1981

Oral History Interview: Eula Gibson

Eula Gibson

ORAL HISTORY OF APPALACHIA

MASTER WORKSHEET

INTERVIEWEE Eula Gibson

DATE & PLACE OF BIRTH

INTERVIEWER Michael Sheets

INTERVIEW DATE April 26, 1981

PLACE OF INTERVIEW near Marlinton, WV (Pocahontas Co.)

SESSION NUMBER

LEGAL AGREEMENT ✓ YES ____ NO

NOTES: Mrs. Gibson's interview began with her schooling, then went into her experiences as a nurse for the rest of the transcript.

MARSHALL UNIVERSITY
HUNTINGTON, WEST VIRGINIA 25701
JAMES E. MORROW LIBRARY
ASSOCIATES

ORAL HISTORY

GIFT AND RELEASE AGREEMENT

I, Eula D. Gibson R.N., the undersigned, of Marlinton, County of Pocahontas, State of West Virginia, grant, convey, and transfer to the James E. Morrow Library Associates, a division of The Marshall University Foundation, Inc., an educational and eleemosynary institution, all my right, title, interest, and literary property rights in and to my testimony recorded on April 26, 1981, to be used for scholarly purposes, including study and rights to reproduction.

E.G. initial — Open and usable after my review.

_____ initial — Closed for a period of _____ years.

_____ initial — Closed for my lifetime.

_____ initial — Closed for my lifetime unless special permission is gained from me or my assigns.

Date April 26, 1981 — Eula D. Gibson R.N. (Signature - Interviewee)

Rt 1 Box 260
Address
Marlinton, WV 24954

Date April 26, 1981 — Michael L. Sheets (Signature - Witness)

The following interview took place on April 26, 1981 at the home of Eula Gibson, near Marlinton in Pocahontas County, West Virginia. Mrs. Gibson was interviewed by Michael Sheets, a graduate student of history at Marshall University in Huntington, West Virginia. During the interview, Mrs Gibson tells of her experiences as a nurse in Pocahontas County.

Michael Sheets: Mrs. Gibson, could you tell me a little bit about yourself, your family, your family background?

Eula Gibson: Well, my father and mother were Mr. and Mrs. J.W. Dilley. I had a brother, Dempsey, and a sister, Madge... just five in the family. And when I finished high school, I loafed around a while, and I wasn't happy at that, so I decided that I wanted to go to training. So I went in training in a three-year, uh, course. We worked on the floor and studied and had our lessons besides. We started in working right off, you know, on the floor.

MS: Where was this training?

EG: At Davis Memorial Hospital in Elkins, West Virginia.

MS: When was this?

EG: Uh, I went in training 1937, graduated in 1940, which is three years of school.

MS: Uh, where did you go to high school?

EG: Mar...uh, Marlinton, Edray District High School in Marlinton, West Virginia.

MS: Called Edray District High School at that time?

EG: Um-hum, at that time.

MS: What all did your training consist of?

EG: Well, we had a, uh, three-month probation period, where we tried out to see... you know, some make nurses and some don't. [MS: chuckling] And some like it, and some don't, so, uh, then we had, oh, we had a full study course.

MS: Uh, what, uh, what were some of the duties and things you did with your training?

EG: Well, in, in training we, uh, was assigned to different places in the hospital where we got everything. We got medical and surgical and in general. Then, uh, we had a course in diatetics. We worked in the diet kitchen and

fixed special diets. Uh, then we had our turn in surgery where we trained with the surgery department. Then, we come along that we were, had obstetrics, and we would be called out, even at night for our turn in obstetrics. We had to have so many cases, uh, to our credit when we graduated.

MS: Um-hum. Do you recall the number of cases you had to have?

EG: No, I don't remember that.

MS: What type of, uh, examination or, uh, board did you have to pass?

EG: Well, we had to pass the state examination and it covered, uh, our, uh, studies was combined, some of them, into a thre... so we wouldn't have so many. Uh, history, history, ethics and psychology was combined and such, you know, so that, uh, we didn't have so many subjects. And I took my state board in Wheeling, West Virginia. You could take it in Wheeling or Charleston. And we, uh, from Davis and El-- kins or Davis Memorial we went to Wheeling. [MS: Um...] And, uh, I passed state board with the second-highest grade in the state and I'm kinda proud of that. And the one that got the highest grade in the state was also from our school. And I tried my best to beat her. Uh, every time I would study so hard to try to beat her, but she was just one of those book girls that she read it once and knew it, you know? [MS: Um-hum.] So, I was always just a little bit behind when we finally finished up.

MS: It's still nothing to be ashamed of (laughing).

EG: No, it wasn't anything to be ashamed of, but, er, when I got to the second place in the class I just tried awful hard to be first, but she had it on me by a point or two everywhere.

MS: Do you recall her name?

EG: Yeah, Juanita Purchin.

MS: Where was she from?

EG: She was from Ohio, and she was my roommate by the way.

MS: Oh (laughs).

EG: And, uh, she joined the service and overseas she went to England and overseas she married a fellow from Washington. Her brother was in the service and he happened to be in the same section and was at the wedding. [MS: Um-hum.]

But I don't know where she is now. I've lost track [MS: Yeah...] over the years.

MS: Um, now where did you go to begin your nursing after you left there?

EG: Well, uh, when I finished school, I decided I'd come home and I'd, uh, loaf a while, and study for my state examination. Everybody was askin' for a job, but I didn't ask for any. So one day the director of nurses called me to the desk and asked me what I was gonna do and I told her I was going home. And she said, "Do you, have you got a job?" I told her no, I hadn't asked for a job. And she said, "How would you like to stay on with us... as floor supervisor?"

MS: Was this in Elkins?

EG: That was in Elkins. And I'd been the only one who'd been asked in the three years I was there to stay, so I was quite pleased with that, little bit shocked, too. [MS: Um-hum.] But I did stay. I stayed there a while. Then from there I went to Monongahela General Hospital in Morgantown. And I worked there a while and one of my nurse friends was, uh, in the hospital, uh... at Weston, State Hospital, mental hospital. Well, I didn't know what that'd be like, but I thought, well, she wanted me to come up there with her. So I left and went up there. That was quite an experience. But, I, I got to the place where I felt like I could be more useful somewhere else. There wasn't much I could do for those patients, only just take care of 'em.

MS: What all did you have to do there?

EG: Uh, I was night supervisor, uh, at the medical center, and it, of course, consisted of four floors. One, women, and the other two, men, and the bottom floor was, uh, operating room and lab and so on. But I was in charge of the medical center. If there was anything went wrong on the other floors, I went to it, but I was in charge of the, the ladies' floor.

MS: What type of, uh, medical problems were most common there? About the same as in a regular hospital or did they have different medical problems or what?

EG: Well, uh, about the same in a way, but, uh, when the mind is disturbed, 'bout the only thing you can do is cope with it the best you can. There's very few of those patients ever get out of there and well. Now a few of 'em will. Sometimes, particularly after childbirth, a mother will be disturbed. Now, they usually'll get well in time. [MS: Um-hum.] But, a lot of 'em don't. Then, of course, we

had the alcoholics that we would get in, you know. And we'd get'em straightened up, just like you could any place else, but they'd be back again. And most of 'em, you know, there wasn't much to do for them. They had to do it their-self, it's the only way. [MS: Um-hum.] They had to decide theirself whether they wanted to do something, or you couldn't do anything about it. Then, uh, uh, one thing you would do would be to give them something occasionally that would settle 'em down. [MS: Um-hum.] But that's about the only thing that you could do. Then, of course, we got some drug addicts in and they were hard to cope with.

MS: What years were this that you were at Weston?

EG: "Bout 1942 I'd expect. And I was there about nineteen months.

MS: Um. What drug was or drugs were the most common that they were addicted to?

EG; Uh, morphine was one of them, particualrly if they could get it, you know. But, uh, that was the ones that we dealt the most with.

MS: What kind of rehabilitation program for that did they have?

EG: Well, to try, uh, try t-to get 'em off it really, you know. Uh,cut the dosage down [dog whining in background] but as the usual thing when they get out, why, they'd have their sources of getting it, and go right badk. There wasn't a lot of 'em cured, but, 'course tried.

MS: Yeah. O.K. Now where was it after you left Weston?

EG: After I left Weston, I came home, to Marlinton, and I worked the rest of my time in Marlinton hospital, Poca-hontas Memorial Hospital...

MS: What, uh, was your position there when you came?

EG; Well, when I came I just worked first floor and then I worked in the nursery a while. Uh, wasn't long then 'til I helped in surgery. I was usually the, well, uh, I helped most of the time in surgery. I'd scrub up as they needed me because usually we didn't have enough of doctors to go around and there was one nurse that had to be the surgical assistant. [MS: Um-hum.] And sometimes you'd have to scrub in, and other times you'd circulate, what we called "circulatin' nurse". And I did that a while. Then, when the, uh, operating room nurse left, why, I went in the operating room. And I scrubbed up and was first assistant to the doctor. [MS: Um-hum.] And took, and

we were in charge of supplies and sterilizing and helping operate, setting up, cleaning up, so on. Then, our director of nurses left, (laughing) so we didn't have anyone to take that, so I took the director of nursing job then for, uh, oh, I've had it I expect a year, year-and-a-half before they could get anyone and I also had the surgery which was... (chuckling)

MS: You had both jobs at the same time?

EG: Both jobs at the same time, which was too big job. Ya' hardly knowed which way to go, you know.

MS: Uh, you mentioned there weren't many doctors. How many doctors did they have at that time?

EG: I guess we had about three at that, no, two, at that time. Then later we got three that operated.

MS: And what was the patient load?

EG: Well, we would've had, we, we were loaded really at that time, more than we had the space for, 'cause we even had to put beds up, we had taken the waiting room and put two beds in it, jus' an' had 'em in the hall, you'd just get patients and you didn't know what to do with 'em. And, uh, we always tried to make some way to take care of 'em, when it was necessary.

MS: How many rooms did the hospital have, or how many beds should I say, at that time?

EG: We had about thirty beds. [MS: Um-hum.] And the bassinets.

MS: What area did you serve, the geographic area?

EG: Well, we had, uh, Pocahontas County... if that's what you mean. You mean...

MS: Right.

EG: Yeah, most of Pocahontas County, we took care of. Then, of course, we got a lot of patients elsewhere - people passin' through, you know [MS: Um-hum.] and had wrecks and such where we'd get them in. We've had patients from different places, and everyone seemed well-pleased. One thing, uh, we had nurses then, we didn't have aides you know, up until later years. So it was all nursing staff and we had enough to go around and take care of the patients and be with 'em a lot.

MS: About how many was that, how many nurses?

EG: We had about seven nurses, I guess at that time.

MS: Were they all RN's?

EG: Uh, we had one or two that was graduate nurses, that wasn't RN's. At that time you didn't have to be an LPN or you know, you didn't have to be licensed. [MS: Um-hum.] But we had some graduate nurses that were good but didn't take their state board or didn't pass state board.

MS: Um-hum. You mentioned the hospital would be full sometimes, uh, to overflowing. Was this due to any epidemics or was it just pretty common?

EG: Uh, it was pretty common. It was just, there was just times when they would be more sick people (laughing). I guess a lot of it, too, you know, maybe when, uh, pneumonia and flu and when the weather changed, probably. I don't remember that but, uh, most of the time we were full.

MS: Uh, what kind of schedule, shift did you work at that time?

EG: Uh, we worked seven to three, three to eleven, eleven to seven and, uh, when I first went to work there we worked, uh, seven days a week. I think we'd get half a day off. Then we got it down where we'd get a day off a week. And finally we got it down to a five-day week. But...

MS: But you started working a eight-hour shift?

EG: Eight-hour shift. Uh-huh.

MS: Now, uh, was this pretty much the same at the other places you'd worked before you came to Marlinton?

EG: Yes, just about the same. Back then they didn't give you five-day (chuckling) uh, week.

MS: What about vacation time?

EG: Usually get, uh, two weeks.

MS: Was that of your choosing or did they pretty much tell you when...?

EG: They'd tell you. Well, you had to set it up so that you could get off and, and the place would be covered, you know, you, at that kind of a job you have to give a little and take a little.

MS: Right. Who were the doctors when you first came here? Do you recall who they were?

EG: Mmm...Dr. Hamrick, Dr. Saulter, Dr. Howard, then we later got Dr. Dilley af-, he was in the Navy, and when he got out of the Navy he'd come here to work. Then we got Dr. McClure.

MS: What was the most doctors they had at any one time?

EG: Well, uh, usually not more than four. Some of them wasn't, uh, at the hospital, but were outside doctors, had an office. But they would send their patients into the hospital and sometimes come in there and doctor 'em and so on. Medically, most of them. But if it was surgery, why, they'd turn them over to the surgical doctors, to them.

MS: Right. Uh, do you recall any particular epidemics or natural disasters, such as floods, or anything that really put a strain on your work there at the hospital?

EG: One was a flood. Huh, I don't remember just what year that was now. But anyway, the flood we had down here, why, it uh, went into the basement and filled our basement up, [MS: Um.] and that's where the kitchen was. Of course, the water was contaminated. We had to have water hauled in and try to take care of the patients from the diet kitchen and that was quite a job. They let everyone go home that could possibly go so that we, it would ease the burden a little bit. But that was quite bad.

MS: Now would've this been the one in '67?

EG: I think that's the big one.

MS: I remember one time it got in the basement then.

EG: Yeah, yeah. That's when. And it ruined a lot of our equipment and records and...

MS: Uh, now, as I'd talked to you before, uh, Dr. Roland Sharp had mentioned that you'd delivered an awful lot of babies. How did you get into that?

EG: Well, uh, I was there (laughing). I was there and somebody had to do it, and so, as the usual thing, why, I got most of them, I guess. But, uh, I always tried to get a doctor if I could because the patient felt better if they had a nurse and a doctor. [MS: Um-hum.] But sometimes you couldn't and patients were... most of 'em around, you know, were people who knew me and trusted me, thank goodness, which, uh, helped out when you had to do it all by yourself, you know. [MS: Um-hum.] You just couldn't give an anesthetic and deliver the baby both, so in talkin' to the patient and the trust they had in me, why, I got by real well.

Of course, you had the doctor, you know, if you could get an order, we don't give the orders to admit the patient and we don't give the orders for the medicine, and so on. So if you could get a doctor at, when you needed 'im to get the order, why then, I could carry them out. So that always helped, you know. You always felt like you had somebody on the... in the background if you needed them, they'd be there. So you could get the order carried out.

MS: Was this, uh, sort of commonplace that the nurses would handle the deliveries?

EG: No. We got a doctor if we could.

MS: But I mean were other nurses doing the same thing or was it mostly you?

EG: Well, the others sometimes would, but I worked, I worked night duty a long time after I got out of, after I decided to get out of surgery, 'cause I was on call, and,uh, then I took in three foster children and, uh, I just didn't have the time to work day and night 'cause I was workin' day and night without that, you know. [MS: Yeah.] So, uh, at that time then I... I decided not to do that and I went on night duty in order to get away from it. But, for a year after I went on night duty I did night duty and the surgery, too (laughing).

MS: Uh, just making a guess, about how many babies do you think you have delivered?

EG: Oh, I have no idea! I wish I knew.

MS: No idea at all? Think you could make a guess?

EG: Oh, I don't have any idea. I wouldn't be able to guess.

MS: Well, I know Dr. Sharp said you've probably delivered more babies than any doctor did here in Pocahontas County.

EG: Well, uh, oh! I have to tell you a good one on Dr. Rexrode. I bet I didn't mention him either. He was one of our doctors that came later here. But, uh, he told the administrator that, uh, when I called him at night that they were ready, and if he waited a while that when he got there, why, it was all over. [MS: laughing] And that's the way he liked it. And, uh, I told the administrator, I said, "Well, I'll just fool him. I'll see if I can't call him an hour earlier and let him wait a while, you know." But anyway, I did try to save the doctors all I could. I watched the patients carefully and didn't call the doctor until it was time for him to come. [MS: Um-hum.] And, it was the

usual thing, if he'd come on , why he was there. But, that was... you had to help the doctors out 'cause they were on call day and night, too., you know. [MS: Um-hum.] I tried to save them all I could and, I guess, did save them a lot (laughing).

MS: Yeah. Did you ever do any home deliveries?

EG: No. I, er, I, uh, helped the doctor in a home a time or two, because the patient didn't want to come in and the doctor did go out, and, uh, I went to the home and watched her, and then called him, and so on. But that was a nurse. That's the only time I ever delivered in the home.

MS: Just the one time?

EG: Well, I think that was about the only time that I recall right now. Because, most of 'em anymore go to the hospital to deliver. There's not very many home deliveries any more.

MS: Did, uh, besides births, did you go with the doctors much to the homes?

EG: I did a few times, and places where I watched IV's, stayed with 'em and watched IV's and things while they were gettin' there. I have went a few times. And we went to Denmar, Dr. Dilley and I went to Denmar and operated once. A lady had to have her leg amputated and we went down there and operated and ... And then I went with Dr. Hamrick and helped to take a growth off his sister's head. It was a small thing, but anyway we did that in the home and... I've gone a few times to the homes with the doctors to help do something. Maybe a patient who didn't want to come to the hospital, or didn't have the money or something. But they were pretty good to help people who didn't have the money to pay. I expect better than they are now. You just have to pay. Get some insurance and... They don't go to homes much anymore for anything.

MS: Yeah. Uh, the facilities at the hospital from the time you came, could you compare those with what they've acquired through the years?

EG: Well, it's quite a difference. When I, uh, came here to work at the hospital here in Marlinton we were making all of our, uh, plaster that, uh, we used for broken bones. You got crinoline and plaster of Paris and you rubbed it in and then wrapped it, you know. You had to make all of that. [MS: Hum.] Then, we, uh, bought bolts of gauze and made our own sponges, you know, and everything. Uh, even, uh, obstetrical pads, we made them and that took an awful lot of time. In fact, we got cotton and we made our

own cotton balls and our own applicator sticks. It's far from that now. You buy them already made and everything, so there's quite a lot of work in things like that, to keep up.

MS: Well, uh, did the nurses do the making of these things, or did they have other people to do it?

EG: Eh, yes. And sometimes others would help us, but, uh, and of course, then when we got aides, why they would all help.

MS: Um-hum. The equipment, as far as X-ray equipment and, or just equipment in general at the hospitals...

EG: Well, our, at that, uh, in the beginning there we had an X-ray machine. It belonged to Dr. Hamrick. But it was at the hospital and used by the hospital. And later the hospital got their own X-ray and we got our own lab and, of course, operating room there, you know, the advancement in equipment's quite a lot over time.

MS: Before you got your own lab, did you have to send lab work away?

EG: Yes, we sent a lot of the lab work away. They could do some of it but most of it was sent away.

MS: Where was it sent to?

EG: I believe, I think Huntington. I'm not sure.

MS: How long did it usually take to get results back?

EG: Well, I'd say three days at least, because it (unintelligible) made available for at least three days. If it was necessary then, why, we'd get a call, but otherwise, why, if it wasn't urgent then we got the returns back (unintelligible).

MS: Quite a time lapse, that is , compared with what they can do today.

EG: Oh, yeah, that sure is. Oh, yes, it's advanced a lot in years.

MS: What about things like heart machines and heart monitors and things of that such?

EG: We didn't have any to begin with. We had an oxygen tent and if you had two or three patients, why, you didn't.... you had the worst one in the oxygen tent, the one you

thought might've needed it the most and you tried to treat the others. Then we finally got two oxygen tents. We could use nasal oxygen and so on, but,,uh, we didn't have the heart monitor. That's been a later thing. And that really helps to take care of the patient, too, all these things. Now they have oxygen that's piped in. We didn't have that. We had to bring our tanks and...

MS: Now I don't recall the year myself, but I can remember the hospital being remodeled and an addition put on. Uh, do you, do you recall when the addition was put on?

EG: No, I...not, not exactly.

MS: How did that change things though?

EG: Oh, it was quite an outfit, you know. We were kind of hampered until we got the addition and, of course, it brought us in a lot more patients and we could do a lot more things when we got that.

MS: About how many more beds did that have?

EG: Well...I was thinkin' when I mentioned back there how many beds we had. That was before the addition was put on, wasn't it?

MS: Right.

EG: We have about that many with the addition. We didn't have that many. Actually I was mistaken there in that many 'cause I was thinkin' of the hospital, you know...

MS: As it is now?

EG: As it is now. But, uh, I expect they've added about, um, (pause) we added about thirteen, twelve or thirteen rooms (unintelligible).

MS: So it just about doubled it in size though.

EG; Almost, yeah, /MS: Right. _/ almost. Then of course, we moved our operating room out, you see, and, uh, delivery room into the new unit. So it made quite a, and our nursery... In fact, we had a room for our nursery, just a room we, we'd use for our nursery.

MS: About how many babies would you have at a time, on the average?

EG: Well, we'd have, sometimes, at least ten and twelve. Well...

MS: In one room?

EG: Well, sometimes we'd have to have, use two rooms, depending, you know, on how many we had. We just had bassinets we'd use and we'd take another room and use. It's come a long ways. We got a nice nursery now.

MS: Yeah. It seems like, uh, that was kind of the majority of the cases you had at any one time, would be deliveries. Was that the case or...?

EG: We, you know, we used to do a lot of deliveries. There wasn't very many people went away. [MS: Umm.] And of course, we had the operating room open we, uh, we had to do a "section" we was ready to do it, and, uh, most of the deliveries around, in Pocahontas County we done in the hospital here. Now, you know, so many of 'em go away because they want...the operating room's not in use for major surgery. Hopefully it will be. [MS: Um-hum.] But Medicare has kinda hampered the small hospitals with all their requirements, you know. Their requirements is (unintelligible).

MS: Back to the, the births, I was wanting to ask, uh, you mentioned you may have to do a "section", "C-section" I assume you were talking about. Right? In the operating room. [EG: Uh-huh.] Most of the other deliveries, what, how were they done?

EG: Well, just in the delivery room, you know, normal deliveries. Oh, sometimes you'd have problems, but, like I say, with the surgical unit you can take care of them. Without the surgery unit, why, you kinda... it's a little bit bad to start out for fear you don't, that's one of the reasons a lot of them go away, probably too, you know.

MS: Well, you'd mentioned, uh, earlier, that you knowing the patient, being able to talk to them helped a lot. Uh, now were they conscious through the delivery? Most of them?

EG: Yes, sure.

MS: Well, did they have any kind of, uh, medication or anything?

EG: Well, sometimes if we had an order we'd try to give them something, but you can't give too much medication because it slows down the delivery.

MS: Uh, nowadays they have, uh, Lamaze training for lots of, uh, mothers. Did they have anything at all then to help

the mothers to know what to do? Or was it...?

EG: Well, uh, you went along, of course, most of that was in the doctors' offices where they would, uh, come for their check ups and so on, you know. We didn't see much of the patient at the hospital, unless it was trouble or something, until time for them to start first stage of labor or later.

MS: Well, did the mothers handle that pretty well?

EG: Yeah, and like I say, if they have confidence in you, if they know you it makes quite a lot of difference, because they felt father secure with me, you know, and I could talk to them. And it's a very nice way to have a delivery [MS: Yeah.] unless your patient, you know, is nervous and gets tense... (End of tape on first side. Begin side two.) One thing, if you kinda keep cool yourself, why, the patient feels like everything's all right. And, uh, the patient is always lookin' to see what your, uh, feelings are about things and they can pretty well tell, too. So if you keep, keep cool and try to keep your patient cool, why, things go along real good. And I love obstetrics. I had a hundred on the state board on obstetrics. I, I just like it, that's all. I like that and surgery. That's the part of nursing that I really like, is surgery and obstetrics.

MS: Uh, now, that hundred, was that a perfect score?

EG: Um-hum.

MS: Uh, how have surgery techniques, uh, improved or differed from when you started, or have they?

EG: Well, a lot more things to work with, Yeah, we gave drop ether mostly, you know. And they still say that that's one of the safest ways, but still, if you had a machine, you've got your oxygen and everything, you know, right there. Uh, it makes it a little nicer for people to work when they've got everyting to work with.

MS: Really. What all was your job in surgery? What did you have to do? You mentioned before washing up...

EG: Most of, most of my work in surgery, I was in charge of the operating room and assisted the doctor.

MS: What was the most involved with the surgery did you ever have to get?

EG: Well, a time or two, I did finish up when the operation was over and, and done the suturing up of the skin and so on. But, uh, I just assisted, first assistant to the

doctor." We, our doctors didn't work together because there wasn't enough of 'em, you know. They had their own work to do in their own offices, so I assisted the doctor a long time.

MS: Uh, you'd mentioned about a lot of patients going away and, uh, Medicare being a factor in that, uh, has this sort of been a trend with the hospital in Marlinton, fewer patients?

EG: Yeah, that's right. Because if they have fewer patients, like I said, they don't have the surgery department, the main surgery like "sections" and so on. They, uh, keep trying to do that but it's a small hospital and you can't afford all of it, so they get, have to get an anesthetist from somewhere else to come in on certain days. So that can only be elective surgery. You can't do, uh, emergency surgery when you can't get an anesthetist, you know. And then the requirements of Medicare, they have to have someone for each thing, like insurance and medical records and, and central supply which we used to go, you know, and get our own supplies. And then, whenever we'd see the supplies were out, why, we would, everybody would write down what have to be ordered and everything you'd see and that, uh, then if they had surgery, why, uh, they have to have a nurse to take care of the operating room, the supplies, uh, intensive care for the time being, reacting the patient, and there has to be someone to pay for all that and the small hospital can't hardly carry the l, load to pay 'em, you know. That's...

MS: What do you think the future for the hospital in Marlinton is?

EG: Oh, hopefully good. I don't know how we'd get along without it even, you know, the way it is because they do take care of a lot of emergency patients and they have a lot of medical patients and we've had some good doctors. It's just the fact that the doctor can't stay because he don't have the patient load enough, really. But it is a, uh, big county. It's kinda... just not that many people, you know, we do have in Pocahontas County, but it is a large county to cover.

MS: Right. Uh, what kind of staff do they have there now?

EG: We have, uh, I guess about four doctors that work in and out of the hospital. And I think very well covered with the nursing staff, you know, for the amount of patients we have.

MS: How many nurses do they have?

EG: I think they have about five registered nurses, and they have LPN's now which are very good. You can cover the place pretty good with that amount.

MS: How many LPN's?

EG: I don't know exactly how many LPN's there are.

MS: Do they have an aide, do they still have the aide...?

EG: They still have some aides, uh-huh.

MS: Now, when did that program start?

EG: Uh, I... we've had aides quite a while because we could train them and use them, but then they had to li-, uh, LPN's, they had to be licensed. And that started, uh, been several years but I can't remember exactly when.

MS: What all could the aides do? What duties... what were their duties?

EG: Well, they could give baths, and take care of, uh, putting out the signs, oh, just a little bit of everything, in fact, help serve trays, feed patients, just in general, uh, a lot of things that, uh, was (unintelligible) in nursing care, you know. Passing out medicines and treatments and things. Now a lot of the aides learned to do a lot of the treatments that they could do. They were a lot of help. Aides deserve a lot of credit for the help that they give patients, because they could be there a lot when the nurse couldn't be, you know.

MS: Right. Were these, uh, aides paid, or were they volunteer aides?

EG: Uh, most of them were paid. We have had some volunteer work, but the aides in here now are all paid.

MS: Now, uh, at one time, at least, I know they had a nurses' training program with the high school where some of the students would come down. /EG: Yes. _/ What did they do?

EG: Uh, they'd do the same thing, of course, uh, they weren't quite as, given as much, uh, work to do as the others because they didn't know the patient and they didn't know the orders, but they could go around and help, and go with the aides and so on. They, they was a lot of help in passing out water, and, and well, just

in general takin' care of 'em, you know. But, they had to go along with someone, because some patients, you know, are limited to what they can have. And, of course, they were taught to read these signs and things that you would have up, you know, that "Nothing by mouth" and so on, why, they would know that and they... Uh, they learned a lot I'm sure, for being in the hospitals and how to take care of the patient, and how to make beds and all this.

MS: Uh, what have been some of the, or the biggest problem that the hospital here has had? Has it been the money you mentioned, a lack of funds and patient load for doctors, or do you see some other problem that's been a major problem?

EG: Well, it's a little hard to say, but, uh, it seemed like it's a small hospital and lot of doctors, anymore, wants to go into special work. There's still some that likes general practice and that is what this hospital has to have, is someone that can do general work because, uh, they have to take care of all kinds of cases. So it's, it has really took care of sur-, uh, surgeon would take care of medical patients and just do everything, you know. But you almost had to have someone who could do surgery in order to operate the hospital. So we were lucky enough to get people who could do surgery and med-, the whole thing, you know. And, uh, I expect, uh, here lately anyway, financial problems is the greatest. In order to keep doctors and nurses and, and not a heavy patient load.

MS: Uh, the doctors that are there now, what are their names?

EG: Well, we have Dr. Shiranio, and they come and go, you know, they don't stay very long. I can't even think of the ones down at Hillsboro working up there now. There's a couple down there, a man and his wife both. But I can't think of their names. I'm not around the hospital, since I retired I'm not around the hospital that much and Dr. Shiranio is the one I go to. But they have about, uh, four down there now. We have another one coming back that was here and that's Dr. Pedro Gonzales. And I think now he has got to the place where he's advanced. He was, uh, workin' under his brother when he was here. But now I think he'd gonna be able to do surgery and so on. And he's comin' back down here, which might be a great help to the hospital. /MS: Um-hum./ He's supposed to be here the first of May.

MS: Now when did you retire?

EG: Oh, let's see. (Unintelligible figuring of dates) I retired about six years ago.

MS: O.K. So how many years in all did you work?

EG: From the time I started in training I worked all the time until I retired. I never was off but I didn't get paid for. I had time comin' to me. I worked a lot of overtime and a lot of my sick leave I didn't take, so on. So from the time I went in training until I retired I worked continuous.

MS: Can you recall how many years that was?

EG: I had about (pause) about thirty-two years, or something like that. "Cause I didn't into training when I first finished high school. But I found out I wanted to do something besides just, just "that and something else. I wanted a job.

MS: Now when were you married?

EG: I was married in nineteen and forty-four.

MS: So it was after you begin nursing?

EG: After I'd finished training.

MS: Right. Did, uh, being married, being a nurse, working the hours you did, did it put much strain on your family life?

EG: Well, not too much. Uh, I didn't have any children, you know, of my own. And my husband was the supervisor on the "state road" so we both were on call all the time and we didn't see much of each other. I guess that's the reason we got along so well. [Both: Laughing] We didn't have time to fight.

MS: And if you don't mind me asking this question about uh, your pay. From the time, comparing from the time you started to the time you retired...

EG: Yeah. When I first, uh, went to work I got seventy dollars a month. So I, uh, don't remember exactly what I was makin' when I finished but it was quite a lot different from that (laughing).

MS: How did that seventy dollars a month compare with what most people were makin' at that time?

EG: Well, uh, some other places were makin' a little more,

but like I say, a small hospital can't pay as much as...

MS: Well, I mean the people in this, in the areas where you were working. Other people in other professions.

EG: Oh! It was about the same. Some of 'em made a little more. But, uh, depended on the job you had, too. Night supervisor maybe would make a little more because not many people wanted to do night duty.

MS: Uh, you mentioned when we first began the interview that a lot of people would quit that went into training for nurses. That they weren't all cut out to be nurses. What kind of a person, would you say, does it take to be a nurse?

EG: Uh, I think a good nurse is someone who cares about other people and their problems. My mother told, uh, Dr. Hamrick then, uh, Mrs. Woodyard, who was down, superintendant of the hospital here, gave me a recommendation to go in training, and Mother told Dr. Hamrick , she said, "I don't think she'll make a nurse because, uh, she's too interested in other people's problems. She worries about other people's problems." He said, "That's the kind that makes a nurse" (laughing).

MS: Do you have any, uh, thing in particular you remember about any of the doctors, or patients or events or anything or any incidents in your training and career that you'd like to bring up?

EG: Well, I know there's some good times and some bad ones, of course, but I don't know of any really that...

MS: Uh, and one last question, uh, kinda personal, is that I've heard people make comments that, uh, you're sort of the "stand by" of the hospital at Marlinton, or I don't know if that's the correct word, but you were... as far as the nurses, pretty much what made the hospital run. What comments do you have on that?

EG: Well, I, I give it all my time. And it didn't make any difference when I was needed I went back. Now for OB's lots of times, uh, lot of 'em didn't like OB's. It was just scary, you know.

MS: Why was that?

EG: Uh, maybe scary. Uh, you know, afraid of what would happen or something would happen. But I would go back even, I was even on call for OB's. And finally it, it just got to be so much, you know, that I was on call for

surgery and then I'd go back and help with the deliveries. And, uh, finally I told 'em that I the only time I was comin' back for obstetrics would be if they were in trouble. Now, if they were in trouble I'd come back and help, but otherwise if it was just a normal delivery I just wouldn't be back. It was just too much. [MS: Um-hum.] But, you know, they felt like they had me to fall back on when time for the delivery would come, why I'd be there. Well, I did and I liked it, but it got to be so much I just couldn't take it all 'cause I was on call twenty-four hours a day, you know. What time I wasn't workin' I was on call.

MS: Now you lived in this house?

EG: Well, I lived in town [MS: O.K.] part of the time, and I was still on call when I moved up here. But that's when I decided to go on night duty and get away from surgery. The only way to get away was to go on night duty, you see, where I, you'd have to sleep in the daytime, but that didn't help much because I'd work all night and then I'd help with the surgery and come home and sleep awhile. I didn't get much done at home. I slept a while. But, I like to dwell on the, the I could spend my time doing, and you have to. If you don't like it, then get out . It's no place for you if you don't like nursing and don't like people.

MS: So you don't have any regrets that you did that?

EG: No, not at all!

MS: That's good. Well, thanks very much. It's been a most interesting interview.

EG: Well, I hope it's been of some help to you and...

MS: I sure.

EG: I want to wish you well in your work.

MARSHALL UNIVERSITY
HUNTINGTON, WEST VIRGINIA 25701
JAMES E. MORROW LIBRARY
ASSOCIATES

ORAL HISTORY

GIFT AND RELEASE AGREEMENT

I, Eula D. Gibson R.N., the undersigned, of Marlinton, County of Pocahontas, State of West Virginia, grant, convey, and transfer to the James E. Morrow Library Associates, a division of The Marshall University Foundation, Inc., an educational and eleemosynary institution, all my right, title, interest, and literary property rights in and to my testimony recorded on April 26, 1981, to be used for scholarly purposes, including study and rights to reproduction.

E.G. initial — Open and usable after my review.

_____ initial — Closed for a period of _____ years.

_____ initial — Closed for my lifetime.

_____ initial — Closed for my lifetime unless special permission is gained from me or my assigns.

Date April 26, 1981 — Eula D. Gibson R.N. (Signature - Interviewee)

Rt 1 Box 260
Address
Marlinton, WV 24954

Date ~~Date~~ April 26, 1981 — Michael L. Sheets (Signature - Witness)

MARSHALL UNIVERSITY

ORAL HISTORY OF APPALACHIA

HUNTINGTON, WEST VIRGINIA 25701

The Marshall University Oral History of Appalachia Program is an attempt to collect and preserve on tape the rich, yet rapidly disappearing oral and visual tradition of Appalachia by creating a central archive at the James E. Morrow Library on the Marshall campus. Valued as a source of original material for the scholarly community, the program also seeks to establish closer ties between the varied parts of the Appalachian region- West Virginia, Virginia, Ohio, and Kentucky.

In the Spring of 1972, members of the Cabell-Wayne Historical Society joined with Dr. O. Norman Simpkins, Chairman, Department of Sociology and Anthropology, and Dr. Michael J. Galgano of the Department of History in establishing the program. The Historical Society and other community organizations provided the first financial support and equipment. In April 1974, the Oral History program received a three year development grant from the Marshall University Foundation allowing for expansion and refinement. In 1976, the program became affiliated with New York Times Microfilm Corporation of America. To date, approximately 4,200 pages of transcribed tapes have been published as part of the New York Times Oral History Program. These materials represent one of the largest single collections of Appalachian oral materials in existence. Royalties earned from the sale of the transcripts are earmarked for the continuation of the program.

The first interviews were conducted by Marshall University History and Sociology students. Although students are currently involved in the program, many interviews are conducted by the Oral History staff. Graduate students are strongly encouraged to participate in the program by taking special topic courses in oral history under the supervision of Dr. Robert Maddox, program director since September 1978.

The program seeks to establish contacts with as broad a variety of regional persons as possible. Farmers, physicians, miners, teachers, both men and women all comprise a significant portion of the collection. Two major types of interviews have been compiled: the whole life and the specific work experience. In the whole life category, the interviewer attempts to guide subtly the interviewee through as much of his or her life as can be remembered. The second type isolates a specific work or life experience peculiar to the Appalachian region and examines it in detail. Although both types of interviews are currently being conducted, emphasis is now placed on the specific work experience. Recent projects are concerned primarily with health care, coal mining, and the growth of labor organizations.

Parts II and III of the Oral History of Appalachia collection were compiled by Dr. Robert F. Maddox, Director, and processed by Ms. Brenda Perego.

Dr. Robert F. Maddox, Director
Ms. Brenda Perego, Processor

The following interview took place on April 26, 1981 at the home of Eula Gibson, near Marlinton in Pocahontas County, West Virginia. Mrs. Gibson was interviewed by Michael Sheets, a graduate student of history at Marshall University in Huntington, West Virginia. During the interview, Mrs Gibson tells of her experiences as a nurse in Pocahontas County.

Michael Sheets: Mrs. Gibson, could you tell me a little bit about yourself, your family, your family background?

Eula Gibson: Well, my father and mother were Mr. and Mrs. J.W. Dilley. I had a brother, Dempsey, and a sister, Madge... just five in the family. And when I finished high school, I loafed around a while, and I wasn't happy at that, so I decided that I wanted to go to training. So I went in training in a three-year, uh, course. We worked on the floor and studied and had our lessons besides. We started in working right off, you know, on the floor.

MS: Where was this training?

EG: At Davis Memorial Hospital in Elkins, West Virginia.

MS: When was this?

EG: Uh, I went in training 1937, graduated in 1940, which is three years of school.

MS: Uh, where did you go to high school?

EG: Mar...uh, Marlinton, Edray District High School in Marlinton, West Virginia.

MS: Called Edray District High School at that time?

EG: Um-hum, at that time.

MS: What all did your training consist of?

EG: Well, we had a, uh, three-month probation period, where we tried out to see... you know, some make nurses and some don't. [MS: chuckling] And some like it, and some don't, so, uh, then we had, oh, we had a full study course.

MS: Uh, what, uh, what were some of the duties and things you did with your training?

EG: Well, in, in training we, uh, was assigned to different places in the hospital where we got everything. We got medical and surgical and in general. Then, uh, we had a course in diatetics. We worked in the diet kitchen and

fixed special diets. Uh, then we had our turn in surgery where we trained with the surgery department. Then, we come along that we were, had obstetrics, and we would be called out, even at night for our turn in obstetrics. We had to have so many cases, uh, to our credit when we graduated.

MS: Um-hum. Do you recall the number of cases you had to have?

EG: No, I don't remember that.

MS: What type of, uh, examination or, uh, board did you have to pass?

EG: Well, we had to pass the state examination and it covered, uh, our, uh, studies was combined, some of them, into a thre... so we wouldn't have so many. Uh, history, history, ethics and psychology was combined and such, you know, so that, uh, we didn't have so many subjects. And I took my state board in Wheeling, West Virginia. You could take it in Wheeling or Charleston. And we, uh, from Davis and El-- kins or Davis Memorial we went to Wheeling. [MS: Um...] And, uh, I passed state board with the second-highest grade in the state and I'm kinda proud of that. And the one that got the highest grade in the state was also from our school. And I tried my best to beat her. Uh, every time I would study so hard to try to beat her, but she was just one of those book girls that she read it once and knew it, you know? [MS: Um-hum.] So, I was always just a little bit behind when we finally finished up.

MS: It's still nothing to be ashamed of (laughing).

EG: No, it wasn't anything to be ashamed of, but, er, when I got to the second place in the class I just tried awful hard to be first, but she had it on me by a point or two everywhere.

MS: Do you recall her name?

EG: Yeah, Juanita Purchin.

MS: Where was she from?

EG: She was from Ohio, and she was my roommate by the way.

MS: Oh (laughs).

EG: And, uh, she joined the service and overseas she went to England and overseas she married a fellow from Washington. Her brother was in the service and he happened to be in the same section and was at the wedding. [MS: Um-hum.]

But I don't know where she is now. I've lost track [MS: Yeah...] over the years.

MS: Um, now where did you go to begin your nursing after you left there?

EG: Well, uh, when I finished school, I decided I'd come home and I'd, uh, loaf a while, and study for my state examination. Everybody was askin' for a job, but I didn't ask for any. So one day the director of nurses called me to the desk and asked me what I was gonna do and I told her I was going home. And she said, "Do you, have you got a job?" I told her no, I hadn't asked for a job. And she said, "How would you like to stay on with us... as floor supervisor?"

MS: Was this in Elkins?

EG: That was in Elkins. And I'd been the only one who'd been asked in the three years I was there to stay, so I was quite pleased with that, little bit shocked, too. [MS: Um-hum.] But I did stay. I stayed there a while. Then from there I went to Monongahela General Hospital in Morgantown. And I worked there a while and one of my nurse friends was, uh, in the hospital, uh... at Weston, State Hospital, mental hospital. Well, I didn't know what that'd be like, but I thought, well, she wanted me to come up there with her. So I left and went up there. That was quite an experience. But, I, I got to the place where I felt like I could be more useful somewhere else. There wasn't much I could do for those patients, only just take care of 'em.

MS: What all did you have to do there?

EG: Uh, I was night supervisor, uh, at the medical center, and it, of course, consisted of four floors. One, women, and the other two, men, and the bottom floor was, uh, operating room and lab and so on. But I was in charge of the medical center. If there was anything went wrong on the other floors, I went to it, but I was in charge of the, the ladies' floor.

MS: What type of, uh, medical problems were most common there? About the same as in a regular hospital or did they have different medical problems or what?

EG: Well, uh, about the same in a way, but, uh, when the mind is disturbed, 'bout the only thing you can do is cope with it the best you can. There's very few of those patients ever get out of there and well. Now a few of 'em will. Sometimes, particularly after childbirth, a mother will be disturbed. Now, they usually'll get well in time. [MS: Um-hum.] But, a lot of 'em don't. Then, of course, we

had the alcoholics that we would get in, you know. And we'd get'em straightened up, just like you could any place else, but they'd be back again. And most of 'em, you know, there wasn't much to do for them. They had to do it their-self, it's the only way. [MS: Um-hum.] They had to decide theirself whether they wanted to do something, or you couldn't do anything about it. Then, uh, uh, one thing you would do would be to give them something occasionally that would settle 'em down. [MS: Um-hum.] But that's about the only thing that you could do. Then, of course, we got some drug addicts in and they were hard to cope with.

MS: What years were this that you were at Weston?

EG: 'Bout 1942 I'd expect. And I was there about nineteen months.

MS: Um. What drug was or drugs were the most common that they were addicted to?

EG; Uh, morphine was one of them, particualrly if they could get it, you know. But, uh, that was the ones that we dealt the most with.

MS: What kind of rehabilitation program for that did they have?

EG: Well, to try, uh, try t-to get 'em off it really, you know. Uh,cut the dosage down [dog whining in background] but as the usual thing when they get out, why, they'd have their sources of getting it, and go right back. There wasn't a lot of 'em cured, but, 'course tried.

MS: Yeah. O.K. Now where was it after you left Weston?

EG: After I left Weston, I came home, to Marlinton, and I worked the rest of my time in Marlinton hospital, Poca-hontas Memorial Hospital...

MS: What, uh, was your position there when you came?

EG; Well, when I came I just worked first floor and then I worked in the nursery a while. Uh, wasn't long then 'til I helped in surgery. I was usually the, well, uh, I helped most of the time in surgery. I'd scrub up as they needed me because usually we didn't have enough of doctors to go around and there was one nurse that had to be the surgical assistant. [MS: Um-hum.] And sometimes you'd have to scrub in, and other times you'd circulate, what we called "circulatin' nurse". And I did that a while. Then, when the, uh, operating room nurse left, why, I went in the operating room. And I scrubbed up and was first assistant to the doctor. [MS: Um-hum.] And took, and

we were in charge of supplies and sterilizing and helping operate, setting up, cleaning up, so on. Then, our director of nurses left, (laughing) so we didn't have anyone to take that, so I took the director of nursing job then for, uh, oh, I've had it I expect a year, year-and-a-half before they could get anyone and I also had the surgery which was... (chuckling)

MS: You had both jobs at the same time?

EG: Both jobs at the same time, which was too big job. Ya' hardly knowed which way to go, you know.

MS: Uh, you mentioned there weren't many doctors. How many doctors did they have at that time?

EG: I guess we had about three at that, no, two, at that time. Then later we got three that operated.

MS: And what was the patient load?

EG: Well, we would've had, we, we were loaded really at that time, more than we had the space for, 'cause we even had to put beds up, we had taken the waiting room and put two beds in it, jus' an' had 'em in the hall, you'd just get patients and you didn't know what to do with 'em. And, uh, we always tried to make some way to take care of 'em, when it was necessary.

MS: How many rooms did the hospital have, or how many beds should I say, at that time?

EG: We had about thirty beds. [MS: Um-hum.] And the bassinets.

MS: What area did you serve, the geographic area?

EG: Well, we had, uh, Pocahontas County... if that's what you mean. You mean...

MS: Right.

EG: Yeah, most of Pocahontas County, we took care of. Then, of course, we got a lot of patients elsewhere - people passin' through, you know [MS: Um-hum.] and had wrecks and such where we'd get them in. We've had patients from different places, and everyone seemed well-pleased. One thing, uh, we had nurses then, we didn't have aides you know, up until later years. So it was all nursing staff and we had enough to go around and take care of the patients and be with 'em a lot.

MS: About how many was that, how many nurses?

EG: We had about seven nurses, I guess at that time.

MS: Were they all RN's?

EG: Uh, we had one or two that was graduate nurses, that wasn't RN's. At that time you didn't have to be an LPN or you know, you didn't have to be licensed. [MS: Um-hum.] But we had some graduate nurses that were good but didn't take their state board or didn't pass state board.

MS: Um-hum. You mentioned the hospital would be full sometimes, uh, to overflowing. Was this due to any epidemics or was it just pretty common?

EG: Uh, it was pretty common. It was just, there was just times when they would be more sick people (laughing). I guess a lot of it, too, you know, maybe when, uh, pneumonia and flu and when the weather changed, probably. I don't remember that but, uh, most of the time we were full.

MS: Uh, what kind of schedule, shift did you work at that time?

EG: Uh, we worked seven to three, three to eleven, eleven to seven and, uh, when I first went to work there we worked, uh, seven days a week. I think we'd get half a day off. Then we got it down where we'd get a day off a week. And finally we got it down to a five-day week. But...

MS: But you started working a eight-hour shift?

EG: Eight-hour shift. Uh-huh.

MS: Now, uh, was this pretty much the same at the other places you'd worked before you came to Marlinton?

EG: Yes, just about the same. Back then they didn't give you five-day (chuckling) uh, week.

MS: What about vacation time?

EG: Usually get, uh, two weeks.

MS: Was that of your choosing or did they pretty much tell you when...?

EG: They'd tell you. Well, you had to set it up so that you could get off and, and the place would be covered, you know, you, at that kind of a job you have to give a little and take a little.

MS: Right. Who were the doctors when you first came here? Do you recall who they were?

EG: Mmm...Dr. Hamrick, Dr. Saulter, Dr. Howard, then we later got Dr. Dilley af-, he was in the Navy, and when he got out of the Navy he'd come here to work. Then we got Dr. McClure.

MS: What was the most doctors they had at any one time?

EG: Well, uh, usually not more than four. Some of them wasn't, uh, at the hospital, but were outside doctors, had an office. But they would send their patients into the hospital and sometimes come in there and doctor 'em and so on. Medically, most of them. But if it was surgery, why, they'd turn them over to the surgical doctors, to them.

MS: Right. Uh, do you recall any particular epidemics or natural disasters, such as floods, or anything that really put a strain on your work there at the hospital?

EG: One was a flood. Huh, I don't remember just what year that was now. But anyway, the flood we had down here, why, it uh, went into the basement and filled our basement up, [MS: Um.] and that's where the kitchen was. Of course, the water was contaminated. We had to have water hauled in and try to take care of the patients from the diet kitchen and that was quite a job. They let everyone go home that could possibly go so that we, it would ease the burden a little bit. But that was quite bad.

MS: Now would've this been the one in '67?

EG: I think that's the big one.

MS: I remember one time it got in the basement then.

EG: Yeah, yeah. That's when. And it ruined a lot of our equipment and records and...

MS: Uh, now, as I'd talked to you before, uh, Dr. Roland Sharp had mentioned that you'd delivered an awful lot of babies. How did you get into that?

EG: Well, uh, I was there (laughing). I was there and somebody had to do it, and so, as the usual thing, why, I got most of them, I guess. But, uh, I always tried to get a doctor if I could because the patient felt better if they had a nurse and a doctor. [MS: Um-hum.] But sometimes you couldn't and patients were... most of 'em around, you know, were people who knew me and trusted me, thank goodness, which, uh, helped out when you had to do it all by yourself, you know. [MS: Um-hum.] You just couldn't give an anesthetic and deliver the baby both, so in talkin' to the patient and the trust they had in me, why, I got by real well.

Of course, you had the doctor, you know, if you could get an order, we don't give the orders to admit the patient and we don't give the orders for the medicine, and so on. So if you could get a doctor at, when you needed 'im to get the order, why then, I could carry them out. So that always helped, you know. You always felt like you had somebody on the... in the background if you needed them, they'd be there. So you could get the order carried out.

MS: Was this, uh, sort of commonplace that the nurses would handle the deliveries?

EG: No. We got a doctor if we could.

MS: But I mean were other nurses doing the same thing or was it mostly you?

EG: Well, the others sometimes would, but I worked, I worked night duty a long time after I got out of, after I decided to get out of surgery, 'cause I was on call, and,uh, then I took in three foster children and, uh, I just didn't have the time to work day and night 'cause I was workin' day and night without that, you know. [MS: Yeah.] So, uh, at that time then I... I decided not to do that and I went on night duty in order to get away from it. But, for a year after I went on night duty I did night duty and the surgery, too (laughing).

MS: Uh, just making a guess, about how many babies do you think you have delivered?

EG: Oh, I have no idea! I wish I knew.

MS: No idea at all? Think you could make a guess?

EG: Oh, I don't have any idea. I wouldn't be able to guess.

MS: Well, I know Dr. Sharp said you've probably delivered more babies than any doctor did here in Pocahontas County.

EG: Well, uh, oh! I have to tell you a good one on Dr. Rexrode. I bet I didn't mention him either. He was one of our doctors that came later here. But, uh, he told the administrator that, uh, when I called him at night that they were ready, and if he waited a while that when he got there, why, it was all over. [MS: laughing] And that's the way he liked it. And, uh, I told the administrator, I said, "Well, I'll just fool him, I'll see if I can't call him an hour earlier and let him wait a while, you know." But anyway, I did try to save the doctors all I could. I watched the patients carefully and didn't call the doctor until it was time for him to come. [MS: Um-hum.] And, it was the

usual thing, if he'd come on , why he was there. But, that was... you had to help the doctors out 'cause they were on call day and night, too., you know. [MS: Um-hum.] I tried to save them all I could and, I guess, did save them a lot (laughing).

MS: Yeah. Did you ever do any home deliveries?

EG: No. I, er, I, uh, helped the doctor in a home a time or two, because the patient didn't want to come in and the doctor did go out, and, uh, I went to the home and watched her, and then called him, and so on. But that was a nurse. That's the only time I ever delivered in the home.

MS: Just the one time?

EG: Well, I think that was about the only time that I recall right now. Because, most of 'em anymore go to the hospital to deliver. There's not very many home deliveries any more.

MS: Did, uh, besides births, did you go with the doctors much to the homes?

EG: I did a few times, and places where I watched IV's, stayed with 'em and watched IV's and things while they were gettin' there. I have went a few times. And we went to Denmar, Dr. Dilley and I went to Denmar and operated once. A lady had to have her leg amputated and we went down there and operated and ... And then I went with Dr. Hamrick and helped to take a growth off his sister's head. It was a small thing, but anyway we did that in the home and... I've gone a few times to the homes with the doctors to help do something. Maybe a patient who didn't want to come to the hospital, or didn't have the money or something. But they were pretty good to help people who didn't have the money to pay. I expect better than they are now. You just have to pay. Get some insurance and... They don't go to homes much anymore for anything.

MS: Yeah. Uh, the facilities at the hospital from the time you came, could you compare those with what they've acquired through the years?

EG: Well, it's quite a difference. When I, uh, came here to work at the hospital here in Marlinton we were making all of our, uh, plaster that, uh, we used for broken bones. You got crinoline and plaster of Paris and you rubbed it in and then wrapped it, you know. You had to make all of that. [MS: Hum.] Then, we, uh, bought bolts of gauze and made our own sponges, you know, and everything. Uh, even, uh, obstetrical pads, we made them and that took an awful lot of time. In fact, we got cotton and we made our

own cotton balls and our own applicator sticks. It's far from that now. You buy them already made and everything, so there's quite a lot of work in things like that to keep up.

MS: Well, uh, did the nurses do the making of these things, or did they have other people to do it?

EG: Eh, yes. And sometimes others would help us, but, uh, and of course, then when we got aides, why they would all help.

MS: Um-hum. The equipment, as far as X-ray equipment and, or just equipment in general at the hospitals...

EG: Well, our, at that, uh, in the beginning there we had an X-ray machine. It belonged to Dr. Hamrick. But it was at the hospital and used by the hospital. And later the hospital got their own X-ray and we got our own lab and, of course, operating room there, you know, the advancement in equipment's quite a lot over time.

MS: Before you got your own lab, did you have to send lab work away?

EG: Yes, we sent a lot of the lab work away. They could do some of it but most of it was sent away.

MS: Where was it sent to?

EG: I believe, I think Huntington. I'm not sure.

MS: How long did it usually take to get results back?

EG: Well, I'd say three days at least, because it (unintelligible) made available for at least three days. If it was necessary then, why, we'd get a call, but otherwise, why, if it wasn't urgent then we got the returns back (unintelligible).

MS: Quite a time lapse, that is , compared with what they can do today.

EG: Oh, yeah, that sure is. Oh, yes, it's advanced a lot in years.

MS: What about things like heart machines and heart monitors and things of that such?

EG: We didn't have any to begin with. We had an oxygen tent and if you had two or three patients, why, you didn't.... you had the worst one in the oxygen tent, the one you

thought might've needed it the most and you tried to treat the others. Then we finally got two oxygen tents. We could use nasal oxygen and so on, but, uh, we didn't have the heart monitor. That's been a later thing. And that really helps to take care of the patient, too, all these things. Now they have oxygen that's piped in. We didn't have that. We had to bring our tanks and...

MS: Now I don't recall the year myself, but I can remember the hospital being remodeled and an addition put on. Uh, do you, do you recall when the addition was put on?

EG: No, I...not, not exactly.

MS: How did that change things though?

EG: Oh, it was quite an outfit, you know. We were kind of hampered until we got the addition and, of course, it brought us in a lot more patients and we could do a lot more things when we got that.

MS: About how many more beds did that have?

EG: Well...I was thinkin' when I mentioned back there how many beds we had. That was before the addition was put on, wasn't it?

MS: Right.

EG: We have about that many with the addition. We didn't have that many. Actually I was mistaken there in that many 'cause I was thinkin' of the hospital, you know...

MS: As it is now?

EG: As it is now. But, uh, I expect they've added about, um, (pause) we added about thirteen, twelve or thirteen rooms (unintelligible).

MS: So it just about doubled it in size though.

EG: Almost, yeah, /MS: Right. / almost. Then of course, we moved our operating room out, you see, and, uh, delivery room into the new unit. So it made quite a, and our nursery... In fact, we had a room for our nursery, just a room we, we'd use for our nursery.

MS: About how many babies would you have at a time, on the average?

EG: Well, we'd have, sometimes, at least ten and twelve. Well...

MS: In one room?

EG: Well, sometimes we'd have to have, use two rooms, depending, you know, on how many we had. We just had bassinets we'd use and we'd take another room and use. It's come a long ways. We got a nice nursery now.

MS: Yeah. It seems like, uh, that was kind of the majority of the cases you had at any one time, would be deliveries. Was that the case or...?

EG: We, you know, we used to do a lot of deliveries. There wasn't very many people went away. [MS: Umm.] And of course, we had the operating room open we, uh, we had to do a "section" we was ready to do it, and, uh, most of the deliveries around, in Pocahontas County we done in the hospital here. Now, you know, so many of 'em go away because they want...the operating room's not in use for major surgery. Hopefully it will be. [MS: Um-hum.] But Medicare has kinda hampered the small hospitals with all their requirements, you know. Their requirements is (unintelligible).

MS: Back to the, the births, I was wanting to ask, uh, you mentioned you may have to do a "section", "C-section" I assume you were talking about. Right? In the operating room. [EG: Uh-huh.] Most of the other deliveries, what, how were they done?

EG: Well, just in the delivery room, you know, normal deliveries. Oh, sometimes you'd have problems, but, like I say, with the surgical unit you can take care of them. Without the surgery unit, why, you kinda... it's a little bit bad to start out for fear you don't, that's one of the reasons a lot of them go away, probably too, you know.

MS: Well, you'd mentioned, uh, earlier, that you knowing the patient, being able to talk to them helped a lot. Uh, now were they conscious through the delivery? Most of them?

EG: Yes, sure.

MS: Well, did they have any kind of, uh, medication or anything?

EG: Well, sometimes if we had an order we'd try to give them something, but you can't give too much medication because it slows down the delivery.

MS: Uh, nowadays they have, uh, Lamaze training for lots of, uh, mothers. Did they have anything at all then to help

the mothers to know what to do? Or was it...?

EG: Well, uh, you went along, of course, most of that was in the doctors' offices where they would, uh, come for their check ups and so on, you know. We didn't see much of the patient at the hospital, unless it was trouble or something, until time for them to start first stage of labor or later.

MS: Well, did the mothers handle that pretty well?

EG: Yeah, and like I say, if they have confidence in you, if they know you it makes quite a lot of difference, because they felt father secure with me, you know, and I could talk to them. And it's a very nice way to have a delivery [MS: Yeah.] unless your patient, you know, is nervous and gets tense... (End of tape on first side. Begin side two.) One thing, if you kinda keep cool yourself, why, the patient feels like everything's all right. And, uh, the patient is always lookin' to see what your, uh, feelings are about things and they can pretty well tell, too. So if you keep, keep cool and try to keep your patient cool, why, things go along real good. And I love obstetrics. I had a hundred on the state board on obstetrics. I, I just like it, that's all. I like that and surgery. That's the part of nursing that I really like, is surgery and obstetrics.

MS: Uh, now, that hundred, was that a perfect score?

EG: Um-hum.

MS: Uh, how have surgery techniques, uh, improved or differed from when you started, or have they?

EG: Well, a lot more things to work with, Yeah, we gave drop ether mostly, you know. And they still say that that's one of the safest ways, but still, if you had a machine, you've got your oxygen and everything, you know, right there. Uh, it makes it a little nicer for people to work when they've got everyting to work with.

MS: Really. What all was your job in surgery? What did you have to do? You mentioned before washing up...

EG: Most of, most of my work in surgery, I was in charge of the operating room and assisted the doctor.

MS: What was the most involved with the surgery did you ever have to get?

EG: Well, a time or two, I did finish up when the operation was over and, and done the suturing up of the skin and so on. But, uh, I just assisted, first assistant to the

doctor. We, our doctors didn't work together because there wasn't enough of 'em, you know. They had their own work to do in their own offices, so I assisted the doctor a long time.

MS: Uh, you'd mentioned about a lot of patients going away and, uh, Medicare being a factor in that, uh, has this sort of been a trend with the hospital in Marlinton, fewer patients?

EG: Yeah, that's right. Because if they have fewer patients, like I said, they don't have the surgery department, the main surgery like "sections" and so on. They, uh, keep trying to do that but it's a small hospital and you can't afford all of it, so they get, have to get an anesthetist from somewhere else to come in on certain days. So that can only be elective surgery. You can't do, uh, emergency surgery when you can't get an anesthetist, you know. And then the requirements of Medicare, they have to have someone for each thing, like insurance and medical records and, and central supply which we used to go, you know, and get our own supplies. And then, whenever we'd see the supplies were out, why, we would, everybody would write down what have to be ordered and everything you'd see and that, uh, then if they had surgery, why, uh, they have to have a nurse to take care of the operating room, the supplies, uh, intensive care for the time being, reacting the patient, and there has to be someone to pay for all that and the small hospital can't hardly carry the l, load to pay 'em, you know. That's...

MS: What do you think the future for the hospital in Marlinton is?

EG: Oh, hopefully good. I don't know how we'd get along without it even, you know, the way it is because they do take care of a lot of emergency patients and they have a lot of medical patients and we've had some good doctors. It's just the fact that the doctor can't stay because he don't have the patient load enough, really. But it is a, uh, big county. It's kinda... just not that many people, you know, we do have in Pocahontas County, but it is a large county to cover.

MS: Right. Uh, what kind of staff do they have there now?

EG: We have, uh, I guess about four doctors that work in and out of the hospital. And I think very well covered with the nursing staff, you know, for the amount of patients we have.

MS: How many nurses do they have?

EG: I think they have about five registered nurses, and they have LPN's now which are very good. You can cover the place pretty good with that amount.

MS: How many LPN's?

EG: I don't know exactly how many LPN's there are.

MS: Do they have an aide, do they still have the aide...?

EG: They still have some aides, uh-huh.

MS: Now, when did that program start?

EG: Uh, I... we've had aides quite a while because we could train them and use them, but then they had to li-, uh, LPN's, they had to be licensed. And that started, uh, been several years but I can't remember exactly when.

MS: What all could the aides do? What duties... what were their duties?

EG: Well, they could give baths, and take care of, uh, putting out the signs, oh, just a little bit of everything, in fact, help serve trays, feed patients, just in general, uh, a lot of things that, uh, was (unintelligible) in nursing care, you know. Passing out medicines and treatments and things. Now a lot of the aides learned to do a lot of the treatments that they could do. They were a lot of help. Aides deserve a lot of credit for the help that they give patients, because they could be there a lot when the nurse couldn't be, you know.

MS: Right. Were these, uh, aides paid, or were they volunteer aides?

EG: Uh, most of them were paid. We have had some volunteer work, but the aides in here now are all paid.

MS: Now, uh, at one time, at least, I know they had a nurses' training program with the high school where some of the students would come down. /EG: Yes. _/ What did they do?

EG: Uh, they'd do the same thing, of course, uh, they weren't quite as, given as much, uh, work to do as the others because they didn't know the patient and they didn't know the orders, but they could go around and help, and go with the aides and so on. They, they was a lot of help in passing out water, and, and well, just

in general takin' care of 'em, you know. But, they had to go along with someone, because some patients, you know, are limited to what they can have. And, of course, they were taught to read these signs and things that you would have up, you know, that "Nothing by mouth" and so on, why, they would know that and they... Uh, they learned a lot I'm sure, for being in the hospitals and how to take care of the patient, and how to make beds and all this.

MS: Uh, what have been some of the, or the biggest problem that the hospital here has had? Has it been the money you mentioned, a lack of funds and patient load for doctors, or do you see some other problem that's been a major problem?

EG: Well, it's a little hard to say, but, uh, it seemed like it's a small hospital and lot of doctors, anymore, wants to go into special work. There's still some that likes general practice and that is what this hospital has to have, is someone that can do general work because, uh, they have to take care of all kinds of cases. So it's, it has really took care of sur-, uh, surgeon would take care of medical patients and just do everything, you know. But you almost had to have someone who could do surgery in order to operate the hospital. So we were lucky enough to get people who could do surgery and med-, the whole thing, you know. And, uh, I expect, uh, here lately anyway, financial problems is the greatest. In order to keep doctors and nurses and, and not a heavy patient load.

MS: Uh, the doctors that are there now, what are their names?

EG: Well, we have Dr. Shiranio, and they come and go, you know, they don't stay very long. I can't even think of the ones down at Hillsboro working up there now. There's a couple down there, a man and his wife both. But I can't think of their names. I'm not around the hospital, since I retired I'm not around the hospital that much and Dr. Shiranio is the one I go to. But they have about, uh, four down there now. We have another one coming back that was here and that's Dr. Pedro Gonzales. And I think now he has got to the place where he's advanced. He was, uh, workin' under his brother when he was here. But now I think he'd gonna be able to do surgery and so on. And he's comin' back down here, which might be a great help to the hospital. [MS: Um-hum.] He's supposed to be here the first of May.

MS: Now when did you retire?

EG: Oh, let's see. (Unintelligible figuring of dates) I retired about six years ago.

MS: O.k. So how many years in all did you work?

EG: From the time I started in training I worked all the time until I retired. I never was off but I didn't get paid for. I had time comin' to me. I worked a lot of overtime and a lot of my sick leave I didn't take, so on. So from the time I went in training until I retired I worked continuous.

MS: Can you recall how many years that was?

EG: I had about (pause) about thirty-two years, or something like that. "Cause I didn't into training when I first finished high school. But I found out I wanted to do something besides just, just "that and something else. I wanted a job.

MS: Now when were you married?

EG: I was married in nineteen and forty-four.

MS: So it was after you begin nursing?

EG: After I'd finished training.

MS: Right. Did, uh, being married, being a nurse, working the hours you did, did it put much strain on your family life?

EG: Well, not too much. Uh, I didn't have any children, you know, of my own. And my husband was the supervisor on the "state road" so we both were on call all the time and we didn't see much of each other. I guess that's the reason we got along so well. /Both: Laughing_/ We didn't have time to fight.

MS: And if you don't mind me asking this question about uh, your pay. From the time, comparing from the time you started to the time you retired...

EG: Yeah. When I first, uh, went to work I got seventy dollars a month. So I, uh, don't remember exactly what I was makin' when I finished but it was quite a lot different from that (laughing).

MS: How did that seventy dollars a month compare with what most people were makin' at that time?

EG: Well, uh, some other places were makin' a little more,

but like I say, a small hospital can't pay as much as...

MS: Well, I mean the people in this, in the areas where you were working. Other people in other professions.

EG: Oh! It was about the same. Some of 'em made a little more. But, uh, depended on the job you had, too. Night supervisor maybe would make a little more because not many people wanted to do night duty.

MS: Uh, you mentioned when we first began the interview that a lot of people would quit that went into training for nurses. That they weren't all cut out to be nurses. What kind of a person, would you say, does it take to be a nurse?

EG: Uh, I think a good nurse is someone who cares about other people and their problems. My mother told, uh, Dr. Hamrick then, uh, Mrs. Woodyard, who was down, superintendant of the hospital here, gave me a recommendation to go in training, and Mother told Dr. Hamrick , she said, "I don't think she'll make a nurse because, uh, she's too interested in other people's problems. She worries about other people's problems." He said, "That's the kind that makes a nurse" (laughing).

MS: Do you have any, uh, thing in particular you remember about any of the doctors, or patients or events or anything or any incidents in your training and career that you'd like to bring up?

EG: Well, I know there's some good times and some bad ones, of course, but I don't know of any really that...

MS: Uh, and one last question, uh, kinda personal, is that I've heard people make comments that, uh, you're sort of the "stand by" of the hospital at Marlinton, or I don't know if that's the correct word, but you were... as far as the nurses, pretty much what made the hospital run. What comments do you have on that?

EG: Well, I, I give it all my time. And it didn't make any difference when I was needed I went back. Now for OB's lots of times, uh, lot of 'em didn't like OB's. It was just scary, you know.

MS: Why was that?

EG: Uh, maybe scary. Uh, you know, afraid of what would happen or something would happen. But I would go back even, I was even on call for OB's. And finally it, it just got to be so much, you know, that I was on call for

surgery and then I'd go back and help with the deliveries. And, uh, finally I told 'em that I the only time I was comin' back for obstetrics would be if they were in trouble. Now, if they were in trouble I'd come back and help, but otherwise if it was just a normal delivery I just wouldn't be back. It was just too much. /MS: Um-hum./ But, you know, they felt like they had me to fall back on when time for the delivery would come, why I'd be there. Well, I did and I liked it, but it got to be so much I just couldn't take it all 'cause I was on call twenty-four hours a day, you know. What time I wasn't workin' I was on call.

MS: Now you lived in this house?

EG: Well, I lived in town /MS: O.K./ part of the time, and I was still on call when I moved up here. But that's when I decided to go on night duty and get away from surgery. The only way to get away was to go on night duty, you see, where I, you'd have to sleep in the daytime, but that didn't help much because I'd work all night and then I'd help with the surgery and come home and sleep awhile. I didn't get much done at home. I slept a while. But, I like to dwell on the, the I could spend my time doing, and you have to. If you don't like it, then get out . It's no place for you if you don't like nursing and don't like people.

MS: So you don't have any regrets that you did that?

EG: No, not at all!

MS: That's good. Well, thanks very much. It's been a most interesting interview.

EG: Well, I hope it's been of some help to you and...

MS: I sure.

EG: I want to wish you well in your work.