

**Oral History Marrickville Hospital Site
Interview with Barbara Emslie on 1 April 2019
The Nurse**

Audio 1

0:00 **This is an interview with Barbara Emslie in Marrickville on Monday the 1st of April 2019. The Interviewer is Bruce Carter and we're at Marrickville Town Hall. Barbara, if I can ask you to give me your name and your date of birth?**

Barbara Suzanne Emslie, 1st of the 9th 1945.

O.K, thanks. Barbara. So let's just start talking about where you grew up.

O.K. I grew up in Stanmore for the first ten years of my life and went to Stanmore School till I was ten. Then we moved to Hurstville where I went to Kingsgrove Primary School till I went to high school and I went to Beverly Hills Girls' High School.

O.K. So how many brothers and sisters?

One brother, older brother yes.

O.K. And your parents?

My parents—

What were their names?

Barbara Joyce, maiden name Seagrave, and my father was Harold Jack Hosking.

O.K. So you were Barbara Hosking?

M'mm.

Yeah. And tell me a little about school in Stanmore? Can you remember that at all?

Absolutely. I can't remember – probably shouldn't say that – can't remember what I had for breakfast but I can remember that. Yes, I can remember my third class teacher was Mrs White. It, yeah, had a reunion, no, a 100 year celebration - I've still got my badge from there.

A large school?

Boys and Girls. Yes, probably a large school

When you moved, was that an O.K experience for you?

Moving was good. Going to school on my first day was awful. I was ten, just ten, and I can remember my teacher saying, "Well, you've just come from this area. You'll know how to spell Leichhardt" and Leichhardt is not an easy name to spell and I didn't know and I cried. And I still have a friend from those years and she remembers went home and told her mother this new girl cried but after that, you know, you make friends and move on.

So your parents moved for a bigger, better house—

Yes.

—a more comfortable standard of living?

Yes, yes. We lived in a double brick single-fronted house with two bedrooms and then we moved to Hurstville with three bedrooms and a big yard.

What street in Stanmore was that in?

Cardigan Street, 111 Cardington Street

O.K. And what sort of work did your father do?

He was a tailor - he worked for Cratchleys (indistinct) 312 in Newtown.

That was a large tailoring business?

It was, yes.

In King Street?

Yes.

O.K. And your mother-?

She was a dressmaker - she worked for David Jones made everybody's wedding dressings, all her friends' wedding dresses, the whole you know, the bridesmaids and everything like that. So yeah, she was a beautiful seamstress.

O.K. So then you ended up at Beverly Hills Girls'?

Yes.

And what was that like?

Well, that was brand new school, brand new school, with a lot of brand new parts to it - like we had a cooking room and a gym and, yeah, it was really, really nice, brand new

A large school?

Mm, just girls.

O.K. And what did you like best at school, high school?

Probably not a lot. I enjoyed biology, hated maths, I enjoyed cooking and the physical part of doing the physical things, yeah.

You applied to become a nurse, to do nurse's training. How old were you when you applied to do nurse's training?

Sixteen and eight months.

And what attracted to you nursing?

I was always going to be a nurse right from being a little girl; as lots of little girls want to be teachers or nurses, I always wanted to be a nurse and the fact that my mother's friend was the matron made it a little bit easier.

What was the matron's name?

Enid Knight

And Enid was the matron of Marrickville District Hospital?

She was

O.K. So do you remember going for the interview?

5:00 I do, I do. My mother took me and I met Enid and I met Jessie Crowell (indistinct) 507 who was the Deputy at that time and in their wisdom they decided that I could start earlier and be a cadet nurse, which meant that when my school finished at twenty one I had to wait four months because I'd started four months earlier. So I started with them.

So how was the interview?

Very informal, very, very warm and I think they probably thought, "Gee we'll miss this recruit if we don't take her now", so, yes, they let me start earlier

So they told you on the day that you'd got the job?

I think probably they did – I can't really – yes, I think they did. It wasn't as formal as it is now going for interviews, yeah.

How much later did you start?

I can't remember when I went for the interview but I started in May, on the 28th of May 1962 and there were three schools that were taken: January, May and September

So three—

Intakes.

—intakes of student nurses?

M'mm.

So you said you started as a cadet nurse. How was that different from being a student nurse?

Nothing, nothing. I was treated exactly the same. I started PTS which is Preliminary Training School. With the group that I started with, there was ten of us and five of us finished.

O.K. It was a four year training?

Yes, yes.

So the first day, do you have any memories of your first day?

Oh, I do, yes, I do. I wore a green suit as women did in those days or girls. Some of us came with our mothers - my mother came with me. Some girls were from the country so they were alone and we had this very, very rigid starched uniform to put on.

What colour was the uniform?

We had a white collar and it was grey and white stripe and the collar was so heavily starched it used to rub on our necks and we wore brown hall shoes which were ugly and grey stockings - not very trendy for young 17 year old girls ,yeah - and a white pink cap - the cap had a U cut-out in the centre that signified the year that we were in. So we had to get dressed in our uniforms.

So the first day, what did you do?

First day we got dressed, unpacked our bags and then our mothers they all went and we were collected by the tutor sister and went to the tutor school which was a house facing Livingstone Road, an old house facing Livingstone Road, set up with beds and everything.

O.K, so at the back of the hospital?

Yes, yes

So you did class for-?

Six weeks. We did PTS for six weeks, like a 9-5 day, and we ate in the dining room. We were taken to the wards to show us the wards and then, yes, we were taught how to make beds as I've mentioned in that, perfectly, perfectly enveloped corners, take temperatures and all the basic things and not to hurt the patients.

Let's talk a little bit about our classmates that started with you in that group. Some from the city and some from the country?

My friend came from Macksville which is in North Coast. There was another girl from Mallanganee which is near Casino and the rest of us were local, or some local girls, Punchbowl.

O.K. And you lived in?

We lived in.

So was that a requirement?

At that time yes, yes.

O.K. How did you feel about living in?

It was great fun. I did get homesick in the first while. I used to go home on the weekends and come back on Sunday night during PTS and I used to be homesick. Then I'd ring my mother and have a little cry and she'd say, you know, "You've got to get that veil on your head" – that was the main object of the exercise. So after that, you know, it settled down and you were busy, you worked hard on the wards and we had great fun living in. At the end of each floor, there was a dayroom – there was a little dining room and a dayroom with a jug and toaster and there was a fridge with two eggs and a couple of tomatoes and we'd all congregate down there, always talk about our senior nurses not very favourably and less favourably about our staff, our sisters on the ward, and commiserate with each other and have a cry and a laugh.

10:43 **So you'd each get a single room?**

Yes.

O.K. Can you describe the room for me?

The room had a wardrobe and a bed, a window, a chair and coming back on the other side there was a like a desk not unlike this with a mirror used for a dressing table or a study desk, and that was the room but they were comfortable. We could manage to fit quite a few in the bed, sometimes sitting around talking and laughing so, yeah, it was good.

So on a floor there might be twenty rooms?

Oh, no, there wouldn't be twenty. There was a couple of bathrooms and I guess we were kept together as first year, second year, third year - night duty was separate again so they could at least sleep.

On different floors?

Yeah. Night duty you got moved up to another floor - we were all on night duty together.

O.K. So you had exams and tests during PTS?

Mm.

And you passed those?

Yes.

And then you went to your first ward?

Yes.

What ward did—

Because I was the baby, I went to children's ward and children's ward in those days was just a very large room, probably not much larger than this, with beds and cots and off that ward there was two

private beds for adult patients and there was a ward for sick nurses - you know, nurses' sick bay. And we cooked for the children. On a Sunday night they might have a boiled egg if the kitchen didn't or a sandwich or whatever, or jelly and ice-cream, whatever they wanted.

How Many kids were on the ward, patients?

Oh, gee, that's testing my memory. One, two, three, maybe four there, seven, maybe nine, twelve, something like that, not many.

And these were like what they call a nightingale-style ward, an open ward?

Yes, but it was square - nightingale wards were the other wards, yeah.

O.K. So on a shift there would be yourself-?

Me.

And-?

And the sister.

Just the two of you?

Yes, yeah, and on night duty you were there alone.

O.K, so you were seventeen and you're with yourself and the sister with all those sick kids?

Yeah.

Were you nervous?

I don't think I was. I was probably more scared of the hierarchy than I was of my ability, not that I thought I had any ability - and don't think I even thought about that sort of thing - you know you just, "Do that" and I did it.

O.K. So day shift would start at-?

Well, it was supposed to start six to quarter to three but as in the other wards, the male and female wards, you'd start a lot earlier than that to make sure that you did as many sponges as possible before the senior nurse came on duty.

O.K. So should we run through a day?

In one the wards?

Yeah, so you'd get up-?

Yeah, you'd get up, not very happily mostly and go to the kitchen in the dining room and they'd have bread and butter and jam and tea and you'd have that if you were running early and then you'd go down to outside the offices and read the report - now, the report was written by the night duty sister about each patient's progress through the night, or any new patients or anything that was to be given or checked or whatever - and then then you'd go to the ward and start sponging patients. The night
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staff often if they weren't too busy would sponge patients as well, which meant those poor patients were woken up incredibly early and washed and in those days anybody that had a heart condition or very, very sick they were all sponged, not just given a bottle of water, they were sponged, yeah.

15:46 And then breakfast would arrive. It came in a big trolley and it was served by the sister on duty or tea and coffee – sorry, or cereal which was like clag porridge and cornflakes and the senior nurse did that with a runner which would be the junior nurse. The pan room was a major event in every junior nurse's life, which meant that we had water sterilisers in those days and you'd be sweating with steam everywhere and you scrubbed every conceivable piece of monometal (indistinct) 1635 that was in there. So you had vomit bowls, sputum mugs, pans, bottles and they were all scrubbed and boiled and then you cleaned the toilets in the bathroom which were attached along the same path and then your senior nurse came and checked your pan room and checked it almost with white gloves - she didn't have white gloves but she checked everything, that everything was incredibly clean. It wasn't to make sure it was clean, it was a discipline thing that made sure that we did what we were supposed to do.

Then lunch was the same as breakfast - this is a very junior pleb I'm talking about - and then, yeah, pan rounds, you know, everyone got a pan. There were no screens in my early days as I think I mentioned in there, they just had big blue screens on wheels that were pushed around the patient and not terribly private for the patient but sometimes they had to be used, yeah .

These children on the children's ward, what sorts of things were they being treated for?

Tonsils and adenoids - everybody had their tonsils and adenoids out when they were young – appendix, injuries like - there was a little boy that was hit with a cricket ball in the head, I remember him., mainly that sort of thing, nothing terribly serious.

So after your first ward you went back and did another block - how was it arranged like say a year?

You did your term in children's wards and you were rostered after that. I think we did a two month term, so I went to women's ward after children's ward and then I would have gone to my ward - that would have been my first year and a term of night duty.

O.K. How long were you on night duty for?

Two months and it was horrendous (laughs)

And what were the hours on night duty?

Ten till quarter to seven, I think. Yeah, ten o'clock we started, yes.

O.K. So you didn't have any more study blocks in that year?

All the time we had lectures, yeah, all the time.

So were they study days or -?

They were just lectures that were rostered by maybe a urologist. You know, an honorary doctor would give our lectures, pharmacology, surgical, ENT, all of those normal type of things, so we went to lectures and then we sat an exam.

O.K. So if you were working on a ward and you had to go to a lecture you would just went?

Yeah.

O.K.

If you were on days off and were at home, you were expected to attend or if you were on night duty you were expected to attend.

Ok so if you were on days off and you had to go to a lecture, were you paid for that?

No.

Just on pay, do you remember what your first—

Not very much.

—pay-packet was?

Not very much. No, I don't but we had board, food and board so - not that we ate in the dining room. We were all quite slender in those days because we didn't eat very much in the dining room. Breakfast we always went to if we were on a morning shift and, of course, we all smoked in those days so it was to see how many cigarettes you could get off (laughs), you could have in your time off, in your meal time.

Were you allowed to go out from the nurses' home at night?

Yes, oh yes, oh yes. If we were going to something special, we had to get a late pass which was controlled by the home sister that looked after the nurses and we could get a normal pass till twelve and if we had a ball or something to go to, which was fairly common in those days, we could get a late pass which was till one but we had to come in, present ourselves to the night sister and get escorted to the nurses' home. But there was a little side trick to that - and I think that's in there as well - if we were out and didn't have a late pass, then you would arrange with one of your mates to say, "Look I'm going to be late - I'll ring you". There was a phone on each floor and she'd come down in the lift, open the door and let us in. So that was very common, very common.

21:33 **O.K. So just on social life, would you do would you go out together as a group or would you—**

Yeah, sometimes we did, yeah, sometimes we did. We used to go out for coffee a lot because social life as far as boyfriends was difficult, you know.

Where would you go for coffee?

We used to go to Petersham, actually I can't remember the name of the place we used to go to – we used to go there, yeah, as a group.

So it was a coffee shop open at night?

Yes, yeah, yeah.

O.K. So second year—?

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Second year came along and we did a term of cases – it was called cases, which meant that we looked after the patient going to theatre, so you gave the prem, which most patients in those days had, you prepared as far as any shaves that were required and we used a cut-throat razor which was pretty daunting to me (laughs), when I first used one.

Do you remember doing your first shave?

Oh, I do. It was an orthopaedic shave which was quite extensive and we soaked safety pins, the razor, and that was always soaked. We soaked them in Dettol and spirit the night before, then we shaved the patient and I'm sure that poor patient had half his leg cut off. But then we swabbed it all down with metho again - he must have been in incredible pain – and then we wrapped the area to be operated on in sterile sheets and pinned it with safety pins and then you were summoned to theatre by bells -I can't remember how many it was for each ward - say it was 2 for male ward (bong bong) and then the man with the trolley would come down, you'd escort the patient to theatre and then you'd would get the same time bells to go back and you'd go back and get the patient and sometimes they still had a Guedel's airway in their mouth. You'd bring them back to the lift. You'd make the bed which was made differently to a normal bed and put them in the bed and hopefully they regained consciousness, enough to nothing ever happened.

So they recovered on the ward?

Yes, they did. We didn't have a recovery; we didn't have anything like that; we had two theatres.

Let's talk about those theatres - what sort of work was being done in them?

They were very busy theatres. We had cholecystectomies, prostatectomies nephrectomies, tonsils and adenoids, appendectomies - like nearly everyone had their appendix out - a lot of general surgery. There was a second theatre that was used mainly for orthopaedics just for extra sterility, I guess - sometimes in an accident they might do burr holes.

What are burr holes?

Burr holes is when they drill a hole to release any blood that might be collected there. Yeah, they were busy, busy theatres.

26.07 And these were generally local people?

Yes, yes, they were local people, yeah.

So what sort of community was Marrickville then in the 1960s?

Oh, it was a great community, yeah, great community busy, Marrickville Road was very busy. I remember just coming here now there was a milk bar first off across the road there, yes, across the road, then there was a pharmacy and there were two hotels, menswear stores, women's wear stores, it was very busy.

O.K. And the sort of population – so these were working people?

Yes, they were.

Fairly mixed or fairly sort of Irish and English background?

There was during that time a beginning of an Italian community – I think they were an Italian or Greek community - that were moving into the area but, yeah, it was a thriving little suburb.

So a thriving little hospital and a thriving suburb?

Suburb.

And it had a casualty department?

Yes, it did, yes, and that was very busy as well – you know, all sorts of butchers chopping fingers off and I can even remember his name that I won't mention him because he did it regularly – yeah, very busy, and the honoraries (indistinct) 2641 did a clinic – you know, they would do a clinic for ENT or something like that and I have that stamp there.

Like an outpatients' clinic?

Yes

O.K. So you talked about doing cases.

Yes.

Just let's go back to that for a second. What exactly was "cases"?

It was looking after pre and post-op patients to go to theatre and that's just what you did. You worked a Monday to Friday, which was really good, and you did every operation; every patient that was going to theatre you looked after them totally.

Do you remember your first time working in theatre?

When I first went to theatre as a nurse?

Yeah.

Oh, yes, I do - I went kicking and screaming. I was terrified like we all were and it was daunting. And the person or one of the people that was in charge in theatre was severe (laughs) , yeah, so severe. Do you want me to continue on my theatre?

Sure.

So there were two of us, always two of us, one four weeks ahead of the other, and on a Saturday we would clean all of the trolleys, every piece of monometal that existed with Bon Ami - Bon Ami, if you know what Bon Ami is like, like it's a powder and you'd put water in it - and then you'd clean it all off and then you'd go over the top with metho. The theatres were hosed out once a week by the wardsmen. Every morning when we got there we cleaned the walls with spirit and Dettol, tiled walls, and then set up for the procedures that were to go on that day. There were three sterilisers – they were water sterilisers - so you were always hot and burnt and burned your corneas when you opened the lid. There were tanks in the roof that used to be filled and boiled to be used as stearin (indistinct)

2919 water. All the instruments were scrubbed - we didn't use gloves in those days - after a case they were all scrubbed and resterilised.

You had to learn how to lay out the different instruments for different operations?

Yes.

So was that just trained as you were in theatre?

Yes, it was, and when you did your first case your theatre sister was watching you and it was very nerve-racking but most of the surgeons were lovely - well I would say they all were. They were all very understanding and taught us and were never cross with us if we gave them the wrong thing. We had to thread our own needles, not like today when they're atraumatic -- so you held a needle with a forcep and you threaded the catgut through the hole, with lots of nerves happening,

30:20 **With gloved fingers, right?**

Oh, yes.

Yeah, of course.

If you were scrubbed, yeah, with gloved fingers, which makes it more difficult, yeah, but atraumatics were only just coming in in those early years.

What's an atraumatic?

An atraumatic is when the suture is attached to the needle, it's one thing.

O.K. Do you remember the first operation that you—?

Oh, it would have been tonsils, it would have been, but I would have been done instruments. I would have done the sucker which was the nurse that stood behind the surgeon and sucked out the blood from the patient's throat, yeah, and the more senior nurse did the instruments with the sister watching on.

O.K. So the scout (indistinct) 3106 nurse, what they used to call a scout (indistinct) 3108 nurse.

Scout (indistinct) 108 nurse, no.

No?

No, not in that sense. No, you both did – yeah, scout (indistinct) 3115 nurse is when the scrub nurse wants something that she doesn't have, she runs off and gets it and brings it back, yeah.

So with the sucker and doing that sort of thing would you wait until they told you when it was time?

Probably.

And then you got the hang of that?

Yeah, probably, yes, because you wouldn't have been confident enough to just do it on your own bat.

And that would suck into a big glass bottle?

Yeah.

And then you'd empty the bottles?

That's right.

O.K.

And there's one story - should I repeat one story – one story of two girls they were ahead of me. They were as terrified as we were and the one girl was doing instruments, the more senior one, and the other one was doing the sucker and the head theatre sister came in and hissed at her “suck up” so she left the theatres with swing doors, went to the tea room and prepared supper for the surgeon and while she was there realised that she'd been told to “suck” and came back through the doors (boom boom boom boom), picked up the sucker and continued as if nothing had happened. Nobody said anything. It's a funny story and I can still see both of them today, yeah.

So preparing supper was part of a role as well?

Absolutely, yeah, for the surgeons, yeah, anaesthetist, yeah.

So they'd have some supper after the operation?

Tea, yeah.

O.K.

Yeah, they had their own room opposite our changeroom.

O.K. So when did you first go into theatres?

Third year.

Third year?

M'mm.

So first and second you—

Second you did casualty as well.

How did that work?

That was terrific. We had three lovely sisters down there that taught us a lot. They were kind, understanding mothers and that made a difference, I think, yeah.

Was it 24 hour casualty?

Yes, yes, it was, and when you're on night duty the casualty bell would ring that you heard throughout the hospital and the nurse that was on casualty would just open the door. I mean nothing ever happened but it was probably fairly dangerous - you wouldn't do that today. I remember my first

patient that came in had just tried to gas herself, came in by ambulance and I was there alone and the ambos were great – it was just what we did, you know, we didn't think anything of it.

How old were you at that point?

Eighteen.

Did you cover any sort of mental health, psychiatry in your course?

No, not really, no - a little bit but not nothing like it is today, no.

O.K. So casualty was in second year?

M'mm.

Third year-?

Theatre.

Theatre. And how long was the period in theatre?

Two months.

Casualty was two months?

Yeah, all the terms were two months. Night duty was two months, terms in each ward was two months, yeah.

O.K. And night duty in casualty, would that come around? So when you were in casualty you might do nights?

35:01 Yeah, yeah, oh, yes, you did nights in casualty, yes, yeah.

O.K.

And when nothing was happening you just went and helped whoever was the busiest - there was great camaraderie we had between us, really was.

Let's talk a little bit about that. Why do you think that was?

Why do I think that was? Well, we lived together, we all cried together, we went out together, we holidayed together. Anybody that had a new boyfriend, we'd all hang out the window and see if he fitted the bill and was good enough and we all shared each other's clothes and shoes – a very extensive wardrobe - went to stay at each other's homes on holidays, you know, the country girls and the city girls would stay at mine. It was a wonderful experience. For me it was a wonderful experience and I maintain that I had have learnt life skills during my training but then other people doing their training said they were so bullied - and we were – that they are quite scarred from the experience, but for goodness sake you've got to get over that.

So that would be bullying as in how the system worked when you were a junior and so forth?

Yes.

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So can we talk a bit about that?

Well, I can remember one experience that I had - I didn't think I was bullied but thinking about it now I think I probably was. I was seventeen, had just come off my first rotation, children's ward, went to women's ward and discharged a patient. I'd never discharged anybody before and the senior nurse - apparently when you discharged a patient they were supposed to sign a book and I had not done that and she screamed at me from one end to the other and, of course, I was so terrified anyway and I can remember almost crying and, yeah, that same lady as I mentioned in my piece there, when we went to the dining room we all had designated tables where we sat, like PTS (indistinct) 3743 at one, first, second, third and fourth and the ladies in the kitchen had cleared all the tables and just had the fourth year table ready to eat from and I was told to sit there, which I probably did and this same lady that had screamed at me came in late as well and picked up her plate and cutlery and moved it to another table so she didn't have to sit with a lowlife, you know, junior, junior pleb.

So the dining rooms even were hierarchical?

Oh, absolutely, oh, absolutely.

The sisters that lived in, did they live in a separate area?

They lived on the ground floor.

How many floors in the nurses' home?

Five, I think. I think they lived on the ground floor, matron, she had a flat on the ground floor and I think they all lived there and they didn't have to live in like we did. But going back to the hierarchy, if anybody senior to you by even four months came to a door you had to step back and open the door for that person for them to walk through. You stood with your hands behind your back to be addressed or to address somebody and that was - oh, it didn't hurt, it's what we did. And, yeah, I can remember putting salt in the sugar basin in the doctors' dining room, though - that was something that was always good fun (laughter).

What other sorts of things would you get up to to amuse yourselves?

To amuse ourselves. Well, there was a lady that worked evenings in the nurses' home and she had a trolley and on the trolley she had replenishments for each dayroom like the eggs and tomatoes, bread and everything and the nurses' front door was locked and every time the bell rang she used to have to go and answer the bell - so she might be on the second floor ..

So she was like a kitchen worker?

Yeah, yeah, a domestic lady. And so when she'd come back, of course, her trolley wouldn't be on the second floor where she'd left it, it would be somewhere else. And we were supposed to have our lights out at a certain time and she'd come up and say, "Well are going to bed or aren't you?" and we'd say no. This is, of course, when we're more senior. When we were first there we'd switch the light out till she'd gone and, yeah, but nothing harmful, yeah.

40:28 By fourth year how were you feeling when you were working?

Good, yeah, quite confident. We were confident and calm; you know whatever was presented to us, we just did it.

So what sorts of roles and responsibilities would a senior nurse have, like a fourth year nurse?

She'd go onto her shift, knew which staff she had and she'd write down for them what they were to do and herself, of course, not doing pan rounds or things like that but, you know, medications, dressings, IVs, heprons (indistinct) 4112, anything needed to be done, she would write the list and was responsible to make sure that each task was done, and the charts were done and she'd go with the doctor if the sister wasn't there.

When would you start to give medication and do—?

Probably second year, I would think,

—and IV drips?

Yeah, probably second year and suction - we come to suction again but it was different. Suction, it was called Wangenstein and it was three bulchables (indistinct) 4150 held up with rope on an IV stand. You can still look it up – it's still - google it - and then that had tubes in it and when the water went down it sucked from the wound and then Readyvac (indistinct) 4209 came in which was a totally sealed unit and you didn't have to change the bottle. So each time you walked past the patient with the Wangenstein you just checked that the fluid levels were and, yeah.

So you might have to change the bottle?

Oh, yes; we changed the bottles all the time, yeah.

O.K. And when you finally came to the end of your training, you sat a state exam?

Yes

Was that all day?

Yes. We went to Sydney Uni in the Great Hall. We studied hard - actually, one of the nurses that was my junior nurse topped the state finals and we did study hard but because we were a smaller hospital in reference to, say, somewhere like PA (Prince Alfred), we did everything - they didn't get to do what we did. So we did everything and, yeah, it was quite scary - did we know enough, we'd done four years, had we learnt everything? There's so many subjects to cover – had we missed something? So on the first day we did two papers, a morning and afternoon paper, three hour papers, and the then home sister when I first started, she came with the present home sister when I was finishing and they brought our lunch in to us and it was really very comforting to see her even though she had a very severe exterior. And then we did our second paper and then the third paper and the next day and that was it. We waited for our results and we all passed.

How long did you have to wait?

I can't remember, I can't remember how long we waited - it was probably six weeks or something like that, yeah.

So you continued to work in the hospital until you got your results?

Oh, yes, yeah, yeah. And the girls that I was with, my school, they finished in the May. I had to continue till the September, so I finished on the 31st August.

19—?

'66

O.K. So you mentioned that ten of you started because there was at ten in a group.

M'mm.

And how many of you finished?

Five.

O.K. Different reasons why people dropped out?

I think probably some of them didn't realise, the same as today what nursing really entails. You know, they see Florence Nightingale soothing somebody's brow and it's not like that all and some of them stayed for only a few weeks, others stayed till maybe the beginning of their second year but five of us continued.

45:17 **O.K. People dying, do you remember your first experience with someone dying?**

I do. Your senior nurse, if you haven't done a procedure like give an injection or any procedure, do your first dressing or something like that, your senior nurse always said, "Have you done this?" No. "Well, come with me" and supervised you and taught you and that was the role of the senior nurse to teach the juniors. Yes, I do remember my first death and it was with my senior nurse and I can't remember - yes I can remember, yes, I can remember. It was not pleasant, but you just did it. You know, as I said previously, you washed the patient with a Dettol solution and did various other things that I won't—

Yeah.

—and then you wrapped them, put them in a shroud, paper shroud that we had, and then you wrapped them in a sheet with various labels and then the wardsmen bought the mortuary trolley and you accompanied them. In the middle of Marrickville Hospital there was a lane way that went down through the nurses' home, was on one side and the hospital was on the other, and you went down the lane, the wriggly old lane on the wriggly old trolley, and put the patient in the mortuary.

Was it in the daytime or the night-time?

Either. And night-time, I don't know why it would be more daunting but it was, yeah.

So let's talk a little bit about the physical layout of the hospital.

Yeah.

So the main entrance, if someone was to walk into what was the main entrance?

Yes. The main entrance, there was an office on -- there was maybe a receptionist on the right hand side as you walked in. And the next part was a corridor where we read the report each morning, there was matron's office, the deputy's office and the offices like the pay clerk and the other officers down there. And then on the other side of that was another room, on the other side of the main entrance another room where the stores were and then there was a staircase. The first staircase went to male ward, then it branched up to female ward and then, yeah, that was the main entrance. Oh, and then as you walked further from the main entrance another little flight of stairs and straight ahead was children's ward .

O.K. And where was casualty outpatients?

Causality was a separate entrance further down Lilydale Street. There was an entrance there but, of course, you could get there through the hospital as well.

Were x-rays done at the hospital then?

Yes, they were, yeah.

Where they done on the ward?

No, they were done in an x-ray department which was next to children's ward.

So if there was say maybe up to forty student nurses a year - is that right?

Oh.

Ten in a group.

Yeah, well, that seems excessive, actually - I wouldn't have thought that many, no.

So four groups a year?

Maybe five, maybe three stayed, yeah, not many, not that many.

O.K.

Yeah.

So always on a shift you'd have—?

You'd have a senior nurse, a junior nurse and probably one in between.

O.K.

Maybe – no. My memory's getting a bit dim. Yeah, I would think two junior nurses, no, two junior nurses and a senior nurse and one in between, so five.

On each shift?

Barbara Emslie

On each day shift.

Yeah.

On each night shift were two.

O.K. Afternoon shift?

The same as the morning.

And then there'd be a charge nurse or someone in charge of the ward – that was the ward sister right?

Yes, that's right yeah.

What are your memories of some of these ward sisters?

50:04 Well, I remember the male ward sister, she was an excellent nurse, not fierce and bristly but just a very good nurse, knew her stuff - we all respected her. The sister in charge of women's ward was not as easy to get along with, would leave – well, one of my friends, still my friend, was standing there with her hands behind her back, waiting to be acknowledged and she stood there for some time and one of the doctors walked in and she immediately acknowledged him and he said, "When you've spoken to nurse to see what she wants, that's fine, we'll deal with it", so it was a form of bullying, I guess - just we were nothing.

Were most of the ward sisters single women?

Those two were. There was another male ward sister, she was excellent - she'd trained at PA - she was married. The sister who was in children's ward wasn't. Yeah, most of them were single; matron was single, deputy was single, yeah, most of them were single.

And male nurses?

Just at the end of my training they were coming into vogue.

Your friends, you said you're still in touch with a lot of your friends that you trained with?

Yeah, I am.

So these were really strong, solid relationships for you?

Absolutely.

And do you think that was because of the experiences that you had?

I do, I do because we shared so much in our training days in those four years, yeah, I do. We still have a laugh about them as well. There was that same girl that was standing with her hands behind her back, she was probably a bit more outspoken than we were - we wouldn't have said boo to a goose - and she her and her mate, they were in the pan room and her mate rapped on the pipes - she was above in the other pan room – she rapped on the pipes and as my friend put her head out the window

to see what she wanted she tipped a pan full of hot water to wet her but unfortunately she let the pan go and it bounced all the way down Lilydale Street.

This was a metal pan?

Oh, yeah, yeah, monometal. And then another time - they were obviously very bored in the pan room because she fed down a lavage tube, which was a long rubber tube, down the drain and was going to pour water down it to wet the same friend and let the tube go and then she had to present herself to the male ward sister saying that it had been borrowed or whatever, not to say what she was intending to do. So we did have some fun - it wasn't all tears and we did have fun.

So in a nutshell, like in, say, a couple of points what do you think Marrickville really gave you, your training, the experience?

Oh, massive, absolute life skills, yeah. And still now like the next door neighbour will bring the baby in because she's cut her head and he's not sure what to do and people want to show you their rashes (laughs), you know, and things like that, yeah. No, I've had a great life of nursing, yeah, great life at theatres.

So you went into theatres? Sorry, we'll just go back a second. You graduated.

Yes.

You had a graduation event?

Yeah, we did

Where was that held?

It was held in the hall. Down the bottom of the nurses' home was a big room - it had a little kitchen - and it was held down there and we had a speaker.

Who was the speaker?

I can't remember – I'd have to look it up. What's her name? She's quite a well-known person - I can't remember.

That's O.K.

And we were all presented with our certificates. We had a cake and family and husbands came.

How many of you were graduating?

That was the whole year, so maybe there was five of us, maybe sixteen – there's a photo there of that.

55:10 And did you get to wear the sister's veil at your graduation?

Oh, the veil, yes, yes, got the veil on the head, a totally useless piece of headwear, it really is if you're lifting a patient or anything, but it was very important to us to get that – that signified what we'd done.

That must have been a great feeling?

Oh, it was, it was wonderful. Our graduation wasn't the year that I finished, it was the following year – I think it was probably May or something like that, yeah.

So after you finished at Marrickville, do you remember when you left the hospital?

Mm.

So you lived in for all of that time?

M'mm.

Where did you go?

I got married six weeks after that and we lived in half a house at Hurlstone Park and I started work at Masonic hospital in their theatres

So you'd decided during the course of your training that theatres is where you wanted to work?

Absolutely, yeah.

O.K, so from being terrified of theatres in the beginning, did you do a second time in theatres and a third time?

No, you only did one.

You only did one?

One term, yeah.

So within that period you decided?

Yeah, yeah, I did. Loved it; I loved the precision of it all, yeah.

The organisation of it all?

M'mm.

Yeah, O.K. Where did you meet your husband?

I met him through a friend that had come in through casualty (laughs) and he was a friend of that person and the friend that came in through casualty has his appendix out, of course - didn't everybody - and then met his wife because she was doing cases at that time so she looked after him and I met my husband through him.

So he came in with pain—

Yeah.

—abdominal pain?

Yeah.

Had his appendix out?

Barbara Emslie

Yeah.

Met his future wife?

Yeah, and my husband was looking after him.

So he came into casualty with him?

With him.

So they were local boys?

Yes. My husband grew up down on Sydenham Road next to Australian Woollen Mills and worked at the mills and worked for Stamina and then they moved. His family moved to Greenacre, so that's where I met him, from Greenacre.

So you worked in theatres at Masonic?

Yeah. Then I worked for a GP in Wardell Road, Robert Alison (indistinct) 5756. I worked for him for maybe, I don't know, two years but missed – I mean it was really lovely but missed—

What did you do with the GP?

I did just nursing things, like nurse the new babies while the mother was cared for and gave injections and clerical. It wasn't very stimulating, so I went back saw matron and she said, "Come back and go to theatre" and I did. So I went back to Marrickville theatres and probably stayed there till close to '70 and left to try and have a family.

O.K. So that was a busy GP's surgery?

Yeah, very, yeah.

O.K.

And he used to operate - GPs in those days did – tonsils and adenoids and appendicectomies and hysterectomies, they did all they; even though they didn't have their FRACS or anything like that, they did it all.

And they'd do it through the hospital?

Yeah, yeah.

O.K. Was it common for people that are trained at the hospital to stay there working or to come back?

The girl I wrote that for, she came back, she came back to tutor. In theatre there were two that had trained there. No, probably not common; no, they went off to other places.

So you said you've had a great working life nursing.

Yeah.

O.K. And anything else you'd like to say? How do you think nursing has changed?

Oh, it's changed enormously. My own children are both nurses. My son's done four degrees – he works rurally – and my daughter is not working - she's a mother of four - and my daughter-in-law is a midwife. It's just so different. It's not soothing the brow, it's not caring for the patient. Well, it is, but it's so clinical now. I don't say it's – well, I do say it's not as good as it was, because if you have–

Audio 2

0:00 Yes, there were a lot of factory injuries, I guess, that came through Cas, broken limbs - we had a plaster room in Cas. Australian Woollen Mills had, I think, a few thousand staff, with big machinery, big weaving and looms and machinery. It was probably quite an industrial area here, rather than what it is now – it's quite trendy, I think, to live in Marrickville now – but, yeah, it was a working class area, definitely.

So big industry and small industry—

M'mm.

—like the woollen mills—

Ford Motors.

—Ford Motors?

Yeah, I could get that information from my husband but I can't remember now but the woollen mills would have been one of the biggest factories, yeah, when we had a lot of wool that we managed - Stamina Clothing, which was very big on children's school wear – it was probably more industrial than anything else in Marrickville.

And how did the hospital respond to that, like if there was an accident?

Well, the ambulance came up the ambulance drive and you opened the door and did whatever you needed to do to treat the patient, I guess, and because the Cas bell rang throughout the hospital, somebody always knew something had come in, so they would come and check and make sure you're O.K. You were there on your own until the sisters came on duty probably at 7:30 or 8:00 in Casualty. You probably started at quarter to seven or seven – I can't remember that – but you were there on your own until somebody came and helped you, yeah.

Any accidents in particular that you remember?

No, not from my time but I do remember that there was a big train smash at Sydenham and they came through Casualty and we had two well-known orthopaedic surgeons – one was called Dr Wherritt (indistinct) 246 and the other was Dr Bryan – and Dr Wherritt (indistinct) 251 stood at the door and designated where each person was to go, depending on their injuries. I was a little girl then but I heard that story and, yeah, it could manage, we could manage a lot of things, yeah.

Audio 3

0:00 The resident doctors lived above Casualty - I never went up there but some people did. One of the residents married a very good friend of mine – she was my junior nurse on night duty – I think I mentioned that in there too. We all smoked in those days and we used to nick into the patients' bathroom and have a quick ciggie near the window, not thinking that the night sister would smell it. I mean we were very, very naïve; we were incredibly naïve about most things in life, yeah. So, about the hospital, there was one lift. Under the stairs, not the main stairs, the stairs within the hospital, we kept all the oxygen cylinders there. At the end of male ward, there was a building that would have faced Marrickville Road, Marrickville Road and Lilydale, there was a building and I think that was used for one of the doctors and his family. There was an annexe at the end of women's ward, so you walked out onto a verandah – that was on the first floor – you walked out on a verandah, a long verandah, and there was a two-bed ward, a little annexe there, you know that. And then at the end of male ward, there was a single room that was a single private bed. There was a sterilising room at the end of each surgical ward where all your sterile stuff was kept and it was cleaned by the junior nurse on night duty and more scrubbing of monometal, more boiling, and she'd set up the dressing trays with a galley pot and little swabs that we made – we made all our own stock, cotton balls and swab sticks.

When would you make them?

The junior nurse on children's ward made them, so you'd just get your cotton, roll it and then when it was autoclaved it would all puff up to little cotton balls like we have today. Swab sticks were made just with a wooden stick and you put the end in water and rolled the cotton on it and I'm pretty sure – I can't remember for sure but I think we made our combine dressings. So with the muslin, white muslin, and then you had a width of, I suppose, like cotton wool and you folded it and then cut it. Yeah, we did make it – I can remember now – and we cut it into – we called them colostomy pads or peri pads. So that's how they were sterilised, in cotton bags up into the theatres and the theatres had two autoclaves, did all the sterilising – people cooked a chicken in it. I never did that – I wouldn't—

In the sterilising machine?

In the autoclaves, and I would never have thought of doing that but it must have been good.

What was that story – so who were they?

Oh, I know who one was – I know who two were. Well, they must have been there and a bit bored, so they—

Student nurses?

Oh, yeah. And they cooked a chicken in the autoclave but you would think that it would smell- you'd smell the chicken, wouldn't you, you'd think? And really there was no waste in those days: if cotton balls didn't get used or dressings didn't get used – and they were clean; they were re-autoclaved – you didn't thrown anything out, not like today with all the pre-packaged dressings. And we did our own gloves. They were washed and dried, hung to dry, and then blown up to see there was no holes, powdered.

What were they made of?

Well, rubber.

Yeah.

Yeah, and then the powder, like in theatre there was a trolley. There were three scrub sinks on each side. You scrubbed there, came through the doors and there was a dressing trolley where you got your gown and your gloves and there was a bowl that you opened it and spread the powder and put your gloves on, in a different way than they do it today in theatres. It's different but, yeah. What else about the building? There was laundry chutes, a laundry chute from female ward down to male ward and it was in a bag – the men used to come – and there was a very big laundry down the back on that lane.

5:19 **So there was laundry staff who worked there that were employed by the hospital, right?**

Yeah. They did all our uniforms and all our linen and we washed our own masks, our own bandages, and they were dried. I can't remember how we dried them but we must have dried them. And we made our own enema soap.

How would you make that – what was the ingredients?

A big pot, soap, water, big spoon, stirred it on the stove. Every dayroom on each floor had a stove and a fridge and at night there was always a jug of hot milk for a patient that couldn't sleep or something like that. So, yeah, you made the enema soap. We used to use Lysol, phenyle, things that you wouldn't use today, yeah.

So some of the wards were the big Nightingale style wards?

They were, yes.

So just describe one of those for us.

Well, just say the surgical ward had a sink, not in the middle but a third of the way along, and in front of that was the sister's desk, so while you're cleaning the Brasso she had her beady eye on you. I make it sound terrible. It wasn't really that bad. And then there were probably one, two just beds along each ward. At the end of the ward was a sterilising room, as I mentioned before. Go through a door before that and there was a linen room that you stored all your linen and the bathrooms or maybe a couple of toilets and a bathroom and a pan room. No, the pan room wasn't there, it was in the middle.

O.K.

So that was, yeah.

And infection control was—?

Well, we were taught to do dressings appropriately. In those days we swabbed down the centre and down the sides of an incision. Now it's a more circular motion, I think. We didn't have wounds that broke down, never. I can never remember a wound breaking down. We were just very careful – that's the way you were taught to do it and you didn't contaminate anything and, yes, everything. The dressing trays were set up the night before and covered with a sterile towel, sheet, and, yeah, normal saline was used to clean the wounds.

And some of these patients would be there for—

Barbara Emslie

Long time, not like in and out in a day. Yeah, if you had a cholecystectomy you were probably there for ten days. Appendicectomy, I had my appendix out there; I was probably there for probably seven days, something like that. Yeah, patients stayed a lot longer but they all went home healthy.

You had your appendix out while you were working there?

No, no, no, when I was nine.

O.K.

Yeah.

And is that were wanting to be a nurse came from?

Oh, probably encouraged the thought but I think all little girls want to be, you know. I was born at the end of the war in '45, so Red Cross was an organisation that little girls belonged to. I still have my badge and you wore a little white thing tied behind your head and a little red cape and I don't know really what we did but I was in the Red Cross and post-war that was really, I guess through the injuries of the war, was significant. Yeah, so I had my appendix out there and the sister that brought our sandwiches to our state finals was in charge of the ward when I was there and she did have a bite but she really was a lovely, lovely lady, yeah.

Who was the head doctor – who was in charge of the doctor—

The superintendent.

Yeah, Medical Superintendent.

Yeah.

Who was that?

When I was training, I can't even remember. I remember when I was back there in theatre, his name was – what was his name? I can't remember. It was Wiggles or Wiggles or something like that. He was a young, young man – a big job for a young man.

10:21 **And who was the Director of Nursing or the matron?**

The matron was Enid Knight. Yeah, from the beginning to the end, I only got called to her office on one occasion and that was because I complained there was no hot milk, because everybody got to meals late -it was just how it was - and by the time I got there there was no hot milk and the porridge was like clag, as I've mentioned before, and I said to the cook – can I mention his name – Mr Buckley that, “You can't have cold porridge and cold milk as well” and he reported me to the matron. So I had to go to matron and she said it was inappropriate and don't do it again.

What was your response to that?

(laughs) I'd never been sent before and I think I was probably in fourth year by then and it mattered, it mattered, but I wasn't going to lose any sleep over it or anything like that.

So matron was kind of distant from the student nurses, like you didn't have much to do with the matron?

No. She'd come to the ward and see the patients. And she didn't come to the ward to inspect but she probably did. All the things we did that were totally useless in the patient care – like you had to have all the blinds level, all the wheels of the beds facing the same way or the pillowcases and the towels with their openings facing the same way, I mean this didn't at all improve the patient's health but it was discipline for us and so, yeah. I can remember another funny story I'll just tell you. It was one of the girls, the same girl with the sucker in the tonsil, she was asked to give a pan to a male patient and his leg was in traction. In those days traction held weights on the end of the rope and he'd taken those off and he put them in the pan and when she came to collect the pan she went and heaved the pan off the pan and struggled to the pan room. Well, everybody was watching - everybody knew what was happening – but she did take it in good fun. Yeah, there were light times, lots of light times, but it was a good life for me.

Barbara, thanks a lot for your time.

My pleasure.

It's been fantastic.

My pleasure.

Thanks.

Interview ends