that was!

We were given procedure cards that we carried when we were on floor duty. Each procedure had to be performed three times in order to get a final check off by your instructor and all final checks had to be completed by March. Imagine over 150 students vying to give bed baths, take temps and blood pressures and get their cards checked. Our first days on floor care were nerve wracking for so many reasons. We were afraid to do the simplest of things and yet compelled to get our check offs done!

When March rolled around we were ready to wear our new uniforms now complete with bibs and one stripe and to receive our white cap and cape. How proud we were to march in the St. Patrick's day parade that year. We had survived our first six months of basic training and had formed a special bond with our classmates that perhaps only a Marine can truly understand.

Our specialty training started the very next week with six week rotations through our mini specialties. Weekends off were a thing of the past and now we were ready to start working evening and night shifts. Our class was the last class not bound by the new state regulations for student nurses. This meant that we could work without direct RN supervision and so we found ourselves in charge of an entire floor and responsible for our patient's welfare. We never went on duty without stopping in the chapel to pray and our prayer was simple, "Please God don't let me kill anyone tonight!"

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Some highlights of those rotations were working Head & Neck on Smith 5. We learned the Carotid blowout drill backward and forward. Out of the blue you would be pointed to in class and told to yell out Step 4 or whatever step had popped into our instructor's head and you better be able to do it. She told us that if we ever had a blowout we would need to be able to function by rote and she was right. I was one of the lucky students to have a patient blow when I was alone on the floor at the end of my night shift. It was an experience I will never forget.

I will also never forget waxing the desk top with paste wax, cleaning the metal bedpans, wash basins and emesis basins with the head nurse's special formula. She would inspect all of them and if they were not done properly, you stayed on duty until they were.

Then there was the OR rotation, I still get a little on edge just thinking about it! We had our usual 40 hour week of class learning sterile technique and every instrument ever invented then from the frying pan into the fire we went! We were thrown in to second scrub and circulate on attending cases and after a week we became first scrub on the intern and resident cases. I had the distinction of being thrown out of the room twice by Dr. Louis Rousselot who invented the first surgical treatment for portal hypertension.

The first time, I threw a peanut out of the field and he told me to leave, which I promptly did. Miss Battle our instructor was waiting outside the door and told me to get back in the room and circulate. I tried to tell her it was not a good idea, but there was no hope. As I snuck back in, he spotted me and bellowed in front of five visiting surgeons for me to leave the

(expletive) room. Since the OR was not open for regular surgery on weekends we thought we would have a weekend off. So not happening, we got to scrub the tile walls, defrost refrigerators sterilize instruments and be on call for emergency surgery. The meaning of perseverance and fortitude became very clear to many of us during that rotation.

Neurosurgical nursing was another rotation that we all fondly remember. Our instructor Kay Mahoney was an angel in disguise. Her love of nursing, her patients and each of us was so very evident. Nursing as a vocation became clear to us as she taught us how to care for the brain damaged patient. We learned the basics of turning and positioning patients, bowel care (who can forget colon lavage days and the three H's), tube feedings, and postoperative care for the neurosurgical patient. The most important thing we learned from Miss Mahoney was the patient's need for socialization and genuine TLC during our time with them. She taught us to treat the unresponsive patient as though they could understand everything, but just could not communicate with us. We would be having one-way conversations about sports, the weather, politics anything we could think of as we cared for them. I remember staring into many blank eyes wondering if anything was getting through. Two years later as I was nearing graduation, I got my answer. I saw one of my old neuro patients coming from rehab. I was shocked to see that he had survived, but even more shocked when he recognized me and told me how grateful he was for always saying good night and giving him that extra blanket to keep him warm.

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Before we knew it September had rolled around and we were now two strippers. We were ready for our twelve week rotations through Peds, OB and Psych. Each of these new specialties brought more unbelievable experiences and made us grow and stretch beyond our comfort zones.

Premature nursery with our tilt boards and caffeine sodium benzoate syringe at the ready in case one of our tiny ones should stop breathing. Croup tents that kept us running with ice and dry linens all night, our poor little Christmas boarders that were dropped off with dehydration and never picked up.

Obstetrics was another white knuckle experience. The ward room was always full with at least 6 laboring women yelling at the top of their lungs. It was as if they were in competition to see who would deliver first. One told me that she had been told that the louder she yelled the more beautiful the baby would be and the faster it would come.

We were not permitted to do vaginal exams to discern labor progress but were taught specific physical and emotional changes to watch for in order to know when to call the doctor. Most times we were right on target, but there were a few surprises and close calls.

We were fortunate to have our own psychiatric pavilion at St. Vincent's. We were all nervous to interact with the patients. We had been told that one offhand remark could set their recovery back months. We had well trained psych techs to assist us with the patients, however they couldn't resist playing

practical jokes on each new rotation of students.

The first evening I was on duty one of them hid a dinner knife so that the silverware count was off. I was frantic thinking one of the patients had taken it. They watched me search for over an hour before telling me what they had done.

Electroshock therapy was the primary treatment option for depression back then and it was administered without any anesthesia. I marveled at the courage of those patients going into that room three times a week, it made you realize how hopeless they must have felt and how desperate they were to get better.

In between our major rotations we had a month working with the dieticians for our nutrition rotation. Who could forget preparing a 1200 calorie ADA, low fat, low sodium breakfast tray and trying to figure out what exactly you could put on the plate! Or how about the butterball diet for our patients with cirrhosis, that one was the worst.

We also got to spend time with Sr. Mary Lewis (AKA Sr. Mary Shopping Bag) for our public health rotation. She sent us out in pairs with shopping bags full of food, clothes and a few gifts for the children. The addresses were in the worst part of lower Manhattan and the apartment buildings were rat infested and in horrible disrepair. She told us to be sure and wear our uniform because the drug dealers respected St. Vincent's and wouldn't steal our bags. The families lived 6-8 to a room with no hot water and broken windows. What an eye opener for most of us who had never ventured into such territory.

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To see and experience such poverty just a few blocks from home, helped us to understand her passion and compassion for the poor.

It was now September of 1962 and we were three strippers. Our last year was spent honing our advanced Medical/Surgical skills usually on St. Joes, St. Lawrence or St. Therese. We never saw the light of day for by now we were the only students who could work evenings or nights without direct RN supervision. We formed a tight bond with each other and with the physicians we worked with. They relied on our nursing judgment and knew that if we called them at 4AM we really needed them to come see the patient. This bond did get us into a little trouble the night before graduation.

On June 9th the interns and residents did something that had never been done before, they threw a party for the entire class in their quarters. Any fraternization with us in their quarters was strictly forbidden for us and for them and if caught meant immediate dismissal for both parties.

At 1AM the party was raided by Sr. Robert and Sr. Catherine, students were rounded up and locked in the infirmary. On graduation day the entire class was told that Sr. Catherine was thinking of canceling graduation at St. Patrick's and doubted that she would attend. Fortunately for the class of '63 Sr. Catherine changed her mind and we were able to walk down the aisle and receive the pins that we hold so dear. We now fully understood what patience, fortitude and perseverance meant and why those words were so appropriate for the school motto.

Our training had taught us the value of hard work and selfless giving. We learned that each person we cared for was precious in the eyes of God and deserved to be respected, nurtured and given the highest quality of care.

Leaving the cathedral that day was not the end of our story, but just the beginning for all of us. Many went on to get their Bachelor's, Master's and Doctorate degrees. We became teachers, social workers, psychologists, lawyers, nurse practitioners, nurse leaders, small business owners and even a mayor. Some of us married, some remained single and some went into the religious life. We became mothers and grandmothers, some of us are widowed and some are divorced. Some of us are still working and some are retired. We have been on medical missions overseas and in our own cities. The three years we spent at St. Vincent's did not just prepare us to be the very best of nurses, it made us strong confident women who were not afraid to tackle the challenges that life handed us.

We have been on a constant learning curve and have seen great strides in medicine and technology. There were no ICU or CCU units or even a recovery room that stayed open past four PM. Critical patients and fresh post-op patients were sent directly to floor care. All we had were our eyes, a blood pressure machine, oxygen and a suction machine. There were no cardiac monitors, arterial lines, ICP lines, Swan lines, Pulse Ox or even ventilators. When a patient arrested we did open chest massage. Treatment for an MI was 6 weeks of complete bed rest. There were no Cardiac Caths, CT or MRI scans, no intricate blood panels or genetic testing.

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Injections were given with glass syringes and the needles were washed and then sharpened on a burr stone before sterilizing them for reuse. Only sterile procedures were done with gloves, emptying bedpans, emesis basins, suction machines and the like were done without the use of gloves. We have gone from candling our morphine pills to dissolve them for injection to unit dose medications. We cared for patients with tetanus, smallpox and even polio. We had an arsenal of about five antibiotics to treat patient infections. It is a miracle that any of our critically ill patients survived. We have gone from paper and pen charting to computer charting. There is only one thing that has remained constant and that is our patient's need for loving care and our ability to provide it.

Now for some quick memories:

Midnight supper for the night shift with the ever present green bologna....no chicken breasts on our side of the cafeteria only legs and wings....singing Christmas carols at Penn station....the trip to Rome for Mother Seton's beatification....cheering on our basketball team...standing stock still in the halls for the Angelus....running to our mailboxes for the latest Blue Notes edition....patient beds in the hall when we ran out of room....beds that had to be hand cranked and lifted onto shock blocks....turning the dreaded stryker frame without losing the patient.....the dirty room on St. Lawrence with the potassium permanganate bucket soaks (the bucket was a medium size metal trash can that was used by all 8 patients).....reading X-rays with Dr. Rossi....wrapping 2 X 2s and 4 X4s in brown paper for sterilization for 50 cents an

hour.....searching in the basement through the dirty laundry for a missing probe from a suture kit..... Senior dinner dance at the Essex House, we were the first class to have a dinner dance and they said it would never fly. This list could go on forever, but it is time to celebrate and enjoy this day!

-Mary Sartoretto Bloebaum '63