

CHAPTER 19

Two Dreams Come True

By June of 1940, the new hospital, to be called Embudo Presbyterian Hospital, and staff home, to be called Brooklyn Nassau Staff Home, were almost completed. We could scarcely wait to get moved in. We were all so anxious to occupy our new home that we jumped the gun. About a week before we actually moved, we had a surprise wedding shower for Miss Romero. We invited all the men who were working on the hospital and house. They came all slicked up, and Dr. Bowen did not recognize the very ones she had been arguing with so vociferously during the building period. We had a good laugh about that. Everyone had a wonderful time.

At last the big, long-awaited day arrived on June 19, 1940. To all of us, the moving of a hospital was a new experience. For days we had been packing and getting ready to move. Many of the supplies that were not needed immediately had already been taken over in the car. Early in the morning a truck and four men arrived to assist with moving the rest of the things. First, the kitchen utensils and supplies were moved so that lunch could be prepared in the new place. Then the other rooms of the hospital were cleared out one by one. The moving of the patients presented more of a problem, as an ambulance was not available.

Fortunately, we had only eleven patients. Seven of them were children—three newborn and four sick babies. These were taken in their bassinets by car. One of our neighbors offered his school bus for the adult patients. The rear door could be opened and cots placed where the seats ordinarily were. The three new mothers were carried out and placed on the cots in the “ambulance.” In those days, new mothers stayed in bed for ten days. With one man and one woman attendant in addition to the driver, the five mile journey to the new building was started. Half way there the engine died and everyone held his breath, but in a few minutes, after some maneuvering, the driver got started again and the rest of the trip was uneventful. The patients all arrived in time for the babies’ 11 o’clock feeding. Our other patient, who was a “lady in waiting” (pregnant but not in labor), was able to ride over in the car. We all breathed a sigh of relief when this part of the moving was done. Most of the nurses were now needed in the new place to care for the patients, but the rest continued to help with the moving all that day. For several days afterward, we found ourselves going back to the old place to get things that we had not been able to get moved on Big Moving Day. However, we had all the essential things moved, and we were all very happy to be able to enjoy a tub bath and settle down for the night in our new abode.

Several patients came in the midst of the moving. We could not take care of them. Part of the equipment was on the road, part still in the old place, and part in the new, and no one knew exactly where anything was. Fortunately, we had no one in labor.

It took only one big day for the major moving, but it took many more days to get everything settled. Besides my office and my bedroom, I had to organize the laboratory and the x-ray and dark room.



Dr. Bowen in new office

From the very first, we were very busy at the new hospital. On more than one occasion we had more patients than beds and had to put up cots to take care of the overflow. Sometimes, in spite of our much bigger hospital, we had to turn patients away because of lack of room.

For the first time in the history of the medical work at Dixon and Embudo, the number of surgical cases outnumbered the maternity cases. This was partly due to our tonsil clinic. The first one was held about a month after we had moved into the new building.

Dr. Bowen had long dreamed of having such a clinic and planned to have more. We saw many children with chronically infected tonsils and knew they would have better health if the tonsils were removed. The cost of such an operation was beyond the reach of most of our families. By doing several tonsillectomies on the same day, we were able to give a very reasonable rate. Ten patients ranging in age from five to nineteen were admitted for the operation. They came the night before surgery in order to be at the hospital at the right time, be prepared, and have the necessary laboratory work done. Our surgeon, Dr. Travers, arrived early in the morning, and Dr. Bowen, a nurse, and I began the task of caring for so many. Some of the patients were badly frightened, but most of them did very well. We finished one tonsillectomy and began the next with only a few minutes between each case. The last operation was finished about two o'clock in the afternoon. We were very fortunate that there were no cases of excessive bleeding. The children were discharged on the following day. Some of the older ones felt the need of staying in bed and remained a little longer. Each patient got along very well and no doubt enjoyed better health that winter.

Another reason for the increase in surgical cases was that we had added a consulting surgeon to the staff, Dr. Philip Travers, who came for both emergencies and scheduled cases. Dr. Travers was a well-qualified and skillful general surgeon who had recently moved to Santa Fe from Gallup. Dr. Salsbury, the head of the Presbyterian Mission Hospital and school at Ganado, Arizona, had worked with him in both Ganado and Gallup, knew him well, and recommended

him. We were able to schedule operations that Dr. Nesbit would not undertake. We still accepted Dr. Nesbit's patients.

With the new facility, we were able to care for more patients than before, and also the variety of cases increased. In the summer and fall, we had the usual annual run of babies and young children with gastroenteritis (vomiting and diarrhea). One Anglo two-year-old had meningitis. Dr. Bowen and I did a spinal tap. We had no way to culture the spinal fluid, but with a special stain I was able to identify influenza bacilli under the microscope. Some of the early sulfanilamides were available by then, and we treated the child with that. We also had a telephone consultation with her Albuquerque pediatrician, Dr. Stuart Adler. After I moved to Albuquerque, he became a dear and highly valued friend and was pediatrician to my own children. The little girl lived but was permanently blind from the infection.

Once we had a very unusual case. A young Anglo man about 19 years old came in with a very bad appendix. Dr. Travers operated, and the young man seemed to be doing well. About the second day after surgery, he developed a high fever. A wide area around his incision became very red and tender. When we touched it, it crackled. He had developed a gas gangrene infection of his wound. The crackling was caused by the bubbles of gas in the tissue. This is very rare in a wound of the abdomen. I identified the offending organism by using a special stain and looking at it under the microscope. Dr. Travers opened the wound wide, and we started sulfanilamide tablets by mouth. The young man had been with an isolated work crew out in the

mountains. The men were doing their own cooking. He said he had eaten "fly-blown" meat and that caused vomiting and diarrhea. After two days, when he still had severe pain, they decided to seek medical attention. He pulled through, but was at death's door for several days. His family sent up two special duty nurses from Santa Fe. A godsend! Our nurses did not have time to give him the special care he needed.

Due to a lack of funds, the hospital plans had to be modified. The delivery room and the rooms that went with it had to be omitted. We were disappointed, but then we seldom had an operation and a delivery going on simultaneously. Had that happened, we could have conducted a delivery in the bed in the labor room.

Summer came, and I went to vacation in Iowa and Indiana. One of my Indiana aunts asked me to play the piano. I said, "I'm not sure I can. It's been so long since I have had access to a piano." Whereupon she offered to give me hers. We talked about the problems, cost, and possible damage if we shipped an old piano from damp Indiana to dry New Mexico and decided that it was not a good thing to do. My relatives then decided to start a piano fund for me. I had lots of aunts and uncles and cousins, and I left there with a nice little sum. Friends heard about my "piano fund" and contributed. By the first of October, Dr. Bowen was holding \$101 in the fund.

The hospital dedication was to be on Monday, October 7, 1940. I went to Albuquerque that weekend to attend the

wedding of Katherine Milner (sister of our architect, Richard Milner) to John Stephenson. I also went to do a lot of hospital errands, buy a piano, and pick up Miss Jessie Ogg, a distinguished guest who was visiting at the Allison James School in Santa Fe. She had been sent from the East to represent the Board of National Missions and to give the main address at the dedication.

Dr. Bowen had said the hospital could spend a total of \$150 on the piano. The \$101 in the piano fund as a down payment and just hope we would get the other \$49 somehow. I had previously talked to one of the salesmen at Reidling's Music Store in Albuquerque, explaining who I was, the limited budget, and that the piano was wanted for the new staff home at the Embudo Presbyterian Mission Hospital. When I went in the store that Friday morning, the salesman led me in front of a beautiful little Wurlitzer upright. He said it had been rented for nine months to a bachelor who played just for his own amusement. They had just gotten it back. Then he began talking about prices and used pianos. I was just on the point of telling him that I thought he was cruel to be showing me this beauty, when he knew I couldn't afford it.

Then he said, "This is the piano we have for you. The price is only \$185, including the bench and delivery."

That was \$35 more than Dr. Bowen had said we could pay. I took a deep breath and said, "We'll take it, but I can pay only \$101 today."

"How and when will you pay the balance due?" he asked.

"Whenever we get the money," I replied.

"When will that be?"

"I don't know, but whenever we get it, we'll pay you."

"Could you pay me so much a month?"

"No. I can't promise that. But please deliver the piano. We'd like to have it in time for the dedication next Monday. We'll pay when the money comes in," I said with firm conviction.

The salesman insisted that he could not have the piano delivered without knowing how the balance due would be paid. I was near tears, and I kept promising that the balance would be paid, but I did not know when. He did not know what to do with me and consulted the manager who in turn consulted the owner, Mr. Thompson. He asked if I knew Mrs. Marion K. Van Devanter at the Southwest Presbyterian Sanitorium and Hospital in Albuquerque. When I said I did, and that she knew me and was much interested in our work in Embudo, Mr. Thompson decided we could have the piano for \$101 down and the balance on faith. They promised to send it out that very day and said it should arrive by the next day. Alas, it arrived the day after dedication, so the little portable organ had to be used for the service. In the

ensuing months, it gave me great pleasure. I played for my own enjoyment, for the enjoyment of others, and for group singing.

I stopped at the Allison School to get Miss Ogg as well as a lot of vases and flowers for the dedication. To make conversation as we made the hour trip from Santa Fe to Embudo, I told her the story of the piano. She found it amusing. The piano failed to arrive for the dedication, but we did get it paid for. Miss Ogg gave Dr. Bowen a check for \$100-\$84 to pay the balance due on the piano and the extra to spend as we chose.