CHAPTER 6

My Baptism of Fire

On my first afternoon in Dixon, Dr. Bowen took me to meet Jim and Mary Craig. The Craigs were Anglo ranchers who lived at Rinconada on the Taos highway. They had been staunch friends of Dr. Bowen and her work. "Uncle Jim" was good at fixing many things, and we often called on him. That first afternoon we also called on some sick Anglo and Spanish children. The Spanish homes were spic and span clean and the children were also neat and clean; no easy task when water had to be carried from the irrigation ditch.

In one home, the woman was making tortillas and Dr. Bowen asked for one so I could taste it. I found it fascinating to watch the woman take a little ball of ground corn mixed with water and in a few deft motions pat it out into a thin, round pancake-like shape. She then cooked the tortilla on the bare top of her wood-burning stove. It was delicious!

The altitude or perhaps the bright clear sunshine seemed to affect my visual perception during those first few days. I thought that our house was quite isolated. After a few days, I discovered that this was not true. We had several close neighbors. I simply had not seen the houses. Their adobe walls were the same color as the surrounding door-yards.

Later in the warm spring and summer months, I got to watch people making adobe and building with it. The men would locate a plot of ground near their building site where the clay was suitable for making adobe bricks. Then they spaded up the clay to loosen it, added some water and a little straw, and worked the resulting mud with their feet (like peasants treading wine from the grapes) until it was exactly the right consistency to be shoveled into a 14" x 10" x 4" wooden frame placed flat on the ground. The mud was then patted down firmly and the top was smoothed off. The adobe set up so fast that almost immediately the wooden frame could be lifted off and made ready for the next brick. The adobe bricks were then left flat on the ground to dry and bake in the hot New Mexican sun. After thirty days, they could be stacked on edge and were ready to be used.

The walls of the structure were built up row upon row of adobe brick with adobe plaster to hold the bricks together. Wooden window and door frames were placed in the appropriate spots and at the appropriate levels with the adobes cut to fit around them. In the old traditional way, peeled logs were laid across the walls about two feet apart with two feet extending beyond the exterior side walls. Small branches were then laid over the logs at right angles to them. Sometimes the branches were of peeled aspen, almost white, laid in a herringbone pattern; this made a very beautiful effect. Several inches of dirt were then piled over the branches.

Plastering inside and out was the women's job. The men prepared the adobe plaster and carried it to the women, but

the women would not allow them to put it on any structure. They said the men did not do it nicely. The women were very skillful, almost artistic, with their plastering. No coloring matter was added to the adobe plaster. The color of the final result depended entirely on the color of the clay. In the village of Ojo Sarco, all of the adobe plaster was pink. They used a beautiful blue to paint the wooden trim, and it was a very pretty village.

The day after my arrival, I started my duties by taking my first turn in the office dispensary—a "baptism of fire." I started off well enough with the first patient, five-year-old Pedro Martinez, who had a bad chest cold. Before I had finished with him, several other people had come in. The next patient was Mrs. Lopez. Although she spoke English, she would not tell me why she had come. Finally her husband whispered to me that she was going to have a baby, and they wanted to know if I could help them out. Thinking he was asking for an abortion, I told him in no uncertain terms that I wouldn't even think of such a thing. He looked confused and it seemed obvious we were not communicating. By then, several other people had come in and were sitting or standing around the perimeter of the room. I could see that I could not examine any patients with such an audience. I asked the Lopezes to come back another day and went in search of a nurse.

The nurse was so sorry, no one had thought to explain the system to me. When the first patient came in, I was supposed to lock the front door. The next patient, finding the door locked, would know that he or she was supposed

to wait. In good weather, they waited in the front yard. When the weather was bad, they knew to go around to the back and wait in the kitchen. Armed with this knowledge, I returned to the office, shooed out all but the next patient, and proceeded.

This was a Spanish-speaking community. Fortunately for me, the patients who came that day either spoke English or brought an interpreter. I had never had any exposure to Spanish, and I tried to put a French pronunciation to the names, especially those ending in "-ez." The people were too polite to correct me. They just looked at me with blank amazement.

At that time, both the government and missions thought that these people were now American citizens and should learn to speak English. In some schools, children were punished for speaking Spanish, even on the playground. Also, the Indian children in government schools were not allowed to use their native tongue. A strong effort was being made to stamp out the native culture.

I believe that our mission to the Spanish-speaking people of the Southwest would have been more effective had we missionaries been required to learn Spanish. Dr. Bowen had a good ear for languages and had picked up enough Spanish to be quite fluent. I tried to teach myself with the aid of a Spanish grammar and help from our Spanish-speaking nurses. There was little time for this and I never got very far. However, through the course of time I did learn to understand and speak fairly well about the subjects discussed

in a doctor's office. I learned early on to make sure I understood what Miss Naranjo was actually saying before I tried to repeat it. As I said before, she liked to tease, and one time she tried to get Lottie to greet our minister with "Dame una basita" (Give me a little kiss). She told Lottie it was just a nice greeting. Lottie would have "died of embarrassment" had she understood the words she was trying to say. Her accent was unintelligible and luckily Rev. Ruybalid did not understand her.

The hospital had no telephone. If we had had one, it would have been of little use to us because no one else did. If we were needed, someone would come to tell us. About a week after my arrival, someone came to say that Mr. Barela was very sick and asked if one of us would please come. Dr. Bowen sent me with the message bearer to show me the way. Mr. Barela was in bed with a very high fever and a very sore throat. It looked like a streptococcal infection, but I took a swab to send to the State Laboratory to rule out diphtheria. We were trying to immunize the school children against diphtheria, typhoid, and smallpox, but many adults had never been immunized. There had not been a diphtheria epidemic for several years, but we always had to be on the lookout for it. We lacked the facilities to do cultures. Cultures were not very important at that time. It was before the days of sulfanilamide and penicillin. To prove that Mr. Barela had a streptococcal infection would have made absolutely no difference in his treatment. We had nothing specific to offer. It would take about ten days for him to recover. Treatment consisted of bed rest, whatever food he could swallow, and lots of fluids to drink.

The winter days were sunny and beautiful, a great contrast to the Midwest. It was hard to believe it could be so bitterly cold. Lots of people were sick. Many of them had pneumonia, but there was no specific treatment. Skilled nursing care and lots of prayers were all that we had to offer. Mrs. Paz Martinez, wife of one of the church Elders, was critically ill with the disease. We isolated her in the nursery/labor/delivery room. We moved our one sick child's bed to a corner of the children's ward. This ward, still functioning as a main thoroughfare, sterilizing room, nurses' workroom, and duty station now became the nursery/labor/delivery room as well. There was not room for our sawhorse plank arrangement so the bassinets were lined up on a bed in front of the scrub-up sink and isolated from the rest of the room with hospital screens. They were made of two or three metal frames hinged together, with muslin curtains gathered onto metal rods. They were quite stable, easily moved, and easily cleaned. The delivery bed was on the other side of the screens. When it was in use, it also was surrounded by hospital screens. Every available surface had something on it and many things had to be stored under the delivery bed and the bed holding the bassinets.

The nurses turned Mrs. Martinez frequently, fed her, and gave her lots of fluids to drink. Every day they changed her sheets and bathed her. They helped her rinse out her mouth and put vaseline on her dry lips. Within half an hour, they would find her mouth filled with some black, gooey mess. It was quite a mystery until someone caught a relative who had sneaked in and was applying a "remedio." After ten days, the crisis came and Mrs. Martinez pulled through. The relatives always thought their "remedio" had saved her.

In December 1939, a new drug came on the market, and Dr. Bowen immediately stocked up on it. It was called sulfapyridine and was a specific medication for pneumonia. Around 8 p.m. one February evening in 1940, two men came to the hospital requesting a house call for a very sick woman in Penasco. I said I would go if they would provide the transportation. (I had no desire to be stuck on the side of the mountain all by myself at night.) They agreed, and Miss Drack went with me. The woman was indeed very ill. My physical examination showed without a doubt that she had pneumonia. I carefully counted out the number of sulfapyridine tablets that would be needed. Miss Drack gave careful instructions for nursing care. On follow-up, we found that within 24 hours, the crisis had passed, the fever had broken, and the woman was on the way to recovery. Sulfapyridine truly was a miracle drug!

We took turns making house calls on an old midwife who was dying from a heart ailment. She had been unable to work for about five years. She refused to be admitted to the hospital so we had to do the best we could for her in her home. One morning the family brought word that she had died during the night. We waited until evening to take the burial permit to the house. We hoped that we might witness at least part of her "valerio" (wake), which we thought would be conducted by the Penitentes. A lot of people were milling around two big bonfires in the yard, and the house was jam-packed with wailing mourners. I was not pleased to see among them a six- month-old sick baby whom I had seen in the office less than an hour before. We got the feeling that nothing would begin while we were there

so we stayed only a short time. We heard the next day that Rev. Ruybalid, the Presbyterian minister, had conducted a lengthy service.

There was no point in trying to use an appointment system for the hospital office hours. Patients came at their convenience and when they could get a ride, either by wagon or truck. We took them in order of their arrival, and worked until each patient had been seen. We would take a history of the present illness, do the appropriate examination and laboratory tests, and dispense the required medication. For the prenatal patients, we checked weight and blood pressure and their urine for albumin. There were no quick dipstick lab tests. To test for albumin, the urine sample was put in a test tube. The upper one inch was heated over the flame of an alcohol lamp. If it became opaque, albumin was present. If we suspected appendicitis, we did a blood count and a urinanalysis check before we urged surgery.

The number of patients who came to the office to be seen varied from a few to more than twenty in a morning or afternoon. We saw many different types of cases—injuries, broken bones, heart failure, kidney failure, lots of pneumonia in the winter, many children with gastro-enteritis (vomiting and diarrhea) in the summer.

It was in Dixon that I saw my first cases of typhoid fever, malaria, smallpox, and diptheria. Our diagnostic facilities were limited. I could do complete blood counts, urinalyses, and simple stains to identify infecting organisms. We could send throat swabs to diagnose diphtheria and blood samples to diagnose either typhoid fever or syphilis to the State

Laboratory. For the most part our diagnoses had to depend on the history, our knowledge, our observations, and our findings on physical examination. We had no X-ray and no electrocardiogram machine.

When a baby got sick, the mothers tended to stop diluting the evaporated milk formula and to stop giving the baby plain water to drink. They also stopped bathing the baby. We solved the problem of getting more fluid into sick babies by dispensing tiny soda mint pills which were to be dissolved in several ounces of boiled water and given to the baby to drink every few hours.

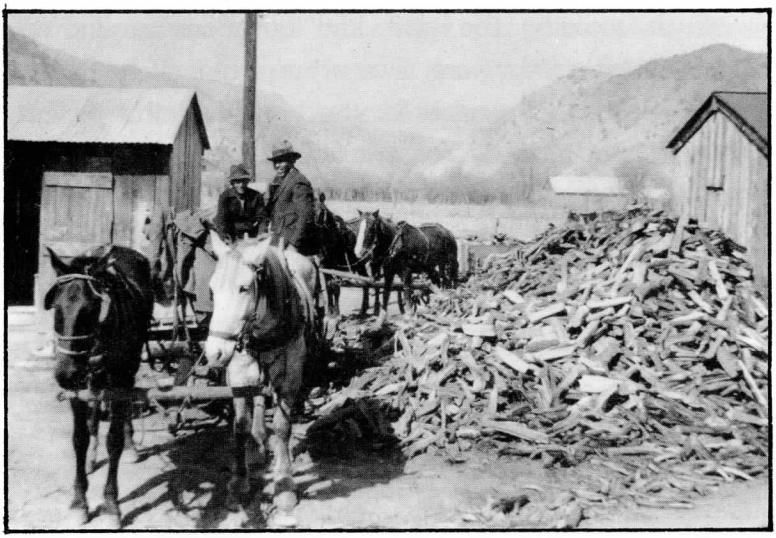
One evening, just after we had finished supper, a hysterical five-year-old Anglo boy was brought in kicking and screaming. Bobby had put a small stone in his right ear canal. A doctor in Taos had made several unsuccessful attempts to remove it. Now the family had come to us. I sent for Miss Maisch and with the parents' permission and with them looking on, I had her put Bobby to sleep with a little ether. With him lying still it was fairly simple to pass a small ear hook (I had made sure we had the appropriate instrument before saying I would try to remove the stone) between the wall of the ear canal and the stone. I hooked it behind the stone, and flipped it out. A happy Bobby and a pair of relieved parents were soon on their way home. They had gladly paid our $15.00 charge, an unusually high fee for us.

All patients were charged. The charge for clinic and office patients was only for their medicines. We sold these more or

less at cost, charging a little less for the expensive ones (i.e., quinine) and a little more for the cheaper ones (i.e., aspirin). House calls were $.50 for daytime and $1.00 for night time. The hospital rates were $3.00 per day for adults, $1.00 per day for children, and $.50 per day for babies. Complete obstetrical care including ten days hospitalization was $30.00. In order to encourage the women to come for prenatal care, we charged an extra $5.00 if we delivered them without having seen them during the pregnancy. Home deliveries were $10.00 during the day and $15.00 during the night.

Even at these rates many people could not pay. Frequently, the bill was drastically reduced. Often people worked out their bill by cleaning at the hospital or chopping wood. Some paid with wood for the stove. Others paid with produce—fruit, vegetables, eggs, chickens, a whole hog, or a quarter of beef. Sometimes we took in home-woven blankets. One time, a Holman man paid his bill by delivering wood to the teachers in Holman. They in turn sent us the money. We expected that each person would at least make an effort to settle his account, and there were very few who did not try to do this in some way or other.

This was before the days of freezers. If the meat, fruit, or vegetables brought to us could not be used within a few days, it had to be preserved by canning. We all turned to in our spare moments to help Miss Cole—pitting cherries, peeling and pitting peaches, cutting and pitting apricots, grinding or cutting beef and pork that Miss Cole had expertly butchered. Fortunately, we never had all of these things to can at one time.



The hospital gets some wood as payment on bill

Miss Lucille Cole with butchered hog as payment on bill

Each morning the staff had devotions around the breakfast table. We were always busy, but every day we held a devotional service for the benefit of the patients. There was no set time for this. It had to be fit in around whatever else was going on. The little service consisted of a few hymns, scripture reading, a brief message, and a prayer. We took turns conducting the service and liked to invite visitors to do it for us. Most of them complied. The patients were very pleased when the visitor happened to speak Spanish.

Two of these services stand out in my memory. One of them was conducted by Miss Myrtle Walmsley, a teacher at the Truchas mission. Her message was that "all we have to do to be saved is to believe in Jesus Christ. By his death he atoned for all of our sins. He has done it all for us and all we have to do is to believe." At the time, we had a critically-ill patient who was a Penitente. We knew this because we had seen the multitude of scars on his back caused by the wounds of self-flagellation with a cactus whip. (This whipping was part of the Penitente's reenactment of Holy Week which ended with a crucifixion.) After Miss Walmsley had spoken, we found Juan Jesus sobbing, with tears running down his cheeks and repeating over and over, "Oh! If I had only known. If I had only known. . . ."

The other one I remember was conducted on Palm Sunday by Paz Martinez, whose wife had been so desperately ill with pneumonia. He was an Elder in the Dixon Presbyterian Church. We had had an extremely busy morning—two deliveries and an emergency appendectomy. Another patient was having a miscarriage. We had gotten

her onto a cot but the miscarriage was all complete before I had had time to even look at her. We also had a patient in false labor who turned out to have a kidney infection. Miss Cole and Dr. Bowen were away. Besides conducting the deliveries and assisting with the appendectomy, I had seen patients wherever I could (since I could not use the examination room as it was either being readied for the operation or being cleaned up afterward), stripped and made beds, and bathed and dressed babies. We were all quite breathless when Mr. Martinez came soon after dinner to have the service. When he announced the first hymn, I had to duck out of the room to laugh. He had chosen "Oh Day of Rest and Gladness."

This was not the end of the arduous day for me. Dr. Light, from Ranchos de Taos, arrived in the afternoon. She was a very interesting person, and I'll write more about her later. She said she was feeling just like she did before she had her stroke, and she wanted to be admitted. There was no way we could do this. To make space for our current patients, we had already shifted or sent home early as many as we could. We had no empty beds and no floor space where we could put up a cot. I talked to her and examined her on the back steps, the only spot available at that moment. I persuaded her to stay for an early supper and let us drive her home. Miss Cole was due in from Santa Fe on the five o'clock bus, so Miss Plekenpol broke away to go meet her at the bus stop one and a half miles away. Then I sent Miss Maisch to drive Dr. Light's car and Miss Cole and Plek to follow in our car in order to bring Miss Maisch back. While they were gone, I did all of the dishes from the evening meal.

I scarcely had finished this chore when I got a note with an urgent call to Pilar—ten miles away on the Taos highway. I took Miss Naranjo along to interpret for me. We found the woman in bad shape. She was having a hemorrhage two weeks after her baby had been born. The woman was on a cot right next to the double bed. She had the baby on the big bed where she could reach him without getting up. He was sleeping soundly. Three older boys, the oldest about five years old, were also sound asleep in the big bed. The woman should have been taken to the hospital and she really needed a transfusion. We had no place we could put her in the hospital and no way to give her a blood transfusion. I gave her a shot of Pitocin which slowed the bleeding and we left Ergotrate for her to take by mouth. We heard that she was all right by the next day.

Later on, when we recalled this day, we called it "Calm Sunday."

Most of our patients were Catholic. We did not try directly to convert them to Protestantism. A Spanish language Bible was kept on each bedside table and many of the patients read and studied them and sometimes asked questions. Early Protestant converts were ostracized by their families and persecuted by others. The persecution had lessened, but it still was far from easy for these people to convert. Our devotional messages emphasized the open Bible and the empty cross of the risen Lord. Our mission was to reach the hearts and souls of our patients through our healing of the physical ills.