



Heritage Foundation
Newfoundland & Labrador

#007

One Big, Happy Family:

*Memories of Bonne Bay
Cottage Hospital*

*Edited by: Terra Barrett
& Katherine Harvey*

ORAL HISTORY ROADSHOW SERIES

One Big Happy Family: Memories of Bonne Bay Cottage Hospital

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Oral History Roadshow Series #007



Heritage Foundation of Newfoundland and Labrador

Intangible Cultural Heritage Office

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Introduction



Memory Mug Up at the Cottage Hospital. Photo by Katherine Harvey. 2018.

The Bonne Bay Cottage Hospital admitted its first patient in December of 1939, although construction continued and the facility did not officially open until July of 1940. The hospital was built with a budget of \$10,000 on land donated by William A. Preble of Bonne Bay. John Shears, of Rocky Harbour, was declared foreman and builder. Construction was truly a community effort, and under the leadership of the Department of Health, the hospital was erected through seven thousand hours of volunteer labour.

Bonne Bay was one of the largest cottage hospitals of its time. It contained a female and male ward with twenty-three beds, x-ray

facilities (as of 1943), a dental clinic, a nursery, and a staff of ten medical professionals. The original staff consisted of Dr. Robert Dove as physician, Mary Green and Laura Hicks as nurses, Rita Hollohan as nurse's aid, Mildred Rumbolt as cook, and Martin Bugden as janitor. Over the years, this staff grew, and they were instrumental in the life and successes of this hospital.

Terra and I travelled to Bonne Bay in late January. We had been in conversation with Joanie Cranston, the resident physiotherapist and a leader in safeguarding the hospital's intangible cultural heritage. She wanted us to visit the community and host a memory mug-up as part of our Oral History Roadshow project. This particular event was to focus on the memories of those who had worked at the cottage hospital over the years. Over the course of our stay in Bonne Bay, we interviewed twenty-one people. We spoke with kitchen staff, maintenance workers, doctors, nurses, laundry staff, x-ray technicians, medical records staff and administrators. We collected a wide array of stories about births, staff, parties, pranks and memorable patients. Through the stories, the strong sense of comradery amongst staff was made apparent. Everyone truly loved this place.

The hospital closed in 2001 and a new facility was opened in the community. Today, the building serves a variety of functions. It is a physiotherapy clinic, a hostel, a museum, a library, a community kitchen and home to the local radio station, Voice of Bonne Bay (VOBB). It is inspiring to see that this historic building has been adapted and remains full of life in the present day.

Katherine Harvey

Bonne Bay Cottage Hospital Heritage Corporation

Who We Are and What We Do

We are a not-for-profit community corporation which is run by a dedicated group of volunteers.

We are adaptively re-using the old Bonne Bay Cottage Hospital as a community centre for the following purposes:

- The preservation of local culture and heritage;
- The promotion of community health and wellness; and
- To foster community economic and social development.

PROGRAMS & SERVICES:

- Health services such as physiotherapy, massage therapy, chiropractic, podiatrist and naturopathic services; community wellness programming such as yoga and exercise classes, including the “Mobility for Life” program for all ages;
- Voice of Bonne Bay (VOBB), a community radio station;
- Norris Point Public Library and CAP centre;
- Cottage Concerts; Trails, Tales and Tunes events;
- Barb Bellows Art Studio;
- Cottage Hospital Museum Room and displays;
- Norris Point International Hostel;
- Community Kitchen, Garden and Greenhouse Programs;

- Bonne Bay Ground Search and Rescue Committee;
- Trails, Tales and Tunes, and Writers at Woody Point offices;
- New business incubation;
- Local employment and youth training opportunities.

AWARDS:

- Municipal Heritage Site (2006);
- Manning Award (2010);
- Site of Provincial Historic Significance (2011).

PARTNERS & SUPPORTERS:

- Federal government
- Service Canada; Atlantic Canada Opportunities Agency; Canada Summer Jobs;
- Provincial government
- Advanced Education and Skills; Industry, Business and Rural Development; and the Department of Tourism, Culture and Recreation (Cultural Economic Development Program);
- United Way;
- The family of Julia Ann Walsh;
- Norris Point Town Council;
- CEDTAP;
- And most importantly – the community!

OUR FUTURE

We operate as a social enterprise, generating revenue to ensure our sustainability into the future. We are reinvesting in, and strengthening, our local community.



Bonne Bay Cottage Hospital depicted in painting by local artist, Derek Caines.

Administration

I came here to work in 1978. I saw the ad in the newspaper that they needed a housekeeper and I applied. A couple of days after that they phoned me to come to work. I worked here for seventeen years. I remember my first day I was kind of nervous. Ben Bugden was the administrator, and he brought me upstairs and showed me the little office. "This is your office," he said. There was nothing there, only a desk. He said, "You'll be responsible for the kitchen, the laundry and the housekeeping." He said, "You can read some books that are around about hospitals." I sat down and punched in my day, read books, didn't find out anything. So anyways, a few days after he said, "You can go down to the kitchen and see what they're doing. Go down to laundry and just get familiar with their work." I used to do that, go downstairs and see what they were doing then come back up and read another little bit. I'd talk to the girls. They were all so friendly and helpful I must say. Then the head nurse taught me how to do scheduling, I had to do scheduling. I found out, you know, walking around the hospital I knew I was in charge of the cleaning and the girls, their work and their discipline. So gradually I got used to it, but it took me a long time. —*Betty Dyke-Sparkes*

I was responsible for scheduling, cleanliness, food supplies - all supplies actually - for laundry and the kitchen. Housekeeping, infection control and there were a lot of little things I was responsible for, things I can't think of now. It was a very responsible position. You had to watch everything, watch what you say. I had never been in charge of a group unless I was in camp. I went to camp a few times. It was a learning experience, but I enjoyed it. When I got laid off I was kind of disappointed. —*Betty Dyke-Sparkes*



Betty Dyke-Sparkes outside her former office. Photo by Katherine Harvey. 2018.

Blue Aid

A blue aid was like a nursing assistant now. They call it a nursing assistant now. —*Dora Reid*

First when I was a blue aid when I came here I used to have to do a lot of sanitary work. In the nighttime all of the gloves used to have to be washed and packed with powder and put in for sterilization. After everything was done we would have to start to sterilize. All utensils had to be washed and packed in baskets and sterilized. We used to have to see to the patients and everything but there was never a doctor or nurse that was with you during the nighttime. The two blue aids that was on were responsible for all patients if anything happened or if any emergencies came in. The main nurse used to stay upstairs and if anything happened we used to have to run upstairs and get the nurse to come down. I know of a couple of occasions when we just got the nurse down in time when a baby was being born, And sometimes probably that didn't happen, sometimes the baby was born before the nurse got down. We used to have to see to the babies in the nighttime in the nursery and change them and check them and everything. Same thing if an emergency came to the door, they would probably be down ringing the buzzer and you would have to go down to check the door and see. Then you would have to get the nurse and the nurse would call the doctor or someone would have to go for the doctor to come in. These were the kind of things that you were responsible for during this time. I didn't like that kind of work so I went back to school and did a business course. —*Doreen Parsons*

In the nighttime all the doors were locked and there was a buzzer on the door. They used to have to ring the buzzer and whenever

the buzzer rang you would have to answer the door and see what was there and what kind of emergency it was. You had to let the nurse know what was going on but you checked the patient first to see. But if it was an emergency you would just go on to get someone to go for the doctor because lots of times when you had to go for the doctor there might not be a phone, or it might not be working. The janitor used to have to go to pick up the doctor. You didn't know what was coming. There was no such thing as someone phoning ahead to let you know what was coming. You just greeted it at the door. —*Doreen Parsons*



Doreen Parsons in the public library (formerly medical records).
Photo by Terra Barrett. 2018.

Doctors

Dr. Dove was the first doctor to work here when this hospital was built and his daughter, [Sue Dove], came to work here in the late '70s. —*Dr. Terry Delaney*

When I first came here there was no doctors across the bay in Woody Point or no doctors up the coast [in] Cow Head or Daniel's Harbour so everyday after rounds there was always one person who was on the road going to a clinic. So it was always two people stayed here and one person was on the road doing a peripheral clinic. —*Dr. Terry Delaney*

A regular day you would come in in the morning around 8:00 and we would go up to the kitchen. We would sit down around the table in the corner and have a conversation as one of us would have had to have been on call the night before. We'd discuss whatever cases came in overnight, what happened overnight and so on. We would have a little breakfast - I used to have a grapefruit and toast. I think that's all I used to eat for breakfast at the time. Then we would go and make group rounds. All the doctors went and made rounds together with the nurse who was on duty that day and saw all the patients and we all contributed to the treatment.



Dr. Dove c. 1940. Photo courtesy
Julia Ann Walsh Heritage Center.

People would have different ideas, maybe we should do this, maybe we should do that, maybe we should order this test or that test, and we all learned as that went on from each other. I think group rounds with the other doctors was an excellent thing and that went on for years really. It was a great learning experience. Even when students came out and interns and residents coming out doing their rural rotations they would bring a lot of knowledge of the new things that were happening in St. John's so we would learn from them as well. It was a two-way street with the students. Hopefully we taught them something, but we also learned from them. After you finished rounds then you went downstairs into your individual offices and did your clinics. Morning clinics then afternoon clinics. There were some afternoons off because of the amount of on-call work you had to do. —*Dr. Terry Delaney*

The doctors here were amazing. They were just very calm; very competent, calm people. We were lucky, and we're still lucky. We have some very good physicians here. When we moved up to the new place we had a code and we had to call the doctor. We had a resident, and he was in the house next door, and it was too snowy for him to come out. Dr. Delaney, he came out of his house, he ran to the hospital, he ran up, he came in, took his coat off and he kind of fixed his hair and went, "Phew, okay I'm ready." Just like that. You wouldn't see that now I don't think. He was wonderful. We were very fortunate. Very smart, competent and lovely doctors. —*Carla Bellows*

Dr. Wong was a GP Surgeon, he had a partial surgical residency. At the time when I came here he wasn't doing a whole lot, what would be considered now minor surgical procedures under

general anaesthetic like D and C's, biopsies, reduction of a fracture. I think he did a few apicoectomies when I was here. Unfortunately, when you came out to cottage hospitals when you were doing your internship the Department of Health would say, "No, if you are going to a cottage hospital you have got to know how to give an anesthetic. So try to get in a couple of weeks of anaesthesia while you are doing your internship because you had a few elective periods." So anyone who came out here had about six weeks of anesthetic training which is nothing, just the basics. We knew how to deliver anesthetics, you weren't an expert but at least you knew how to deliver it. —*Dr. Terry Delaney*

The story was that all the nurses loved it when Dr. Delaney was on call because no matter what was going down here, no matter how crazy or how bad it was going, if you called Terry you knew he was just going to walk down over the hill and everything would be calm. He was so calm, that is what he was known for: everything would just be okay. But according to his wife, Shirley, he wasn't so calm. He used to kick the tree on the way down but that's not true. He really was calm, and I think when you are in a small place like this one of the only things you have to rely on is just being calm. —*Joanie Cranston*

As a cottage hospital doctor you had to be prepared to deal with things that you hadn't dealt with before because during your internship you don't come in contact with everything that is going to happen. Basically, over a number of years you were going to deal with practically everything that anyone else in a triage care centre is going to deal over a period of time but you might only deal with one or two of those things. But once it happens

you have to be prepared to deal with it without any previous experience in that type of problem. So sometimes you have got to improvise a little bit. —**Dr. Terry Delaney**

Dr. Delaney was an excellent emergency room physician. You could always count on him. He was calm, cool and collected. He always knew just what to do. Inside I don't know what he was feeling. He was really supportive and I think he helped you learn a lot. He was always a good resource to have. If you weren't sure what to do he could tell you. And we had Dr. Bowen, he came around the same time that I did. And Dr. French, Dr. Grace, Dr. Cathy Hayley and Dr. Stewart. I'll always remember him because he used to do house visits for people and we thought that was nice . . . Dr. French was a really good physician,



Dr. Noel Murphy. Photo courtesy Julia Ann Walsh Heritage Center.

you learned a lot from him because he was a good source of information. I think having that good base of physicians, in one way you learned a lot, but it spoiled us. —***Susan Reid***

The thing at the time is that in Corner Brook when I first came here there was one internal medicine specialist, one surgeon, maybe two surgeons at times, one pediatrician, one obstetrician, one orthopedic surgeon. Now theoretically, supposedly on call all the time. They didn't want you to send anything unless you absolutely had to. So you took care of a lot of stuff that normally people wouldn't take care of in a small place because they expected you to because you couldn't burn them with all these things. So you just did it. You accepted that sort of responsibility, but you didn't always feel good about it. —***Dr. Terry Delaney***



Dr. Terry Delaney. Photo by Terra Barrett. 2018.

Housekeeping & Wards



Theresa Major. Photo courtesy Julia Ann Walsh Heritage Center.

When I moved to the wards I had different tasks. It was the floors and the beds. You had to help make beds and do things like that. I liked it more because I enjoyed people. I'm a people person, and I enjoyed the people. You'd go in the rooms and where you were working you'd be chatting with them. And they'd be chatting back. It was good. —*Pauline Payne*

I did housekeeping, well that was only on call. You did whatever needed to be done. You served the dinner trays, you did the floors, you did the bathrooms, you did everything like that. —*Sarah Samms*

You'd be mopping the floor, and this lady was sitting there, and she looked kind of lonely. I used to sit and have a little chat with her. Sometimes I'd read the bible to her, sometimes I sang to her and she sang along with me, especially one old lady I knew. I liked that. —*Pauline Payne*

On the wards, the first thing you would do was clean the tables off, pick the garbage up, clean the bathrooms and then do the floors. Then we used to have to go in and do the lab and x-ray, clean off the counters and then we used to have to come upstairs and do some of the cleaning up there. That was when you worked on the wards. —*Regina Payne*

Kitchen

In the kitchen you would come in in the morning and you would work 7:00, that would be the first shift. You would come in and if you had bread to make you would make bread. Then you would get ready for breakfast and set up the trays, put the juices and everything like that on it and get it ready to send out for the wards. Then if there was anybody eating in - one time we used to have the doctors up here, and we used to have to do breakfast for them and bring it upstairs to them. First when I came here it was a lot of staff that used to eat in and have breakfast so we would have to see to them. The next thing you would do is wash up the dishes, and you would get the desserts ready for the next day. We used to have some good times, laughing and joking. We would do the dishes, go out and get the trolley with the dishes on them, do the dishes, and then you would have to set the trolley up for another meal. By the time you got that done you had to get ready for coffee break. First when I came here, it was only first, we used to have to put cookies and everything like that out. There used to be all kinds of cookies out in the dining room or the sitting room where the staff used to come in. We would put coffee and tea out. Then you would clean up from that and have to do the same thing again to get the trolley ready for dinner and put the meals on. When you got that done, you got the trolley out, you would have to wash up some pots and pans. Then you would have to peel vegetables lots of times - or the janitors in the nighttime used to peel the potatoes. Half the time the peels would be on the potatoes, so we used to have to check them and do them all over again. We had to check the vegetables and then we would do the dishes. Then in the afternoon we would set up for supper, and then the coffee break and doing the dishes, much the same routine. In the nighttime, after we got everything done from supper, we would have to clean the stove if it was dirty.

We weren't allowed to take the dishcloths down to laundry we used to put them in the sink in soap and wash them by hand and hang them up. Cooking was mostly - one day we might have to make bread, and then the next day you might have to make fresh rolls or something like that, or make pies. —*Regina Payne*

Your morning started at seven o'clock. You came in, you prepared the breakfast for all the patients - and you had all kinds of diets. We didn't have any training. It was a learning experience. I loved the kitchen, it was seven o'clock to three o'clock. I loved that shift. You got off at three in the afternoon and had a summer's day. —*Sarah Samms*



Community Kitchen workers, Nancy Laing and Paige Wiseman.
Photo by Terra Barrett. 2018.

Well we would get ready to go downstairs for 7:00 and we would start breakfast. Then we never had a dishwasher, we always had to hand wash the dishes, and there used to be a lot of them because there used to be the staff, plus all the patients. So there were times we had maybe twenty patients in at a time. We were always kept busy. Lots of time I used to help the cook bake cookies and stuff like that because we used to always have cookies and stuff like that for the nurses for their snacks and their lunches. We worked from 7:00 to 7:00. During the day one of us would get an hour and a half break, and then we would come back and work until 7:00. Then some other girls would get off at noon on Saturday. Then she would have the weekend off and she wouldn't have to come back until Monday. —*Irene Hiscock*

See we didn't have a food room upstairs so we used to have to go down the stairs and take the big salt beef buckets. We'd pick up our groceries, and we might make a dozen trips down there in the run of a day. You'd go down, fill that up, and come up over the steps. Down in the food room, when the groceries come in from the store, it was just like in a store. You would have to go down and pack it all up. But it was really hard coming back up the steps with one of those buckets filled with flour, with milk and stuff like that. We used to bring up more than we were supposed to because we didn't want to make all them trips downstairs. —*Regina Payne*

We would cook the regular jiggs dinner on Sunday. Fish, pea soup, beef soup, beef stew - main arm slob they called it - pork chops, chicken legs. Just the ordinary stuff, nothing fancy. We made all our own bread, and made all the desserts. —*Sarah Samms*

Main arm slob was just salt meat cut up in small pieces with onion, pepper, carrot, turnip and potato. It was cut up and I suppose it was cooked so the starch - it was almost white - would come out of the potato and it would thicken the sauce. But that's what it was. We used to call it main arm slob because it used to be main arm - where you drive in to [Norris Point] it was the main arm. And when it iced over you'd get the slob on it. So we used to call it main arm slob. That's where the name came from. —*Susan Reid*



Regina Payne in kitchen. Photo by Terra Barrett. 2018.



Sarah Samms and Dora Reid in kitchen. Photo by Katherine Harvey. 2018.

One particular time there was a lady passed away - she was from here in Norris Point - and she had a very large family. All her family turned up for breakfast. But we got through it, and, I mean, we tried to oblige them. They had just lost a family member and didn't have anywhere to go for their meal. —***Sarah Samms***

Well there was the cook and probably four or five of us besides the cook. We would cook for the staff and the patients as well

and for the nurses that stayed in upstairs. For the patients it was all according to what diet they were on. Like there was salt free, fat free, or whatever. For us they cooked chicken, beef, just regular Newfoundland meals. But the nurses and the doctors had the privilege of having these people delivering for them too. You had to feed the nurses up here didn't you? You used to bring their meals up for them. We used to have to come up for their breakfasts, and then for their coffee break, and then they would have lunch, then they would have another break in the evening and then there would be supper. So we used to have to bring it all upstairs to them. They had that little tea room that's out there now. The little sitting room is still there. That was the one that the staff used to eat their meals in. That was the doctors and nurses. —*Irene & Les Hiscock*

There was always good home-cooked meals. We could eat there then. We didn't have to buy, we could [just] eat. It showed on the end of it . . . Everything was home-cooked. Betha's chicken balls and fries; that was a real famous meal. She had those cookie jars filled with homemade cookies so on coffee break we'd have the cookies. Home-cooked jiggs dinner. Lots of good, old-fashioned meals. [Bertha] was very particular the way she'd place it on your plate. It didn't matter how old the patient was, or if it was staff, it was all the same. She was very organized and wanted everything looking good and tasting good. —*Pauline Payne*

Recipes

Main Arm Slob

Ingredients

- 1 slab of salt beef, cubed
- 1 turnip
- 1 large potato
- 1 onion

Boil salt beef for 1 hour. Add diced onion and cubed turnip after. Continue to boil for 30 minutes. Add cubed potato. Soup is ready after potatoes turn soft.

Dark Fruit Cake

Ingredients

- | | |
|----------------------------|-------------------------|
| • 1 pkg. currants (227g) | • 3/4 lb butter |
| • 1 pkg. mixed peel (227g) | • 1 tsp all spice |
| • 1 cup nuts | • 2 tsp cinnamon |
| • 1 1/4 cup cold water | • 3 eggs |
| • 1 tsp mace | • 2 tsp baking soda |
| • 1 tsp cloves | • 2 tsp vanilla extract |
| • 1 pkg. raisins | • 3 1/2 cup flour |

Boil together fruit, spices, water, sugar, and butter for 5 minutes. Let cool. Add vanilla, beaten eggs, and dry ingredients. Bake for 2 1/2 - 3 hours at 275°F. Check after 1 1/2 hours. Keep checking until done.

Laundry



Hazel Oram. Photo courtesy Julia Ann Walsh Heritage Center.

We came on duty and the clothes were down for us at the laundry. We would fill up our washers, and we would pack up if we had clothes from the day before. We would finish that while we were waiting for the other to wash and dry. Then we would fold it and bring it back up. You used to have to come up a lot of steps, right? No elevators. —**Betty Randell**

We had wringer washers first when I came here. I can remember Jim Snow - here's something funny - came in and he used to torment us. I don't know what he was putting through our wringer - it was these little finger cots. He'd blow them up and torment us. I said, "I'll take your mitts and put them in the washer," and he said, "No you wouldn't, that's Aunt Sally's." That's his Mom, she knit them. I said, "So I will." So I did, and we had javex in the

washer, and when I took them out there was nothing left to them. I felt some bad. —**Betty Randell**

One thing that sticks out in my mind, we had the big washer and it wasn't working properly, and they had someone come look at it. Anyway, we used to have to get up, instead of turning it on - I don't know if the switch or something wasn't working - we used to have to get up and hold it down for it to start. We used to be scared of that because it was high, and we used something to push in on it to get it to start. Wonder we weren't electrocuted. We didn't know what was going to happen. —**Betty Randell**



Betty Randell working in the laundry room. Photo courtesy
Julia Ann Walsh Heritage Center.

Maintenance

We had the full maintenance of the building. They burned coal here to heat the building at one time but then they put in the radiation furnace so then we had to maintain that. We had our own auxiliary power here so when the electricity went down our unit would cut in so we had to do maintenance at that. Then outside we installed - they called it an incinerator - but it was a pathological burner to burn up any waste. One time they would do a lot of surgeries here, but that was gone by the time I came to work. They were still borning babies, and all the medical equipment that was supposed to be disposed of that was burnt here on site. Then we had to provide service for the ambulance too. So I used to drive the ambulance for the hospital. I did it voluntary before I came here, with the Lions Club, when I came here if there was no one consigned to it from the outside then I would take it and go to Corner Brook or up the coast or whatever. I had maintenance on all the buildings, the clinics outside plus this one here. But then there was four or five utility workers working here all the time so they did the maintenance or cleaning and things like that on the building. —**Les Hiscock**

You would never know what would pop up. I might come in and start a job. Well we had an x-ray room and there was always some kind of maintenance going on with all the equipment. It was more maintenance with the OR table and the lab equipment than with anything else. You might come in and go to work, and then you get a call to take a trip to Corner Brook on an ambulance. Or the power would go off and the generator would come in and you would have to see to that. It was always something. It was enough to fill in your time with painting the exterior and keeping the equipment going. —**Les Hiscock**

[The incinerator] was right where they have the greenhouse. With new rules and regulations it didn't live very long because the environment got after all these smokestacks, pollution and all. So we didn't get much life out of it. It was sitting there for years before I came here and then Western Health took over the building, and they had to burn their pathological waste so they wanted it set up. We didn't have a whole lot of stuff to burn anyway but they didn't want needles going into the landfill. So you would probably end up with a bag of garbage in the morning for the incinerator. —*Les Hiscock*



Maintenance workers. Left to right: Louie Hillier, George Humber, Harry Maynard, Les Hiscock, Harvey Cullihall, Lew Decker and Hayward Humber.

Photo courtesy Julia Ann Walsh Heritage Center.



Les Hiscock in the former maintenance room. Photo by Terra Barrett. 2018.

Medical Records

I was the receptionist in outpatients, and outpatients and medical records were together. So I registered the patients that came to the clinic, and I pulled the charts and reports for the doctors, and did appointments in referrals to Corner Brook or St. John's, and made phone calls for the doctors like get somebody on the line if he wanted to speak to a specialist. So it was a busy place, really busy. Lots of charts to handle. —**Doris Randell**

After I did a business course I started work here as a receptionist [after two years with the Department of Welfare in St. John's]. I registered all the patients that came in. Mostly there was no appointments or anything and sometimes it might be seventy-five or eighty patients for one doctor to see during the day or during the period of time he was here. You would have to get them registered, you would have to collect money and then the nurses used to dispense medication. Maybe sometimes I went in and helped the nurse even count out medications which probably we weren't qualified to do but we did it and passed them out to the patients and collected the money for these things. We used to have to pull all the charts and pass them out to the doctors when they would see the patients. There was no such thing then as writing up a report. The doctor did that so we didn't have anything to do with it. When I was a receptionist I even went out to the doctors' clinics in different areas like I went to Cow Head and Daniel's Harbour once every couple of weeks to register patients there and get medications dispensed and pass it out. —**Doreen Parsons**

I completed the medical records technician course. Then I did most of the dictations where the doctors did dictations on their reports. I did all of the dictations through typing and I did up

statistical reports and typed all that in and sent it off. I did up all the staffing reports that were sent in for your pay period and all this. I used to have to do all that at one point but then after a few years then we got an administrative assistant and this all changed. The administrative assistant took it over then but I was doing all kinds of reports and sending in different things. —*Doreen Parsons*



Doris Randell in the library (formerly medical records). Photo by Katherine Harvey. 2018

Nurses



Susan Reid (RN) and Karen Power (RN). Photo courtesy Julia Ann Walsh Heritage Center.

You came in in the morning, you got your report. You did rounds - like the RN would do rounds. We used to do some patient teaching as well. You helped with the care. You were pretty busy. At the time, the outpatients was downstairs, so if you had to do anything with the outpatients you had to go downstairs. For holidays, you might be the only nurse in the building so you spent a lot of time going up and down. Sometimes you got off track, but at the end of the day you figured you did everything you had to do. —***Susan Reid***

It's hard to describe day-to-day. Day-to-day was your routine; it was getting patients up, it was taking their temperatures, dealing

with their dressings, whatever had to be done but then whenever the door opened you didn't know what was coming in. Where I worked in Halifax, I didn't even know there was a door that anybody came in. I had my own little spot where I worked. You didn't have a bigger picture of the whole facility. —**Carla Bellows**

Day shift there were more staff, so I think there were two nurses on the floor and a nurse in outpatients. Then it was LPNs - I can't remember the exact amount, but it seemed like it was a couple LPNs. But then on night shift it was just one RN and two LPNs. You just had to call the physician back if you needed him for emergencies or [for] any of the outpatients that came. So it was certainly a lot different, I used to be really nervous. —**Susan Reid**

When I first came here there was an older nurse here she was probably well into her fifties then. Mrs. Parsons. Florence Parsons from Rocky Harbour, and she was sort of an old time nurse who was also a midwife, and she knew a lot of stuff. Let's put it that way. I must say, I feel that I learned from her. It's interesting that when she was on at night time and say a delivery was going on, officially she was supposed to call you for a delivery, but, if things were going well she would go ahead and do her thing, deliver the baby and then call you afterwards and say, "Oh the baby came too fast. I didn't have time to call you." You were glad, right? Then you would go over, made sure everything was okay and examine the baby to make sure there were no problems. But she was great that way. It was always great when she was on for a delivery because she knew a lot of stuff. But that's one person I always remember and I really admired her. —**Dr. Terry Delaney**



Pansy Payne (LPN) with a patient. Photo courtesy Julia Ann Walsh Heritage Center.

X-Ray & Lab



George Tucker outside x-ray lab. Photo by Terra Barrett. 2018.

Well we did basic lab and x-ray. All the necessary things the doctor would need on a daily basis to determine using his clinical judgement what could be done with a patient. X-rays varied because at the time we were doing everything from pelvimetries and barium enemas, IVPs. All the basic x-rays of the human body and that kind of stuff. Neil and I were in the same boat. When I came here he had been here before me, but I had transferred from another hospital, so we basically had the same expertise at what we were doing. One of the issues we had was when Harry Clarke was here as a doctor, and Harry called up one day wondering if I could give him an answer to an x-ray that I had done. I told him that I wasn't really allowed to give him any information on the film that he would have to come up and look at it. He said, "That ends today." So, after that Neil and I ended up in St. John's and we did a month with Dr. Higgins in St. Clare's in radiology, then we came back and applied that knowledge, and we've been applying it ever since. Today, under the new regulations, you are not allowed to talk about anything. Back then it was a massive help to everybody. It is sometimes not easy to miss things, but I must say Neil and I were really good at reading our films and knowing our films and that kind of stuff. So yeah, it was an interesting time for us. —*George Tucker*

Medicine



Old medicine bottles in the museum. Photo by Terra Barrett. 2018.

The use of folk medicine still goes on. There's really a parallel system of care everywhere in the world. There's what people do at home to help themselves and what the doctor suggests. Sometimes you come in and get the doctor's opinion or the nurse practitioner or physio, but you kind of incorporate your own belief system and your own home remedies and advice. I don't think that's actually changed that much. You still hear about people using poultices for abscesses and a variety of things like that. We never really used folk medicine in the hospital. The odd physician might have their own cocktail for a certain situation, you know, constipation or the example of an abscess. It wasn't anything wild and crazy. —**Dr. Jim Bowen**

Maternity

I was on for the last baby that was born in the cottage hospital, and the first one at the new center. —*Pansy Payne*

We had births, which we no longer do at the new hospital. That's not because of a difference in facility, that too is part of the modernization. Helping a woman deliver a child into the world, that's a pretty exciting event that doesn't happen anymore. —*Dr. Jim Bowen*

My two children was born here. One is forty-five and one is forty. [The maternity ward] was right up where the big board is now. I don't know what's in there now but they used to call it the case room. That's where the babies was born. The small room next to the ward. —*Pauline Payne*

I was here as a patient when I was eight years old. I remember being on the ward, and some of the girls that worked here were local girls. They'd bring me a little treat when they'd come from the kitchen. My next door neighbour had a baby here at the same time, and my cousin was working here. So the next day she showed me this coat, and I was only eight years old, and she asked me, "Do you know who owns this coat?" I said, "Yes, that's Bessy's coat." She said, "Bessy is here." I was right overjoyed. She said, "Bessy had a baby girl." Of course later in the day Bessy was moved on the ward - the same ward that I was on - so I got to see the baby several times in the day. It was a fairly pleasant experience . . . And when I went to go home from the hospital, she was going home the same day, and a friend of theirs - actually I think it might have been a relative from up in Portland Creek - came in a snowmobile, you know one of those big ones that you could take many people?

So that's how we went home from the hospital Sunday; her with her new baby and myself. —***Doris Randell***

I was only here six weeks and there was a baby going to be born. I'm like, "Oh my God, okay." That was very exciting, and the girls were all very supportive. Actually, the baby was named after me so that was very cool. —***Carla Bellows***



Maternity ward. Date unknown. Photo courtesy Julia Ann Walsh Heritage Center.



Old incubator. Photo by Terra Barrett. 2018.

Patients

One thing I found about the staff was they were very interested in the comfort of the patients. The kitchen would go all out to make good meals. If somebody didn't like something they'd substitute. The patients came first, I must say. I used to go and see them everyday and see what they liked, see if there was anything they wanted. I'd make my round every morning. We'd order stuff in particular if somebody didn't want something. The kitchen would make extra meals. We had a few here who was sort of long term, older people. They enjoyed it because the staff was really good to them. They'd do everything for them. —**Betty Dyke-Sparkes**

Well I dealt with patients through long term care because I was in administration. I dealt with the families and that for charging them with staying here in long term care. I felt really close to them. There was one long term care patient I used to go and see him all the time, and he had this bird hung up. Everytime I seen that bird I would say, "Oh my. Where did you get it? I would love to have that bird." So, when he passed away the family gave me that bird. As a retirement gift the staff gave me a picture with a bird on it which was really, really nice. There are a lot [of stories] I could tell you but that is one in particular that I can remember. —**Brada Tucker**

When they didn't used to do surgery anymore - and it was always sick people - but without surgery in the building there were more beds available for long term. They weren't considered long term then but if they couldn't take care of themselves at home then they would probably keep them here for a while. Especially the last few years. We had some really star patients in here. They would be joking and carrying on. There was lots of fun going around in the ward. —**Les Hiscock**

I remember one of the very first discussions I had with an older person. It was like one of my very first days here. She had an ulcer on her leg, and I was trying to explain to her - I mean, my communication has changed a lot since those days - but I was trying to describe to her about circulation and that she didn't have enough circulation to allow blood to get to the surface and heal the wound and therefore wasn't going to heal very fast. Being kind of the science guy, and as a science educator I thought it would be important to tell her what was actually going on. I said, "It would be like if you had a garden hose and there was a blockage in the hose, or you twisted the hose and there was no flow. So she nodded her head and we put a bandage on. As she was leaving, her daughter met her at the door, and she said, "What did the doctor say?" She said, "My dear, we gotta get out the old garden hose." The daughter shook her head like, "Those doctors from Ontario, you never know." —*Dr. Jim Bowen*

There was this lady and she was mentally ill. God love her. I used to go in and talk to her daytime in that room right off the kitchen. She'd talk away to me. So this night - you used to be on by yourself - I heard a door bang. So I went out to look and I didn't see her. She was in the room right near the kitchen. I looked in and you couldn't see no feet under the bathroom door. I panicked. I came right up stairs and I said, "She's gone! She's gone!" I thought she ran out through the door . . . What she did was she got up on the toilet so I couldn't see her feet and she banged the bathroom door. I thought she went through the main entrance. Oh, it scared the life out of me. —*Dora Reid*



Hazel Oram with patient. Photo courtesy Julia Ann Walsh Heritage Center.

Dianne and I were working nights, and we had this patient come in with a cut on his forehead because missus had thrown the broom at him. He needed sutures. When I went home the next morning, here was the broom on the side of the road. —*Pansy Payne*

I remember having to adjust to local words that were different. Like there's a local word for ants: emmets. Or as people often say it, "h'emmets." So someone said they had a rash, and they showed me the rash. They said they thought the problem was that they had been bitten by h'emmets. I asked what a h'emet was and the guy looked at me like I was stund. He didn't do a very good

job of describing it and I thought, well this is some rare insect that only lives in Newfoundland. So I said, "Bring in some h'emmets so I can identify them." So a few days later he came back with a jar of ants. He's like, "Doctor, I don't know where you went to school, but there they are." That was like my third day. —**Dr. Jim Bowen**

I had a bit of a language gap. I'm from Corner Brook and we don't really have the bay words. Some, but not to the same extent. So I had a little bit of a language barrier . . . A gentleman came into the ER and I'm doing his triage. He said he had a pain in his pole. I'm like, "Okay. Oh lord, what am I going to do with this." So I said, "What part of your pole hurts?" He indicated his neck, which is actually a pole, which I did not know. So I learned that, at much hilarity to my coworkers. —**Carla Bellows**

This was a man who was very - vocal. It was two or three o'clock in the morning and the buzzer rang. It was right down at the end of the corridor. So I walked down, and as I walked into the room, his buzzer was still going and he said, "God bless Hitler." I just stopped in my tracks and said, "My gosh, what is he going to do now?" So I walked over and said, "Can I help you?" I proceeded to do what he needed. But anyways, this big booming voice when he seen me, scared me half to death. —**Dianne Burden**

My last name is Bowen and I had a number of people in the first few months come from, in some cases, quite far away. There was a gentleman who drove down from St. Anthony to see me about his bad leg. I said, "I don't understand why you've come all this way to see me. Do you not have a doctor in St. Anthony?" He said, "I heard there was a new bone doctor here." So I had a few orthopedic

consults in my first few months until people understood that I was a Dr. Bowen not a bone doctor. —**Dr. Jim Bowen**

We had a lady from a really poor family, she'd come in and she'd have all her MCP cards in a plastic bread bag. She couldn't read, I guess, so you'd have to pick out the card. Then you'd have some people who were loud and didn't like waiting. This man would go over to the lab and the b'ys would probably torment him a bit because he was so loud. He'd say sometimes rude things and sometimes funny things. He called Dr. Bowen "Dr. Bones." You got to know people. —**Doris Randell**

There was a night I was on call and it was a weekend night. So back then we had a club: The Ferryman's Lounge. There was usually a dance there on Saturday nights. Not uncommonly, there would be a fight or something would happen. Someone would come in at 2:00 or 3:00 in the morning, usually drunk, cut with a beer bottle or knocked out loaded, and you'd be called in. So on this particular occasion I got called in, and a gentleman was there inebriated and cut. So I was getting ready to sew him up. His buddy was with him and I noticed the buddy suddenly got quiet. I looked over at him and I could see that he was looking faint. I didn't want him to faint on top of what we were doing or hurt himself so I said, "You better go outside and get some fresh air or sit down." So a few seconds passed after he left the room I heard a thump, so I knew that he had fainted. Another minute or so passed - I had sterile gloves on and I was fixing up the other guy's head so I couldn't really leave and see what was going on - and then I heard the janitor behind me. The guy had fainted right on the long winter boot mat. So the janitor had just



Isabel Organ (LPN) with a patient. Photo courtesy Julia Ann Walsh Heritage Center.

grabbed the ends of the mat and hauled him down the hallway on the mat, unconscious. He just pulled up in front of the door, I turned around and he said, “Where do you want him, Doc?” I said, “Well, put him in room number two.” So he pulled him on down the hall. There was a lot of really funny moments like that.

—*Dr. Jim Bowen*

Close Calls

I can remember one night working, it was myself and Dr. Delaney in the emergency room. We had this man come in from up the coast and, I mean, he died in front of us. We shocked him and we got him back, then he stopped breathing again. We shocked him and he came back again. He came back and he had this big smile on his face. He said, "Oh, what happened?" He lived for years after that. —**Pansy Payne**

I put [the patient] in the bathtub - I was in there by myself - and all of a sudden he just collapsed. His head went back and I couldn't get a pulse. Here he was limped over in the tub. I had to get him out, and as I opened the door - the nursing station was right across - so I said, "Guys come out and help me." Of course, there were people in the corridor so I had him wrapped up, and I spoke to him as if he was still with us. I said, "You're okay, we're just going to bring you back to your room." Anyway, by the time we got him back to his bed - I guess we lifted him out of the chair and all of a sudden: "Gasp." He took a great big breath in and started breathing again. —**Dianne Burden**

My mother's sister, when she had her last baby - which was here [at the cottage hospital] - she had a bleed after she had the baby. She said, "I could see a light, and I could hear everybody saying, 'You gotta come back.'" She did almost die because she had lost so much blood. She did. She said, "I just wanted to go to the light because the light was so warm." —**Pansy Payne**

Sometimes there are situations when you felt on the edge, but you had to keep that composure. Sometimes with deliveries where things didn't go well. I remember one in particular. A maternity

had come in for observation, one of the other doctors during the day had brought the patient in for observation overnight and I wasn't aware of that. I was on call that evening but I wasn't aware that that patient was there and I was called over by the nurse to examine the patient because she had gone into labour. So when I examined her I realized she was well on at that time. I realized it was a breech delivery and you can't do anything at that point. You can't say, "It's a breech delivery you should go to Corner Brook because it was a high risk." You were stuck. I had delivered a number of breeches before and it had always went well. This time the breech delivery the legs, the bum, and all of that was delivered and the head got stuck. This was a real crisis, right? Then the baby started wanting to breathe, the chest started to want to [breathe] and [I thought] this is going to be bad, this is going to be an aspiration, this is going to be a mess. The only way I could deliver the baby was to try forceps. I had used forceps before in a normal delivery, with the head down, but trying to get forceps on in that situation was extremely difficult. It took a while to get them applied properly so you could extract the head without damaging the head. Managed to do that and the baby was flat as a pancake, just wasn't breathing, wasn't moving, wasn't doing anything. So we worked on the baby for a while. Actually Mrs. Parsons was there, Florence was there, and we worked on the baby and finally the baby took a gasp and came around and gradually picked up. In the end it went fine, so we finished up and we did all the usual sort of things and went back to the desk and we were sitting down, both sort of exhausted. Interestingly enough the thing we discussed was did we do the right thing. Should we have continued resuscitating or let the baby go. Was this going to be a severely brain damaged child.



Dr. Swannie and Nurse Jakeman. Photo courtesy Julia Ann Walsh Heritage Center.

That's a question you have to think about. It is not as simple as saying, "Oh we have a living body here. What does it matter if it is only the brain stem working." So that sort of bothered us. Did we do the right thing. That baby went on. Did fine though high school, is doing fine now. But I would not know that until some years later that this worked out okay. That the baby was fine and wasn't brain damaged. It took awhile for us to know that things

were okay. Those sort of things play on your mind because you could count it as a mistake. It's not black and white. It's not what people think. —*Dr. Terry Delaney*

Well we had a little bit of a problem with the old x-ray unit here and we had an electrician brought down from Western Memorial who, unfortunately, this man had a bit of bad luck in his lifetime and he had been electrocuted a couple of times on the job. This particular day he was here doing some work and in the process of trying to figure out what was wrong with the unit. Of course, we had to fire up the unit. What he didn't realize, and what we tried to explain to him, was that if we touched that button she could actually expose. He told us that he wasn't too worried about that because he didn't think that he was going to get that kind of exposure. I mean we are talking about 50,000 volts in that transformer. He was holding onto the tube and his pants legs were touching against the metal compartment on the table, so the electricity went in through the top just above his knees and came out by his ankles. But he went through the air; he was just like Charlie Chaplin in the movies. His body was straight across holding onto the tube and everybody else in the room was going to make this gesture of pulling on him. Then they suddenly realized, "Oh God, if we touch him we'll get electrocuted." Of course as soon as I let go of the button he just left the table and fell to the floor, one straight bang. He was up and on his feet and he was going around. I don't know how to describe him because his feet were moving faster than his body. He went out through the door and he walked around and around and around the hospital until finally he calmed down, but he got quite the jolt. I think that was the reason the old unit went. —*George Tucker*

Dressing the Bodies

At that time the people here didn't want to deal with funeral homes. It cost too much. So they wanted the hospital [to dress the bodies]. It was traditional for the local cottage hospital to prepare the bodies to place in the casket and to be waked in the home. Generally speaking that's what it was, or in the local church. A lot of times it was in the homes so the body had to be prepared by the nurses and so on. I would do a lot of closing sutures to close the mouth from the inside so I used to do a lot of that part of the operation. —***Dr. Terry Delaney***



Betty Randell (left) and Marie Hynes (right). Photo by Katherine Harvey. 2018.

If someone passed away you would go and the family would get their clothes. We'd wash and prepare the body. Clean up anything that had to be cleaned up. Make sure their eyes were closed. We had to wash, dry and curl their hair. You'd put their teeth in. Put their jaw up. You'd do something to try and keep their jaw in place so they looked good. Sometimes Dr. Delaney would suture their mouths. People were being laid out for two or three days and they weren't embalmed or anything like that. So you'd try and do everything you could for the families. You'd open the windows to cool the room down. But it seemed a natural process to do. The family would come and bring in the casket, you'd put them in the casket, straighten them in the casket, line them up, fix their clothes. I found it a bit nerve wracking but the LPNs always knew what they were doing. —*Susan Reid*

[The hook used for suturing mouths was] just a particular type of needle that had been used in funeral homes. It was the type they would use in the past to do that sort of thing. I used to use it. I got a hold of it somewhere and used it. The family would come, they would have a casket – they would buy their own caskets, usually locally. There was a guy in Rocky Harbour who used to make a lot of caskets. So they would bring in the casket and the body would be placed in it. You would try to make them look as good as possible under the circumstances. The family would bring in the clothing as well that they wanted the person buried in so the nurses would put on the clothing and all that sort of stuff. —*Dr. Terry Delaney*

Back then, you had to stuff every orifice of the body. Every opening in the body had to be stuffed with cotton toll so that during the three days of the wake there would be no leakage. You'd do that on

your days off if somebody lost a family member. Most people died at home then. So they'd call you and ask you would you come to the house. [We'd] wash the corpse and dress them for burial, and we would put them right in the casket. —*Marie Hynes*

We were shocked and surprised at some of the stuff you had to do. I came from Corner Brook, so even doing up a body, I couldn't believe I had to do that. I thought, "You guys are crazy." You had to make sure there was no drainage from any of the orifices so you had to stuff them. We dressed them, curled their hair, put their teeth in. Like I said, I went through a lot of lipstick because I'd run up and grab my lipstick, put a bit on their lips and cheeks, rub it in. Back then it was only Avon, wasn't so bad [laughs] . . . Then when they brought in the casket and there was all this stuffing underneath, I was like, "Oh my God, I'm not staying here." It was like straw that was under this nice silk. You'd have to take it out or add more to elevate or lower the person. —*Pansy Payne*

Stevie Pittman was the only male LPN at the time, and he was catered to. We all had to spoil him. It was expected you had to serve him his meals and everything because that was the way it was with men. Not today, we'd kill them. But anyway, when we were doing bodies, two girls would go in and do everything that needed to be done. But one night he sneaked in, and he had a string tied to the person's toe, and while we were washing the body and dressing it up, here comes the leg. Well needless to say we screeched and bawled and ran. —*Marie Hynes*

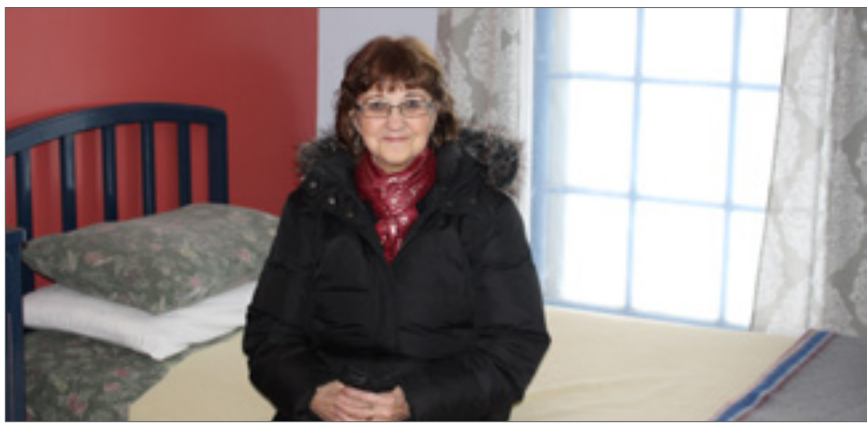
Life at the Hospital



Left to right: Irene Hiscock, Claudia Kennedy and Cassy Snow.
Photo courtesy Les and Irene Hiscock.

If we weren't busy we'd all end up in the kitchen at that big table having a game of a hundred and twenties. Two o'clock in the afternoon to four o'clock until you had to get up and go get the patients ready for supper. Nobody'd disturb you if you were into a good game, no need of that foolishness. —*Marie Hynes*

We used to have a lot of good times and lots of times, with us in the kitchen or whatever, we might end up doing exercises. We might be in the kitchen and we might be doing exercises, and then the cook is probably laughing at us. We had one person, God love her, she used to go out lots of weekends and she would want her hair done in curlers. So we used to have to do her hair up in curlers, but it was after she prepared the meal or whatever. We would do it up and then she would put a scarf and that on her head. When she went home then all she had to do was take her curlers out and go on. —*Regina Payne*



Irene Hiscock in one of the former staff bedrooms. Photo by Terra Barrett. 2018.

Like the girls in the laundry, they were always knitting and doing things for the patients. They used to do the finger puppets to give out for the patients. They would knit them and bring them out to the lab and that. Well we all went in, certainly I used to go into the laundry like I said and do things and help and that. But we always worked together and did things. —***Doreen Parsons***

I think it was five [to a room]. There were two double beds – bunk beds, and one single. I think it was five. I'm not sure. It was good, we all got along together. We used to have to get up six o'clock in the morning and that was the only bathroom that we had. Plus the girls, we worked in the kitchen, but the other girls that worked on the wards they had to use the same bathroom too that we did. So we had to get up early to get the bathroom before everybody else got up. We used to have to be to work for seven o'clock. —***Irene Hiscock***

We had a curfew. Some of the girls - they wasn't my age - used to fix up their beds, pretend somebody was there. So when [the head nurse] would go check on them at whatever time, it looked like they were in bed. —*Dora Reid*

It was good [to live in the rooms]. We had to be in at 11:00. We had the curfew for 12:00 once a week, and once a week until 1:00. We had to be in by 11:00. The matron, the head nurse she was the matron, she used to have the desk right close to the kitchen door and usually when we came in at night she would be at her desk. So we had to sneak in some nights so the girls that were on duty used to point us in the right direction so she wouldn't see us. But it was good – the girls all got along good. —*Irene Hiscock*



Dora Reid in one of the former staff bedrooms. Photo by Katherine Harvey. 2018.

Birthdays

It was always a tradition that if you had a birthday, and you were on duty that day, you could be sure, everybody was scared to death to look over their shoulder because you knew sometime before you went off duty at four o'clock, you were going to end up in the bathtub, or covered in ketchup. They would find you and just squirt you like you couldn't believe it. That was all fun and games.

—*Marie Hynes*

Some of the upstairs staff, they would put people in the bathtub with cold water [on their birthday]. They'd put butter on their noses, you know, catch them on surprise with butter in their faces, things like that. We all had lots of fun.

—*Doris Randell*

They used to fill up the bathtubs if it was anyone's



Hounsell Neil. A birthday in the hospital.

Photo courtesy Julia Ann Walsh
Heritage Center.



Celebrating a staff birthday. Photo courtesy Les and Irene Hiscock.

birthday. They would fill up the bathtub and put you in the bathtub and it was just as well to go in and sit in the bathtub because you knew you were getting in there anyway. —**Brada Tucker**

We always celebrated the patient's birthdays. We always had a cake, and if someone had family they would come in and we'd serve a little cup of tea. Sometimes the family would have their own party, they could do that too. They'd bring in cakes and cookies. —**Betty Dyke-Sparkes**

Christmas

The staff Christmas party was one of the things we'd look forward to all year. It was lots of fun. The music was playing, everyone was up dancing. You'd have your couple drinks, nobody would get drunk or anything. You just had fun, everybody together. We had this special dance for the staff, and all the staff would be holding hands. We'd dance around together. That was really nice.

—*Pauline Payne*

Like when we had parties a few of the doctors would have parties at their houses during certain times of the year. Maybe Christmas time. We were all invited there, and we would go and it was always a ball. I can remember one year we were there at a party and this doctor went out and took ice candles off his house and used the ice candles for ice to put in drinks and that. At that same time we got one of staff members and put them in the tub and got soaking wet. —*Doreen Parsons*

Well we had a hospital Christmas party every year so I guess about a month before the Christmas party George asked me would I go to the party [with him] because I was single and he was single. I said no first. Then I gave it some thought and anyway, I ended up going to the hospital party with him and it was history from there. That was 1977 [and here we are married today]. —*Brada Tucker*

There was [a party] at the hall that I remember with a live band; sort of a country band from Deer Lake. It seemed like it was the top event of the Christmas season. Everyone was dressed up. I just have this picture of the singer from the band hitting some country tune. As a young fellow from Ontario it seemed like it was a long ways away from my reality. But it was a good moment.



Christmas party. Photo courtesy Julia Ann Walsh Heritage Center.

That was at the community hall around the late '80s. I can't remember a ton of parties other than Christmas parties. It was a big deal. —**Dr. Jim Bowen**

I was working my first Christmas here, and I was working on the floor. They said, "It's your turn, you can go upstairs now." I said, "Oh okay." So I was sitting there and I had a glass of punch or something, and the administrator said, "Have a glass of wine." I said, "I can't, I'm working." She said, "Why not?!" [laughs]. Then after work you'd go up to whoever's house that was having a party.

It was a little party and my husband would have to come get me when he came home. —*Carla Bellows*

Oh God. That [party] took place over in the residence which used to be a government residence, and Dr. Delaney eventually purchased the property and we decided to have a Christmas party over there. So we wanted to have a full true theme of a hospital Christmas party so what we did is we took stretchers over for tables, we took bedpans over for chips and edibles – now sterilized ones – and of course the urinals were used for



Staff Christmas party. Photo courtesy Julia Ann Walsh Heritage Center.



Christmas parade. Photo courtesy Julia Ann Walsh Heritage Center.

beverages. We took x-ray film over and took all the lampshades off and put them around like lampshades so that there were x-rays showing everywhere when the lamps were turned on and used the finger cots as balloons. I remember doing that and writing Merry Christmas across them or hospital Christmas party on them. So it turned out to be quite an evening. —**George Tucker**

We would always put in Christmas floats at the parade, and these were the kinds of things that we did and always took pride in it. We used to do the floats down there in that garage. You would go down at them and paint and have a ball. —**Doreen Parsons & Regina Payne**

Pranks

I remember one time one of the LPNs, she laid down on the stretcher covered up, and we was doing rounds. When we come back she just sat up. We used to do that kind of stuff. It was fun and a laugh. I think that was one way to relieve stress and tension from the job. —**Susan Reid**

Here in the old hospital we did a lot of things in terms of just having a fun time. Like people would come in dressed up and that sort of thing as part of that day. It was also good for the patients because there was a little touch of humour being reached out to everybody. So yeah, wherever you could bring a little joy or comfort to the thing that we were doing at the time. —**George Tucker**

I can remember, Marie, an LPN. Well you didn't know what Marie was going to be up to. I can remember she dressed up, and we had a janitor here and he was frightened to death of everything. It was Halloween see and we were doing dishes, and he was giving out treats for us from the kitchen to the door outside. So anyway, Marie dressed up and knocked on the door and nearly frightened the poor janitor right to death. —**Regina Payne**

We [pranked] the girls all the time but there was always payback. I remember sitting to the table for dinner one day and one of the girls went to pass me the ketchup and she gave it a little flick and the stopper was already off of it so it went all over my white uniform. Then she stood up and said, "Ketchup is no good without mustard!" So she threw that on my uniform as well. But we went down and I put on OR greens and took it down to laundry. The girls cleaned it up and we were gung ho to go. —**George Tucker**

I think it was April Fools or something and someone dressed up [as a patient]. It was a male nurse on. They pushed her up - because we used to have to go outside and come up around the ramp for outpatients. She was in the wheelchair dressed up as an old man. When the RN went to see to her she jumped up at him.

—*Pansy Payne*

Neil and I always carried around syringes of solutions in our pockets so we weren't particular in who we shot things at and messed up for the day because we knew something was coming for the day anyway. I can remember one particular case, one of the girls we were after giving her a bit of a hard time and she was washing the floors. She grabbed the bucket of water and chased after me and I jumped down over the steps. When I did, I passed by the housekeeper and the bucket of water was coming behind me. So I managed to get by but the housekeeper didn't. She was quite wet and very, very pissed off. —*George Tucker*

Dr. Putland was a resident that was here and he was getting ready to head out. So we got together and devised this little scheme between me, Neil, Steve and Mike. We talked about how we could play a practical joke on the doctors. We got a ball and put it on Mike's abdomen and did an x-ray with him and then we rushed it downstairs as an emergency. We told them that something was going on with Dr. Putland and there was a mass in his abdomen. Everyone got right frantic and they were getting ready to make all kinds of phone calls, but it was too late for us because we had started to laugh. Now mind you the laughter wasn't carried over by everybody but it was a good laugh for us that day. Practical jokes - we were at it all the time. —*George Tucker*

Ghost Stories

The Old Hag: a nightmare, especially one in which the victim feels someone sitting on his chest.

Source: Dictionary of Newfoundland English

The first night we stayed at the hospital I had the Old Hag. Terra and I slept in the upstairs portion of the building, which was where the female staff once lived. I awoke around 3:00 a.m. and was unable to move or speak. I attempted to call out to Terra but I couldn't make any noise. Finally, my body was freed by the apparition of my mother who was pressing down on my side with her index finger.

The next day I told Joanie about my experience. She was intrigued and explained that a Peruvian healer had stayed in the hostel years ago and he too had had the Old Hag. He proceeded to cleanse the building of spirits, but he claimed that one spirit refused to leave without a visit from a Catholic priest. According to Joanie, that male spirit remains in the building. She said I was the first person to have been hagged since that man had performed the cleansing.

Katherine Harvey

I was sitting with a patient one night in semi-private. He was dying of cancer, he had a lot of drugs in him. I was sitting there with him, because I didn't want him to die alone. He was saying, "Don't you look, don't you look, but there's a man behind you. I can only see his head, I can't see his body." Oh my gosh. He had me convinced that there was somebody directly behind me. Finally I



Carla Bellows in the former women's ward. Photo by Terra Barrett. 2018.

just started to slowly look, there was nobody there of course. He was hallucinating I guess. —**Pansy Payne**

I don't know if it's real or not, but it's real because - whatever. So night shifts sometimes we'd bring in a movie. Like three o'clock in the morning you'd put on a movie or something. We were watching *The Sixth Sense*. So we were watching that and a buzzer rang, so I went down to see to the patient. I asked her, "What can I do for you?" She said, "It's not you I want, it's the man behind you." I couldn't turn around, I couldn't move. I just stood there and I was like, "Oh my God." I had to ring the buzzer for someone to come help me because I couldn't turn around. I don't know if it would have been as creepy had we not been watching that movie. —**Carla Bellows**

Strikes

I remember working, and the RN I was working with - I don't know, it was like four o'clock in the morning or whatever - and she wanted to start washing all the patients. I said, "Why?" She said, "Because you may go out on strike." So I said, "You want me to do my work before I go out on strike? That's not happening."

—*Pansy Payne*

When we went out on strike down here, the year we went out on strike the management were really, really good. They would come, Meta and them, they would come in the kitchen and they had to come in and do our work but they were really, really good even though we were down on the picket line. —*Regina Payne*

We were out there on the picket line, sunshine or rain. We'd man the picket line all night, the full twenty-four hours. When we had a strike up at the new hospital we only did it daylight hours. When we were out there we ate well, and we had support from the community. Different people brought us food and things. We had a barbeque. There'd be four or five people on the picket line - like there might be a janitor and a kitchen girl. So we were all mixed together again. I think we did four hour shifts. It was stressful the first time going on strike. I remember the first time getting up at five o'clock in the morning because we were going to go on strike like six o'clock. The girls who were working in the night, the LPNs - because it was NAPE who was on strike - they were going to walk off the job at six o'clock so we had to get up and be here to support them, of course. I remember getting up and sitting on the side of the bed and saying to my husband, "I wonder should we be doing this?" So it was very stressful. But when you got here, and everybody's here, we're all into this together, so it



Left to right: Pauline Payne, Dianne Burden and Pansy Payne in the former women's ward. Photo by Katherine Harvey. 2018.

got a little easier. But it was good when we were able to get back to work. —***Doris Randell***

I was on for one of the strikes, it was probably in the late '80s. It was three of us keeping the hospital going: Irene, Meta and I. Working in the kitchen and cleaning. We did it all, I tell you. One of us would sleep upstairs in the night. One would be on duty in

the night. Our feet got so bad I could hardly walk, concrete floors, you know. Come in early in the morning, we were here eight o'clock to eight o'clock, and one would stay all night. I just don't know how long it went on, I think it was a couple of weeks. We were really, really tired, but we got it all done. All the cooking and the cleaning, you know. I think we took the washing out, sent them out to Lewis Shears' Laundry. Yeah, we didn't have to do the laundry. We did the cooking and the cleaning, changing the beds. But it was a busy, busy time. —*Betty Dyke-Sparkes*

It was difficult. I can remember when we were on strike this man from out in Rocky Harbour - he worked with the Department of Highways - and he was diagnosed with cancer. He needed to come in and have something done, and he wouldn't cross our picket line. We had to go over and talk him into coming across, because he needed to. But he was bound and determined that he wasn't coming across our picket line. In the meantime we were thinking, "Come on everybody, get them overloaded with work so they'd want us back." But it wasn't a good feeling to be out on strike because you knew that patients were lacking, and they were. —*Pansy Payne & Dianne Burden*

Generations Working at the Cottage Hospital

I had different generations here because my grandmother worked here, and she worked in the laundry. Then my mother came here and she worked in the kitchen. Then I came here and then my daughter did nursing, and my daughter came here. Four generations that worked here in this hospital. —**Regina Payne**



Brada Tucker in former administrative office; current hostel.
Photo by Terra Barrett. 2018.

I always lived in Norris Point and I'm the third generation: my mom worked here, my grandmother worked here, and I ended up working here. When I left school I said I wasn't going to leave home so I didn't leave home. My mother and grandmother were blue aids and I started working as a food service worker in the kitchen, and then I moved to the wards as a ward housekeeper. Then I went back to school in 1984 and took a year leave of absence, then I came back and worked in administration.
—**Brada Tucker**

Mom told me stories. When she was here they used to stay in here and they used to go down that ladder. They would open the window, Mom said, and go down and go out for a while and then they would leave and come in. But one wouldn't tell on the other one, they were good like that. —**Regina Payne**

Comradery Among Staff



Nurses and blue aids gathered in front of the cottage hospital. Left to right: Phyllis Piercey, Dora Knott, Cora Major, Esther Pittman, Vera Major, Ivy Young, Brenda Sparks and Olga Reid. Date unknown. Photo courtesy Julia Ann Walsh Heritage Center.

It was like a family. You never felt alone, you always had somebody to talk to, and people laughing and joking, and things weren't serious. But that was one of the things that I liked. The family part of it and the closeness. You felt as if we were all one big family. So that is one of the things that I missed when I moved from here up to the new hospital. —**Regina Payne**

We were here, and [my husband and I] decided we would adopt from China. Sorry, I get emotional. It was like everybody adopted

her. The excitement that they had for me, it was amazing. If I were in Halifax, I wouldn't have had that. It would have been, "Oh well, that's nice." But here, everybody was there. They couldn't wait to see her. It was amazing. We came home and pulled in the driveway and my house was covered in balloons. The night staff came and put balloons outside my house. It was beautiful. —*Carla Bellows*

We also did things we weren't supposed to be doing. I shouldn't say this. I went to the laundry on break. I helped the girls fold up laundry but everyone worked together. There was nothing if the girls were out cleaning vegetables you would go out and help them clean vegetables, and we always got together. I mean we even worked with the doctors in that sense. Like they were the same as we were ourselves. When we had parties or anything, everyone got together and everything worked out. —*Doreen Parsons*

I'm going to tell you something now to tell you how close this place was. I can remember they brought this patient in. He was from Cow Head and he had an ulcer that broke. He needed blood right away to get him to Corner Brook, so they checked the staff to see who had the blood type. I was the only one who had his blood type. Here I was in the kitchen working, I left and went downstairs. George Tucker and Dr. Delaney went downstairs to put the IV in. I had to give blood to save that man. So that will tell you how everybody worked together. —*Regina Payne*

You have to keep in mind that this old hospital, if the walls could talk here, there are a lot of things it could tell you. The comradery here between staff was just beyond belief. Everybody was just like a friend to everybody else. You were a family. You came into this

building in the morning and you could probably start laughing first thing in the morning, and you would still be laughing when you walked out in the evening. I don't know of any other place I ever worked where you would feel that. —*George Tucker*

We always helped out our coworkers like if somebody got sick. I know we had a man who had five children and his wife died. He worked here as a janitor. He got sick, so Christmastime we all brought in groceries. We filled a couple big boxes, and so many staff [members] went to visit him and took it to the family to try and brighten their Christmas. If we knew a family that was really struggling - needed clothes or something - we'd chip in a dollar or five. Might have a little fundraiser amongst ourselves to make \$50 or \$100 to help somebody out. We were like a big family, and you knew all about everybody's family. You knew their struggles, and if they needed help, you helped them. —*Doris Randell*

One of the things that inspired me to stay [in Bonne Bay] was that the people have been, right down through the years, great. That hasn't changed. Dedicated, good spirit, and fun loving. —*Dr. Jim Bowen*

I'll always remember the kitchen. When I came [to the cottage hospital], I walked in and the smell of baking bread, I was like, "Well this is different." That evening we were sitting around having supper - everybody sat and had supper together - and I was thinking where I worked before [in Halifax], I'm sure there was a kitchen somewhere, but I had no idea where it was. That was new: the comradery . . . Here everybody knew everybody. We'd eat together, we'd laugh together, we'd cry together. —*Carla Bellows*

Favorite Part of the Job



Nursing station. Photo courtesy Julia Ann Walsh Heritage Center.

The hands-on care is my favorite part of the job. I love the senior citizens. Believe it or not, palliative care is still really close to my heart. If I could work in palliative care, I think that's where I would go now rather than long term. Palliative care, you have the time. You care for them, you take the time, and you do what you have to do. No matter how busy you are, when you go in with that palliative care patient, you forget everything because you just want to make this patient comfortable in their last days, or hours, whatever they have left. —***Pansy Payne & Dianne Burden***

I enjoyed filing. A lot of people call me a perfectionist - I am a tidy person, I guess it's what you call ODC [laughs]. I'm very organized and tidy, so I loved doing that. When I could go in the back where the files were and set up filing reports and tidying up charts, and I only had my own mind, I could think about things without other people interrupting me. —*Doris Randell*

I liked working with the kitchen because meals was one of the main things that we were concerned about. So I spent a lot of time with the cooks and the kitchen girls. We had a pretty set menu and we had our rules and regulations. They were good. —*Betty Dyke-Sparkes*

It sounds a little bit cliché, but I guess helping people. I hope most people who go into medicine choose the career because they do want to help people and because they like people. So I like people, and I like to help them which is why I'm a doctor. I enjoy the science of it, the intellectual challenge. Family physicians and generalists are in the unique situation of often seeing people when health problems are undifferentiated. So by the time you've been diagnosed with a heart attack, you've had a whole bunch of tests done and you've seen the specialist. We know what we're dealing with at that point. But I see lots of people who say, "I've got pain everywhere" or "I'm tired" or "I don't feel well" and that's the full story. So then it's like a puzzle, you know? Like a mystery that needs to be solved. So I enjoy the intellectual challenge actually of working and making good decisions when there's a lot of uncertainty and risks and benefits associated with what we do. —*Dr. Jim Bowen*

Technology

The first piece of electronics that we really got was the Telex Machine, and we had to learn how to use that. We sent the payroll to St. John's on the Telex Machine. I came here in 1974, so that would have been the late '70s . . . It was stood on the floor, it was a big thing. It had a keyboard, same as a typewriter. We had to insert a certain kind of paper because it was payroll we did on it. You fit that in and you could see what you were typing, and at the same time it was being transferred to St. John's. Somebody else could see what was coming in on their Telex Machine. It was noisy. I don't think you could make changes, like if the next day somebody had a problem with your time you'd have to do a new sheet. It was something like a fax machine. —**Doris Randell**

The change in imaging is one of the most striking technological innovations for sure. So, you know, if somebody wrecks their knee we can do an MRI and really see what's going on. Back then, you had no idea, other than what your hands told you. X-rays are not that helpful for the majority - like if you broke your leg, sure, that would show up on an X-ray. But let's say you just twisted your knee badly skiing or something like that, and tore ligaments or cartilage inside the knee, an MRI will show you everything that's going on, but a plain X-ray won't. So it's been a massive change. —**Dr. Jim Bowen**

Of course the big thing for us was the incoming of computers into our world. For me it wasn't so bad because I had already been working on computers and knew a bit about them, but for a lot of staff around it was a frightening experience. Some of them weren't ready to deal with that, some people didn't continue working because they just didn't want to be in that kind of a world, but it has made a massive difference to everything that we are doing. It was probably one of the positive things I can say that did occur. —**George Tucker**

Change

We would see a big turnover of medical staff here. We were always getting used to someone new because the doctors and nurses would be coming and going and stuff like that. But the building hasn't changed much since I came here. The lower place where the library is now, that was built on just before I came here. I think it was in '74 or something that was built. But then after things changed around a bit and residents didn't stay in the hospital anymore so therefore the rooms became vacant and they used them for different things. Like the one we are in here today was a bit of a conference room. People from clinics and stuff like that, this is where the meetings would take place for the area because we had Trout River, Woody Point, Cow Head, Parsons Pond and all these places where the clinics were. So once in a while we would have a room full of people on different meetings and things. All the bedrooms were dismantled from what they were – residents staying in and they were used for offices. The manager, after I came here, decided to move upstairs so there was a lot of interior changes made. As time went by the residents became more permanent residents. They wanted a shower so we built a shower in what we called the women's ward then. Then we built the whirlpool, that was in the men's side of it. Then when Joanie came we provided for her and did the room up for Joanie to move in. It was divided up as I guess we had less patients to stay in. The big room at the end – that was two rooms. So therefore we took the partition out of that and made it one big area and built in washrooms up in that area. —*Les Hiscock*

Initially, this was all acute care and around probably the late '80s, and even before that, the government was sending out sort of signals that they needed chronic care beds. They probably weren't



Dr. Jim Bowen. Photo by Katherine Harvey. 2018.

prepared to build a lot of chronic care facilities. The cottage hospitals weren't always fully occupied. You couldn't be full all the time otherwise you couldn't admit any more patients! You always had to have a bit of leeway. Sometimes it was a hundred percent occupied but sometimes it could be fifty percent occupied so they were sort of wondering how many beds could you give up and still function. It was a consultation and eventually this went through. We said we could provide a few beds but, as things go, it ended up being a lot of beds in the end. So we ended up being partial acute care, partial chronic care. —*Dr. Terry Delaney*

For some reason, one of the things that comes to mind is changes in the ambulance service. We now have a very modern service with highly trained individuals. Back then it was really just volunteer crew literally driving, getting bodies into ambulances and driving. There wouldn't have been really trained people on board the ambulance, so often the physician had to go. So I would have had that experience. I'm sure the nurses can recall that as well. —*Dr. Jim Bowen*

There was a pediatric ward but that disappeared as the birth rate dropped and there were a lot less children on the go. We didn't need the pediatric ward; we could admit them as any other to a private room. We could deal with it without the ward. One time when the pediatric ward was there it was always full with respiratory problems, croup and this and that with small kids. Mostly little ones, under two. —*Dr. Terry Delaney*

There's not as much of a human connection in some respects for the people working in the hospital. I think most of [the former

staff] would agree with that. Most of the people who remember this place would agree with that. —**Dr. Jim Bowen**

When I went to the new hospital it was a big adjustment. It felt like we weren't so close anymore. There was more rules. The way it was at this old site, if the LPN was putting on a pamper, if there was no one else around to help, we'd just drop our mop and help. That didn't happen at the new site. So little things like that you missed. You didn't have the closeness anymore. —**Pauline Payne**

One of the biggest changes was that the - I'm not really talking so much about the sense of working, or even the experience for the patients - from a clinical point of view there was really a modernization and a standardization of care. The goal was to try and deliver the same kind of care that you could access in a bigger center . . . It's no secret that in the past in the old cottage hospital system we were serving our rural community, you know, rural communities that were often not even linked by road, so the reality was just really different from the big city hospitals. There was a lot more opportunity for individual cottage hospitals to do things their own way, or for the staff or the community to come together - well in our case to literally build the hospital in the first place - but then run it with the help of the local board and just do what you could do given your limited resource, given the geographic considerations, and so on. So that whole model, in my opinion, is completely in the past. So in my lifetime, as a physician, I've witnessed the death of the cottage hospital system, and the birth of something different. —**Dr. Jim Bowen**

Reflections on the Cottage Hospital

This was my place. This is where I learned to be a nurse, and I still got fond memories. I just love this old building, and I'm so happy that it's still here . . . There was a lot of great work done here, and a lot of lives sove. —**Pansy Payne**

When I worked here, it was one big, happy family. Things were relaxed and it wasn't stressful to work. Everyone enjoyed their work. It was busy, but everyone enjoyed their work. They had pride in their work. —**Sarah Samms**

I am grateful that I had this experience in my life; working in this place. It was a wonderful place to work . . . it was a different kind of place but I wouldn't have changed it for anything. I'm so glad I had the opportunity. I felt more like a nurse here than anywhere. —**Carla Bellows**

This building outlived itself when it came to a health centre, but I think the use that it's getting now has been really good for the community. It still provides a very valuable service, just in a different capacity. —**Susan Reid**



Former staff members gathered at the cottage hospital. Left to right: Pauline Payne, Pansy Payne, Dianne Burden, Doreen Parsons, Joanie Cranston, Brada Tucker and George Tucker. Photo by Katherine Harvey. 2018.

Glossary

Acute Care: A branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.

Anesthetic: Drug to prevent pain during surgery.

Apicoectomy: Root end surgery performed on a tooth.

Barium Enema: Medical procedure used to examine and diagnose problems with the human colon.

Biopsy: An examination of tissue removed to discover the presence, cause, or extent of a disease.

Breech: When a baby is born bottom first instead of head first.

Chronic Care: Medical care which addresses pre-existing or long term illness. Chronic medical conditions include asthma, diabetes, emphysema, chronic bronchitis, congestive heart disease, cirrhosis of the liver, hypertension and depression.

GP: General Practitioner

ER: Emergency Room



Editors, Terra Barrett (left) and Katherine Harvey (right), outside the former cottage hospital. Photo by Joanie Cranston. 2018.

IVP: Intravenous Pyelogram, is a radiological procedure used to visualize abnormalities of the urinary system.

LPN: Licensed Practical Nurse

MRI: Magnetic Resonance Imaging

NAPE: Newfoundland and Labrador Association of Public and Private Employees.

OR: Operating Room

Palliative Care: A multidisciplinary approach to specialised medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, physical stress, and mental stress of a serious illness—whatever the diagnosis. The goal of such therapy is to improve quality of life for both the patient and the family.

Pelvimetry: Measurement of the female pelvis.

RN: Registered Nurse

Sutures (commonly referred to as stitches): A medical device used to hold body tissues together after an injury or surgery. Application generally involves using a needle with an attached length of thread.



About Heritage Foundation of Newfoundland and Labrador

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The Oral History Roadshow is a project to empower and encourage seniors to showcase their memories through a series of public oral history night celebrations, with funding provided through New Horizons for Seniors.

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