

**Ruth Munn**  
**Narrator**

**Eileen Doherty[sp?]**  
**Interviewer**

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**Minnesota?**

**ED:** Alright. Good afternoon. I am Eileen Doherty, an RN, a graduate from St. John's Hospital. And we're attempting to show you the difference in the nursing between now and then. And I have...I am going to interview a nurse whom I am sure many of you know. And if you will now give us your name, Ruth, and some of your background?

**RM:** Well, thank you, Eileen. I'm Mrs. Andre Munn, Ruth Munn. And I'm a very local person having been born here in this community at Casselton, North Dakota, which is only twenty miles from Moorhead. And I was born in the year 1912. I graduated from Casselton High School in 1929, and I entered St. John's Hospital of Fargo in 1929 in the fall. Now those were the Depression years, and it was all reflected in the nursing field.

A young student nurse at that time should be eighteen years of age and a high school graduate. I was only seventeen and a half when I went into my nurses training, which at that time required three full years. The tuition for three years of nurses' training at that time was a hundred and fifty dollars. That was quite a large sum for parents to have ready to pay to the hospital because very few people had really any cash money.

When we entered the hospital, we were expected to be paid four dollars a month for our first year of training and we were called probationers. The second year we were to receive six dollars a month as an intermediate nurse. The third year we would earn eight dollars a month as a senior. But the Great Depression took care of all that. And early in our second year of nurses' training we lost all the payment of six dollars a month, and also in our senior year we were not paid at all. Hmmm. The sisters who operated the hospital explained all the money situation to us.

St. John's Hospital, at that time, was the leading hospital. It was fully staffed by the religious sisters, the sisters of St. Joseph. All the areas and the departments were headed by the sisters. We furnished our own uniforms, our shoes, our caps, and hopefully would have a little bit of spending money from home. And we also received our room and board. And we had a very nice nurses' home across the street from...or rather across the avenue from the original St. John's Hospital.

The young nurse worked hard. She worked eight hours a day on one of the three hospital shifts. And we were rotated about a great deal during the three years that we were there. The three shifts were the same as they are today, from seven to three, three to eleven, and eleven to seven. Eleven to seven was the night shift. I covered the night duty when I was a probationer on the first floor of St. John's. We averaged from twenty-five to thirty-five patients each night, and two night nurses to one floor. And of course there would be a night supervisor who would float from floor to floor, checking on us to see how we were getting along and how the various patients were doing, particularly the very sick ones.

Have you anything you wanted to ask me, Eileen...?

**ED:** Well, I was...

**RM:** ...so far?

**ED:** No, you're doing very well. But I was wondering now if you would tell us about when you got out of training, what you did?

**RM:** Yes. Well, I would like to add a little bit more about what I did *in* the hospital. I was assigned later on...I worked in the drug room at the hospital under the supervision of Sister Loretta.

**ED:** Mmmm-hmmm.

**RM:** Which did not...hmmm...send out prescriptions to the patients like they do now. Although there was some medication that was sent from the drug room, but very, very little. And Sister Loretta was capable of mixing a few drugs herself...all very, very careful. I also operated the telephone switchboard at the front office at night on the eleven to seven shift. I had training in the obstetrical department helping to deliver the new babies. I also...to care for the new babies in our newborn nursery, also to care for children in the pediatric department. Learning the operating technique in my intermediate year in the operating room, and also winding up as a head nurse on one of the...one and all of the four floors, always under the supervision of a head sister.

Also, we all took a stint in the diet kitchen, learning about foods, soft foods, liquid diets, regular diets, whether they should be eating meat. And it was quite surprising how advanced they were in the food category as to what to feed the various patients, because they stayed in bed a long time in those days. In between, we were floor nurses, and giving individual care to the two to six patients that would be assigned to us each morning at seven o'clock. We would report on duty following breakfast. We would go to the chart room and the night nurse would report to us what had happened to the various patients.

Slowly and surely our training developed so that we could dispense medications. We learned to catheterize, give hypos, change dressings, and always—and I mean *always*—everything was hand printed or hand written on the patient's chart in the chart room. In the chart room and signed by the nurse. That was something that you *had* to keep up with, your charting, so when

the doctor walked in the chart room, he'd know what had been happening to his patient right up to the hour. I could say, perhaps, a few complaints from crabby patients, but I can also say malpractice and lawsuits were practically unheard of in the 1930s.

We were very private people and we kept the patients very private. Their lives were very private. The nurse did, really, ninety-nine percent of all the hospital work, with the exception of a very sturdy man who washed the floors for us. Taking temperatures, carrying bedpans, answering the lights, caring for the flowers, serving the food trays, and *endless* little errands were all part of our daily routine, even to the point of shopping for our patients on our time off.

Graduation was a milestone in May of 1932. And in September, stepping out as a graduate registered nurse after having taken the state boards, which, as a rule, most nurses passed. Also then to go on to private duty nursing in the hospital or in the private home. Our wages in the hospital or in the private home were five dollars a day. We were in attendance as a graduate nurse in our private duty job caring for our patients twenty hours a day, so we actually earned twenty-five cents an hour, and we were furnished food. We did not...they would always provide our meals. We received our board free, as I said, and we kept and/or rented a room in a private home for about ten dollars a month, that was what I paid in the very beginning. Or they bunched together in a small apartment.

Many graduate nurses went home to small towns looking for work. Moorhead-Fargo could not keep sixty to ninety graduate nurses busy enough to earn enough money to stay here. You were on a waiting list to get the next nursing job. So that wait could be a long time. And if the job was short, you could make twenty, twenty-five dollars, but of course if the case lasted a long time, why, you were really in clover! The first year I worked—I averaged working as private duty—I earned seventy-nine dollars a month for twelve months. And that was considered *very good*. Hmmm, the graduate nurse slept in her patient's room, or at home, or in the hospital in a big chair or on a cot. And I'm sure you remember that, Eileen.

**ED:** [Chuckles] I do. I sure do.

**RM:** What?

**ED:** Many times, many times.

**RM:** Many times, yes! We know without bragging how very good we were. Our patients loved us, and we worked hard, and we used our nursing skills to our best advantage. We lacked all the modern medicine, our modern machines in the 1980s world. Everything we did was under the supervision of the attending doctor. He always signed all the orders for us to carry out.

I'll backtrack to say that we attended study classes after we finished our hospital work every day. And as student nurses, we had classes in anatomy, materia medica, surgery, nursing history, and even courses in music and public speaking. Our instructors from Moorhead State College, it was Moorhead...hmmm...ah...what was it called in those days?

**ED:** Moorhead Teacher's.

**RM:** Moorhead State Teacher's College. Miss Maude Wink[sp?] and Miss Ethel Taintor[sp?]...ah...no, Miss Ethel...Taintor, that's right, came to give us culture, and then a religious education from the very young Father Leo Dworshak, who later became Bishop Dworshak of Fargo.

We had our first remembered polio epidemic in 1935. We saved many children that summer, and we had a total isolation for them. And I remember that particular summer I had nine polio cases. Some of them longer than others, but they apparently were quite light, because they all recovered very well. Our patients were long-term patients then. We did not call it that at that time, but in today's program, comparing that, they were in the hospital a long time. And they were in bed a long time. And that, of course, has changed a great deal.

We watched many things...giving absolute care, giving endless baths, and absolutely no bedsores. Changing beds *forever*. And the patient *always* came first. I always felt that the nurse was held in high esteem. Her nursing skills were often the answer to her patients' recovery. And the few tools that we had we used to the best advantage. And we were proud to say that we memorized the Florence Nightingale pledge.

In 1936, I moved to Hollywood, California, securing a nursing position there at the famed Jewish hospital, Cedars of Lebanon, which was a big, exciting change. Many Midwest nurses were there living in an apartment. Midwest nurses were liked and they were very welcome. And we were *very* well trained we were very hard workers, and that, we felt, they recognized. Our salaries were exactly seventy-five dollars a month. And we saw California in those early years as a great adventure. I do not even need to try to compare the nursing career of today with the year of 1929 like fifty-six years ago. All things have changed. Many good, fine changes have come out of that, and some very great losses in the nursing...in a nursing career, as it is so different. And I wondered...what you would like to ask me more?

**ED:** I just want to ask you, was your life enjoyable?

**RM:** Very much.

**ED:** And would you take up nursing again?

**RM:** Oh, yes! Very much.

**ED:** Very good, Ruth. And we thank you very much.

**RM:** Would you like to have me give the Florence Nightingale pledge?

**ED:** Alright. Okay.

**RM:** It's very short. Hmmm. Florence Nightingale was born in 1820 and she died in 1910. She was ninety years old. That was before I was born. She was nurse in the Crimean War and she was regarded as the founder of the nursing profession. Florence Nightingale said, "I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and I will not knowingly take or administer any harmful drug. I will do all in my power to elevate the standard of my profession, and I will hold in confidence all personal matters committed to my keeping and all family matters coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care."

**ED:** Thank you very much. That is very wonderful.

**RM:** I like that! Most of us would get little plaques with the Florence Nightingale pledge on it.

[End of Interview]