

## CHAPTER 11

### A Typical Day

Here is an excerpt from my diary dated March 25, 1939. It was a fairly typical day.

No time to even think of a diary the past three days. Yesterday I had a lady in labor all day. I scrubbed up once to deliver her, then found she was not ready. Delivered another one about 5 p.m. and another about 10 p.m. Then this a.m. another one about 6 a.m. I had been back in bed about fifteen minutes when still another patient arrived in labor. This one was bleeding profusely. Was I ever thankful for my training at Woman's. I had to put on high forceps and deliver her quickly. Both mother and babe are doing well. Last night during the 10 p.m. delivery our pneumonia man went bad. The day nurses were still in the building as we had just finished our "cooperative meeting." The supervisor, Lottie, took charge of the man. Got a visitor to help move him and his bed into the office. The other day nurses took the babies out to nurse. The night nurse helped me in the delivery room. The practical nurse trotted from one place to another, reporting and carrying out my orders. We got a late start for Truchas and had to stop in Espanola to buy some fruit, but we made good time and reached Truchas about 12:30. The teachers had a chicken dinner for us.

The day was beautiful and the road much better than it was a month ago. We had a smaller clinic than before. I had to make a house call on the other side of the canyon. The road is still impassable so had to hike over. Down the mountain and up again. It wasn't such a bad walk, but climbing a steep grade at an elevation of 8,000 feet makes me short of breath.

It was beautiful in the canyon with the mountain stream rippling along between beautiful green pine. There is still some snow up there. About the middle of the afternoon there was a blizzard but it lasted only about fifteen minutes and the snow melted off of the ground almost as fast as it fell.

We got home at a reasonable hour—dead tired! The pneumonia man died about midnight. Only stimulants had kept him alive so long.

Sometimes, for lack of room, we would have to turn away patients who really should have been admitted. In the case of children, if we said we had no available bed, many times the parents would say, "That's all right! We thought that might be the case so we have brought the bed." With that ready-made solution, we would squeeze the child's bed in somewhere.

On other occasions, there were parents who would leave the decision regarding hospitalization to the child. What child would ever choose to stay in a hospital? The parents would turn to us and say, "He no want." Many times we were discouraged because parents would come and take the children home before they had even started to get well. The parents would say they were lonely and had missed their child too much. Many times, when we urged hospitalization because the child was critically ill and we thought the child would die, the parents expressed a fatalistic attitude, "If he die, he die. It is God's will and it's better he die at home." We felt helpless in such a situation.

Occasionally we would have to isolate a patient, and the only place this could be done was in the delivery room. We

would put the new babies and the delivery room cot in the “children’s ward” behind some hospital screens. One time when the maternity ward was full, we had two cots there, both occupied by newly delivered mothers. At the same time we had eight patients in the “men’s ward”—four adults, two teenagers, a three-year-old boy and a two-month-old baby girl. It was a great tribute to the expertise of the nurses that we never had any cross infections (i.e., no patient caught anything from another patient).