

E=Elizabeth
J=Janet

Interview with: Dr. Elizabeth Mullett
Interviewed by: Janet Douglass
Date: June 1, 1988

TAPE I, SIDE A

J: (Whispers: Let's see how we do here) This is an interview with Dr. Elizabeth Mullett in Weed, room 101, June 1st, 1988, 1:30 p.m.

Betty, (E: Yes dear) we're interested in knowing about your experience in nursing and how you came to be connected with this college. And so probably the best way is to start at the beginning. If you could tell us about you, your early days, and how you proceeded along, and just chronologically keep going, and I'll try not to (E: Okay) be intrusive.

E: Okay. My life is a long and complicated kind of an affair, but at any rate, I worked at, out of high school I worked at a candy factory for nine years. Decided that during the war, if I was ever going to get out of it, I better get out of it. So I went into the Telephone Company and was a telephone operator for a year. Then one day my mother came down with pneumonia. Our family doctor came to the house and I met him at the door, took his bag, handed him the stethoscope when he asked for it, and the tongue depressor and so forth. So he said, "why don't you go into nursing?" So I said, "I can't, I need to help my mother." There were seven other kids besides myself. So my mother said, "no Betty, you could do it now if you want, we'll be alright."

So I went into the Melrose, Wakefield Hospital, was the Melrose Hospital, and in training, Diploma Program. Did very well. And someone said to me, "why don't you..." Oh, during the last year, in programs then, the Cadet Nurse Corp, which is what I was in, allowed you to have the last six months at any of the specialties you chose.

So I chose teaching. And I taught with the Anatomy and Physiology doctor, loved it. So then they said, "why don't you go into nursing?" So I said, "I can't." I, you know, I never thought of it. So I did try when I went to Harvard Yard to take the college boards to get into Simmons. When I was walking across the yard I thought, what are you doing here, your father's a truck driver? What are you doing here? (Laughs)

So anyway, I took the exam. So apparently Simmons thought I did well enough, even though my high school grades have been miserable, cause I had never thought I'd do anything beyond high school, and they gave me a chance. And at Simmons I did A & B work, one C in sociology. And from there I had a choice after I graduated to go Mass General or Beth Israel to teach. Mass General I felt I would be a, you know, a frog in a large pond. And so I chose Beth Israel where I could be a bigger frog in a smaller pond. So, and I loved Beth Israel and I learned a lot there. Became the Educational Director after four years. And ah, I was taking a course... Oh, I was counseling students there and we were working with curriculum, and I felt, well what am I doing this, I don't know anything about it, I better go learn.

So I went to BU, took a few courses I hadn't matriculated yet. But then I got enough courses, well why don't I matriculate. So I did, and got my Masters in, I got my Masters in Secondary Education. So then, after, during that time I took a course at BU with a Dr. Thung, and she had invited a Chairman from an Associate Degree Program in Flint, Michigan. She was looking for faculty. So I thought, well, why not! I had the best job in Boston I thought, so why would I not go on.

So I did. I went to Flint for a year and started Junior College Programs and decided that really was not what I was use to.

J: And what year is this?

E: That, the year? Probably that was in fifty-eight and nine.

J: Fifty-eight, nine you finished the (E: Yeah, I went into...) course at BU and went to Michigan?

E: Yeah. I'd started nursing when I was twenty-seven. You know, I was a late comer. So then I went out there and decided Associate Degree was not as I saw nursing. So, at the same time, before I had left to go to Michigan for that, Marie Farrell at Boston University said, "why don't you go on to the Doctoral Program?" I thought, this is madness, but... And she wanted me to do some study in pain. And I thought, and she was so () and she knew exactly what she had in mind, but I just couldn't follow her. So I thought, ah, no way, I'm not going to do that. But I went out to Michigan, and while I was out there I decided I would take a course, which would be acceptable in a Doctoral Program, and that was general physiology. And I did well in that. Then I was homesick, so I came home.

J: How long were you in Michigan in all?

E: Just one year!

J: One year?

E: Yeah, cause I kept flying home, flying home, flying home, so there was no point in my staying. They knew that I hadn't planned to stay, cause I didn't settle in. Anyway, then I came back and I, ah, there was a chance to go on for a Doctorate in the Biological Science Department, and have a fellowship. So I applied for a fellowship and was granted that. And I was the first nurse at Boston University who was granted a fellowship in the Biological Science Department. So I worked and I got my Doctorate.

J: Where did the monies for the fellowships come from?

E: Nursing Division.

J: This was a pioneer program, wasn't it?

E: Yes it was. We were called nurse scientists.

J: Umhm. (E: yeah, and so) And the goal of the fellowship program was to ().

E: Well decide Masters and Doctoral programs in nursing, because there weren't any people prepared for that. You know, you could hardly expect... In fact, when I went to Beth Israel in 19 what, '50, I was the only one with a, I was the second one out of the faculty there with a Bachelors Degree. Everyone else just had come out of Diploma Programs. So then the story started repeating itself at the collegiate level, you know, there was no people prepared to teach Masters Programs, and they thought they needed leaders and certainly not at the Doctoral level, there weren't enough.

So, anyway, I finished. My degree was in physiology, especially in the circulatory and vascular system, um, blood vascular. And then I got a call. I worked at Boston University in the Nursing Department for a couple of years. Taught research and med surge. Then we had a little bit of a disturbance down at Boston University with the Dean, so a lot of us migrated down to the University of Connecticut. There we started, our purpose in going down there was to start up a Masters Program. And the three, two people I went with also had PhD's from Boston University in the same Nurse Scientist Program I'd been in.

So we started it up. And then ah...

J: Who were they? Do you want to...?

E: Yeah, Laura (Gabody?) who has written up books, Drugs and Nursing Implication, and Jan Hayes who is co-author. (J: Umhm) And Laura's specialty was anthropology, Jan's was biological science, and mine was biological science. So we got the Masters Program approved by the state and then going.

And ah, then I got married. (J: Umhm) I had been there two years when I married for the first time in my life and decided to come back to Massachusetts, and I let it be known. And Trudy Barker, who was Dean here at University of Lowell, contacted me and asked me if I'd be interested, so.

J: Now the school was, what was the year at this time?

E: Well if I had, I was down at the University of Connecticut, '70, '72, that was probably maybe '72 or '73. Perhaps, yeah, it was in September '72 I think, that I came here.

J: This was still Lowell State?

E: Yeah, Lowell State.

J: And we had a Baccalaureate Program (E: only) in process (E: right) in Health Care?

E: No, the Baccalaureate Program was going.

J: It was going.

E: Yeah, because when I went over, when I came here, I took the job. (J: Umhm) And I think I was given Full Professorship, (J: Wow!) I think. Well see, the thing was, the School of Nursing had only one other Doctoral person, that was Dr. Barker. (J: Umhm) There was no one else with it. So I think I was given Full Professorship, because the school needed, (J: Umhm) () prestige, or whatever, you know, some recognition.

So my first position was over in that small little white house, over on Wyatt Street?

J: Aha, I've heard about that. ().

E: Yeah, a two decker home is what it was. And everybody was crowded in you know, what might have been a bedroom. There were two or three desks up there and narrow stairways coming upstairs. It was, it was horrendous kind of thing in a way, from what I'd had at University of Connecticut. However, it was a very good faculty, hard working and committed. And Eleanor Shalhoup, she was there and I met her. And from the beginning I knew that this lady was going to be a leader in this school. You just, you just knew that. You wouldn't have to talk to Eleanor very long, (J: Umhm) or people around her and not know that. So I knew that. And I had no ambitions of, for Deanship, cause I had, I must have had about twelve offers around the country. And it was nothing I wanted, so I think I tried to convey that in a quiet way.

At any rate, the faculty was hard working and I taught Leadership at Tewksbury, I think probably for more than a couple of years, with Mary Dubrule. (J: Umhm) And I taught pathophysiology, they had not had a course in pathophysiology until I came. They had anatomy physiology

at the undergraduate level, and ah, maybe it was straight, I guess it was straight anatomy, or biology. At any rate, I taught pathophysiology for the first time.

J: You designed the course?

E: Yeah, that's right. So that went on for awhile. Then I think it was that we came over... There was talk at the time of having a Masters Program. And I think there was, at the time I guess, I think there was only one, and that was probably at UMass. I don't think any other school, state school had it. And in that interim of course, we, oh I guess we came over here, ah, from the little house. We came over to this, to Weed building. I don't know when they began Weed building, do you?

J: Um, um, I'd have to say I don't, no.

E: It might have been, it might have been in '74? Three or four?

J: Well we were the first, we were the first group to move in here.

E: Yes, and came over here. And then I think we got very, very busy working with curriculum, because it was felt that there wasn't a strong, or the philosophy needed to be looked at. And that philosophy always takes a long, long time. And also we needed to gear every course to the objectives of the program, which had been done, but not in orderly kind of way probably. So we got a grant. I never can remember what grants I had to have, then getting... I really was involved in a lot of them, probably got some of them. I did, but, anyway, this Dr. Sear came up from BU I guess, and he helped us develop all of the course objectives.

J: This is undergrad still?

E: Yes, undergrad.

J: Yes, okay, right.

E: At the same time, in order to have a Masters Program, we first had to petition the Board of Regents for permission to have one.. And I think at that time Trudy was still, Trudy and I were still the only ones with Doctoral Degrees. A lot of the others, faculty now had Masters. And ah, I guess they all had the Masters, because no one was employed without it, except on a part time basis.

J: Who were some of the other people who were here? Again, Mary Dubrule and Trudy.

E: Peg (Bloom?), um, Janice Stecchi of course, Norma McQuade, May Futrell, (J: Umhm) and there was Eames, I forget her...

J: Bea, is it Bea?

E: No, that's Bea Ames.

J: Ames.

E: Yeah, but this other one, Eames, she was a black girl. I don't know what she taught, but she was good. She didn't stay too long, but she was here. I don't think she was here when we made the move over here.

At any rate, when, when we made the move over to Weed, I think it must have been at that time that they were talking about changing it from a School of Nursing to, or a Department of Nursing, um, I'm sorry, changing the University from a State College to the University of Lowell. So I was involved in a committee that had a lot to do with the different departments and how they would fit in to the picture. You know, we met over in the North Campus and it was an important committee, and it had a lot to do with how the thing was organized finally, and how it all would work out. So I was involved in that one. And it was at that time, I guess, that we became the College of Health Professions. (J: Umhm) I'm not sure. Eleanor Shalhoup will be able to fill in much more there.

Um, well, then we had petitioned for that Masters Program, and we were granted the right to establish one. And we did, in our request I think we were identifying the need for Nurse Practitioners. Um, so it was granted.

Then we, I also think it was, the Masters Program was established before we got the grant for the Nurse Practitioner. (Eventually we went to?) the Division of Nursing and I don't know when they started, what year they started, but they kept coming until I guess just (J: very recently?) a year or so ago. (J: Umhm) So we were very fortunate that the Division of Nursing down in Washington was so supportive, they saw a need for the practitioner. And all through that time, you know, there was a business of establishing clinical settings, where the Nurse Practitioner would be accepted and could work. And I guess at that time three of the faculty at the Masters level, I can't think of Dawn's last name, and Vicki Charbonneau, and then I don't remember the girl's name, and I should. You know, you don't know?

J: Somebody, no, maybe left before I came.

E: Maybe. Anyway, the three, the three of them, Dawn, Vicki and this other Nurse Practitioner, and Dawn was a Nurse Practitioner and so was Vicki, the three of them established a little clinic over at St. Joe's I think, and saw patients and made you know, diagnosis for minor illnesses, and referred patients when they needed it.

J: Were these elders, () of gerontology ()?

E: That was what it was, focus was on the elderly. Yeah, because that was the focus, you know, one of the major focuses () in the program. We had med surge in that program, and psyche (J: Umhm), but geriatrics, the focus was stronger.

J: Did you teach in the Masters Program?

E: Yeah, I did. At that time I taught pathophysiology at the Masters level, and pathophysiology at the undergraduate level, and I taught research at the graduate level. And ah, I can't really think of what else. You know, as I said, we had to work long and hard on the curriculum, (J: Umhm) both in the undergraduate when we were doing that. And then, of course also during this time there was this real need to get the programs, or maintain the accreditation they had. So we did get accreditation for the Baccalaureate Program. And I think it must have been the first one, because the school hadn't been in operation too long before I came here. And you start a program and then you sue for accreditation after you have a graduating class at least. And we were accredited, and then the Masters Program, that had to be accredited too, but that was, you know, we had to wait another four years or so, because that didn't start until later.

So accreditation was always something we were working on. Curriculum took a great deal of time.

J: Well if your Masters being in Education, you must have been able to make good contributions to that.

E: Well, I think, I was Chairman of the Curriculum Committee for several years and I think I wrote the grant for the ah, Eleanor and I, and Trudy, the three of us, I can remember us up at the Weed office there, pounding out that request to start up a Masters Program. So we wrote that. See, I have, I have apparently, a facility for writing, you know, (J: Aha) not apparently, I have it, and you have to know how to write. When you get a Doctorate's Degree you just learn the words, the jargon, and how to write your grants, because we did a lot of that in the BU, Biological Department, when I was there. So you learn that. So I knew I brought that skill. So we did get the Masters Program, and we did get accredited. And our curriculum kept being strengthened and keeping up with current trends. (J: Umhm)

Most of the time my teaching endeavor was in pathophysiology and research.

J: Umhm. Do you remember when, anything that happened in terms of leadership development? You mentioned Dr. Shalhoup ()?)

E: Oh, in faculty?

J: Yeah, yeah. How did the transition work as Dr. Barker was replaced by...?

E: Well that wasn't a problem, because Eleanor Shalhoup was the Chairman of the Undergraduate Program, Trudy was the Dean. And the school was the Undergraduate Program and Eleanor ran it and you know. Just like anybody who's got their head on their shoulders straight, if you want to go up to the next rung, you look at what the person above you is doing and then you prepare yourself in little ways. You take a little piece of this, or you accept a little piece of that. You

always accept another piece. So it happened along the way that Eleanor was doing a lot of the things that Trudy maybe had been doing formally, or may have even, maybe should have been doing, but Eleanor was very effective. She knew the community and she took over a lot of the responsibilities for that. And the faculty also looked up to her. She could, she could really ah, organize that faculty and get the best out of them.

And so yes, there was that. And I think at that time, sometime in there, maybe in '73 or something like that, May Futrell began to be interested in getting her Doctorate. You know, she saw the hand writing on the wall and she had good background from Boston University. So May applied for and was accepted at Brandise, and got her degree in Gerontology, (J: Umhm) which was great. So when she joined the faculty, that made another one. And I don't remember what the sequence of you know, Doctorally prepared people was, Trudy, me, May Futrell. Eleanor Shalhoup got hers. I don't know whether she preceeded May or not. She got hers from Boston University. (J: Umhm) And ah...

J: So slowly the faculty built up, (E: yes) being quite a (nice?) group of...

E: That's right, because you know, it's obvious that if you're having a Masters Program, then you really ought to have people who are prepared at a higher level, higher than the students you're teaching, if possible.

J: Was it... It must have been hard to recruit qualified people. There weren't too many prepared...

E: It became easier. It became easier as time went on, because there were more being prepared, (J: Umhm) and the University of Lowell was making its mark as well. So it did become easier. I don't think we've met with difficulty really. Anytime we went after faculty with that kind of preparation, I think by and large they were able to get them, as long as they could offer them salary commensurate with what they had come from, or were able to go to.

Then, the other thing, factor that was important in establishing a sophisticated faculty, and you know, a respected one, was tenure. And of course Trudy had tenure, Eleanor Shalhoup is tenured, and then I went up for tenure, or I should say that there was an interval. I left the school, my husband died in '75. I got married in '71, he died in January of '75. And I think at that time that with all that had happened, I chose to go back to Connecticut to work again with them. And I was down there for four years. So that was '75 to '79. Then I came back here in '79 and stayed till I, you know, finished. I was here again, six years I think.

J: So you had two periods of time here?

E: Yeah, two, a two year period.

J: From '72 to?

E: '70 to '72 ah, yeah, '72 to '74, (J: And then again?) '75, (J: Yeah) and then again in '79 to I think I must have stopped in (J: '85,6?) '85 perhaps. (J: Yeah) At any rate, I had six years total. So, maybe it wasn't, yeah, maybe it was less than '85. Seven years. Um...

J: When your husband died you went back to Connecticut?

E: Yeah, right, and the Masters Program was going on, and we began to work on a Doctoral Program down there. And I think, as a matter of fact, we wrote up the grant application and got approval from the state, and all that was necessary in that. That, you know, you could say the sentence in twenty seconds, but it takes a long time (J: Years) to decide what it is in your head, what's needed, needed out there in a community. And ah.

J: So you participated in developing (E: Oh yeah) medical program at UCON.

E: Yeah, right.

J: You must be proud of yourself, you were in on a lot of starts.

E: Well I think I was very fortunate. That's another thing, I think at the beginning you said, in trying to outline what I should be talking about, you said, "talk about what nursing means to you." You have to believe me that nursing made, made me. You know, up to that time remember, I worked in a candy factory, I was having a wonderful time.

J: Why did you go to the candy factory? You didn't say much about your early life.

E: That was post depression, you know, in 1934 I graduated from high school and there were no jobs. And I had not prepared for anything beyond high school, cause there were no money in my family, with eight kids, you know, (J: Umhm) couldn't go on. So ah, and also I had fooled around I guess, you know, played field hockey, played basketball and baseball, and not bothered with grades. So my mother, there were no jobs, so rather than have me just hang around, said, go back and take some courses. So I went back and I took typewriting, business organization, office, office something or other.

J: In high school? (E: Yeah) You went back to post grad?

E: Yeah. So I learned a few of the business skills in high school. Then I skipped school one day, and never skipped school, and never did anything like that, but this girl I was going with, she said, "Oh, let's go in town to go to the show." I said, "oh." So we skipped

J: Why did you leave the candy factory?

E: Well, it was during World War II and you know, I always felt that I could do better than the candy factory, but I didn't know what, because I wasn't prepared in too many things. So I always had heard that the Telephone Company was a very secure place. (Laughs) Even then I was looking for security, because with the depression as a background one of the things you were anxious to have is a job that was there all the time, with certain benefits for retirement and all that. So even though I was in my twenties, I was thinking about that. And I thought, during the war time when there was a () of people for jobs, cause a lot of men had gone and some women, thought well, I may apply. If I was going to get out of the factory, this was the time to do it. So I did, and I got the job, and it was in my own home town. Walked to work and walked back.

But sitting still at a, in a you know, telephone operators seat, plugging and unplugging, and number please, thank you, and taking some of the verbal abuse from unhappy people, I thought, oh, this is not for me. And that was when, as I told you, my mother developed pneumonia and the doctor suggested I go into nursing, and he made it possible by talking to the...

J: The doctor brought this up?

E: Yeah, he was, he was an old family doctor and he saw me as a broad back with a weak mind maybe, but you know, strong! (J: Umhm) In those days, you know, in nursing the thing was to be the farm girl style, you know, the strong, broadback workers. So he saw that in me. Also, they needed nursing and the Cadet Nurse Program had started up.

J: You went to what school again?

E: Melrose.

J: Melrose, Wakefield.

E: Melrose Hospital. Well it's Melrose, Wakefield now.

J: But it was Melrose Hospital then?

E: Melrose Hospital.

J: Did he help you get in, the doctor?

E: He spoke to the Director of the hospital. She was the Director of the hospital and the school, (J: Yeah) and so I got in very easily.

J: Now the Cadet Corp, can you say a little more about that?

E: The Cadet Corp was fantastic! They gave you I think, \$9.00 stipend per month in the first year, year two, whatever it was. It went up a

little bit, so I think at the senior year you were getting maybe twenty-one, I'm not sure. But we got grey uniforms, you know, jacket and skirt and blouses and overcoats and grey hat, like a beret type, with red, bright red, they were nice. And we were paid a stipend. And as I said, we had the opportunity to choose what we wanted to do in the last six months, which is an unusual thing.

J: Umhm. Now this, what did you have to pay back to get all this?

E: No, no. That was.

J: No, don't pay back?

E: That was it. In two ways the government has helped me. Once through the Cadet Nurse Corp, cause I still couldn't have afforded to even though Dr. Faye said, why don't you. I couldn't have, my family couldn't have afforded to let me go, you know, and help me, give me money and so forth. So the Cadet Nurse Corp made it possible for me to get in.

Then, once I was in, I had a traineeship to get my... no, I didn't have the traineeship, because I was in the School of Ed. But what happened when I went on, I was taking some free Doctoral courses in order to take the exam and qualify for Doctoral program. So Marie Farrell found some traineeship money for me, and I did take some courses, and did well. So there was no problem getting into the Doctoral program.

J: So they helped you, the Federal Government helped you twice,
(E: yes) The Cadet Corp and then again for your Doctoral program.

E: And then I got the fellowship. In the Doctoral program it was all fellowship. You got a \$5,000 a year stipend with a certain, also a certain additional monies for laboratory equipment, supplies. That was great. And that went on, took me five years and three months to get my Doctoral, because in the heart sciences it takes awhile to do it. You know, you have to spend time, take your courses, but you have to spend time in the laboratory developing research and then focusing on what you're going to do for your dissertation, and developing the skills, like mine, I did some work in electro-(). So you have to develop that.

J: That must have been a fairly new field then?

E: Yeah, it was. Electro-(). (J: Yeah, yeah) Yeah. You look at the equipment now, (J: in the 50's (?)) and oh wow, has that come a long way, because we had Seamans, you know, it was a German made electro-microscope. There was only, I guess there was only one in the building at the time, so a lot of students wanted to use it.

So Yah, and one day I was looking at the electro-microscope and I saw in the, my work was in platelets in that case, and I saw these little dots so long and peripheral, platelets and I thought, now what are those? And I made the mistake of talking to a professor who also

had a lot of Doctoral students. I said, "look at those". And the next thing I knew, his student was focusing in, and it turned out to be the skeleton framework of ah, you know, of the platelet.

J: Which hadn't been really recognized before?

E: No, that's right, not before, no. But see, my mentor was in physiology, in vascular physiology. This other professor, his was cytology. So you know, he...

J: The cell was his thing.

E: He had the strongest, stronger background and he could direct his students, whereas mine couldn't have.

J: Umhm.

E: At any rate, it doesn't matter, it was discovered.

J: Fascinating that you saw this and questioned it and then someone else, although I guess that's what science is about.

E: That's right, serendipity, say, say.

J: What kind of people were with you in that program?

END OF TAPE I, SIDE A
TAPE I, SIDE B BEGINS.

J: Okay, now we've turned the tape.

E: Oh, you asked me about, ah, the people who were in the PhD Nurse Scientist Program, well there were some wonderful people, the wonderful women who came from all over the United States. And they were getting their degrees in psychology, sociology, anthropology, biological science, I think that was it. You know, it wasn't a PhD for the preparation of nurses in nursing. It was preparation of people in fields where nursing, from which nursing drew for its own field, like sociology, psychology, biological science, so that we could then teach in nursing programs. (J: Umhm) So ah...

J: There were no Doctorates in nursing at that point, were there?

E: No, no. Boston University... I think Boston University was the first, maybe TC, oh, no no, I'd heard that BU was the first with a Doctoral Program.

J: And that started in 60...?

E: Yeah, and there's an awful lot of nursing leaders in you know, forties, fifties, in there so, came from BU. So BU had a lot to do

with sending Doctoral people out to other places to start up nursing programs, or to head them up, or whatever. And it's kind of regrettable what's happened to BU now. However, so, but these, these women were fantastic. And you know, just as with any group, if you're going through hard times and problems and a lot of work, like in School of Nursing you probably still have some of the friends you were with, met in Schools of Nursing where you started, just as I still have several of them and they're still very close to me. Well the same thing happened at the PhD nursing level, you, level (order?) for nurses, we were commiserating with one another about you know, the comps and the research that you were doing and the hard time that the professors were giving you and all of that, the usual kind of student stuff, but they were a wonderful group and ah...

J: So you had a chance to have interchange with the nurses in other majors (E: Oh yeah) in the Nurse Scientist.

E: Yeah, and another thing I should also say is that (Fab Della?) who now is Assistant Surgeon General, in Washington, but is oppose... she's not in the Division of Nursing now, she is Assistant to, um let me see. No, she's not, it was Jesse Scott who was Head of the Division of Nursing, who was Associate, or Assistant Surgeon General. (Fab Della) was one responsible for going around the country and seeing how the PhD Nurse Scientist Program were doing at BU, at Wayne State and a few other places. So not only did we meet one another at BU, but we had meetings and the Division funded us, so we could travel from to Washington University over to Wayne State and meet and talk with a lot of others. And some of us gave papers. I gave a paper one time.

J: Can you remember the topics?

E: Yeah, I did. Well, see, um, what's her name there? Martha Rogers, that was, the other thing was, we began to get to know some of these people and rub elbows with Martha Rogers, Jesse Scott, Fab Della and Mary Murphy at Maryland, all of them. It was a wonderful, wonderful opportunity to move in those kinds of circles. And the good thing about it, is having done that, I could bring some of that over to the University of Lowell.

So we would go to different parts of the country with our papers and give them. So one paper I gave at New Orleans. I was talking about my research. And Martha Rogers got up and I guess she was hypercritical. I was being critiqued by Norma, hah, she's at Wayne State right now, I can't think of her last name. Anyway, () Nurse Scientists, who had prepared at BU Biological Science Center with me. She came in after I did. She was critiquing my presentation. And the presentation was warmly received, and Norma got up and made her criticism, which was very correct. That's one thing you learn at the Doctoral level, that you are open for criticism and you don't take it personally. They're just pointing out that there's something wrong with what you've looked at, or whatever. It's not, not something

you personalize you know, and that was a wonderful lesson to learn, that you don't personalize criticism like that, it has to do with the work.

So anyways, Martha Rogers got up and she, she in the first place didn't have any use for Nurse Scientists, PhD in Nursing Science, she couldn't see that at all. She thought it should be in nursing opposed to the other group that felt they should be preparing for the, to teach the things that nurses needed.

J: There was a big dichotomy (E: Oh yeah) before, historically, the discussion was hot and heavy.

E: Absolutely. And Martha Rogers was very strong in her condemnation and she was a NYU. So she said something, and she was going on and on and on about her 4R's. I can't, don't ask me what they are, but her whole theory was built on these four R's. I can't tell you what they were, do you know?

J: I can't remember.

E: I know, anyway.

J: This would have been in 19 what, sixtiesh?

E: Sixty-six perhaps.

J: That late? Okay, so her theory was probably in its development.

E: Yeah, right, your right. And so I could only respond to her by saying, I've been away from nursing for, you know, six years now and ah, or five years, whatever it was, and it won't take me long to learn the jargon again and then I can respond to this. And I listed, ah, ah, ah, ah. I got a big applause, because Martha was picking on me (J: aha, aha), they thought, you know. The sympathy worked, the audience was with me. And then...

J: At that point in time was Martha running a Doctoral program in nursing in anyway?

E: I don't think so.

J: It hadn't started yet?

E: I don't think so.

J: It couldn't of, no, okay.

E: I don't know, she might have, you know, I really don't know when they started up.

J: I don't know the sequence.

E: But Mary Mulvey, Mul, she was a Dean at Illinois. Wonderful woman.

wonderful lady, I can't think of her name. Not Mary Mulvinick, something or other, anyway, she said that if I could develop a stronger, what I had said about being able to accept criticism for research and not personalize it, then that would be a wonderful way to close the program. So I did that, I expanded on it and did it. She was a lovely lady. That was another one, opportunity I had for a job out there. You have a lot of them. Those days you had tremendous number of opportunities, cause there was so few of us.

J: You were in a very select group.

E: Yeah, what was the other thing I did? Oh, the other thing I did, well we all, after we graduated from the PhD Nurse Scientist Program, a lot of opportunities came up. Like I was asked to be a site visitor for people who were writing in for grant money to establish a School of Nursing building you know, for the facilities. And they asked me if I would. So I said I would. So I headed up a team of two people from the census bureau, cause they could deal with statistics and figures, myself, and then I asked May Futrell if she wanted to join me. So May did. And that was where May, I think, began to learn about Washington and ah, what was possible, and ah, about research and studies.

J: Do you remember where you visited, the sites you saw?

E: Oh yeah! Well I visited the School of Nursing out, where's that oval, the 550, oh, Indiana, right?

J: Umhm, okay.

E: So the University of Indiana, another one in Florida. We must have made at least a half a dozen trips that I can remember.

J: And the purpose was to make recommendations?

E: Just to look, they had already submitted a grant application for money. So you talk with the architects, you talk with the nursing department people, you talk with a lot of people, and the comptrollers in terms of money and so forth. (J: Umhm) So that was what we did. And then you came back to Washington, or you had to write up a report, (J: Umhm) and we did that with the two people from the census bureau, May and myself, we wrote them up and we submitted them. And we did a, I think we did a very thorough job, because the nurses are that way anyway, (J: umhm) driven.

J: Thorough, driven.

E: Thorough, driven. (Both laugh) So we did and that was good. Then the other thing that happened was that Claire, oh God love her, I think she's wonderful, but I can't think of her last name. She's a faculty member at the University of Virginia.

J: () no?

E: No, I've met her, but, that was it, I met everybody. (J: Umhm) But um, Claire was a PhD and a scientist in physiology as well. And so she wanted to get all of us together, those who had prepared the biological science, whether it was anatomy, cytology, physiology or chemistry as well. She got us altogether and we, she submitted a grant, which we were a part, to develop an audio-visual curriculum, or a plan for the sciences that would be needed by nursing, you know, for different disease entities and people problems. So we did that. We use to go down to the Center for Communicable Diseases, down in Atlanta, Georgia. We met there several times. And we, when we made our slides and we had narration as well as pictures. We, most of the time of course it was pictures with sketches of whatever, with our diagrams and arrows pointing in the explanatory text. When we did that, they wanted to dub in and you know, their usual kind of professional talkers into each, for each of the tapes. We said, no, that we wanted to do our own. So it was funny, there were some girls that were doing parts of it that had a broad Southern accent. Of course I have a Yankee twang, (J: noooo!) oh yeah! Anyway, we all did our own and they were put out in packages, you know?

J: And they went around to different schools to be used?

E: Yeah, cardiac, physiology and heart, or cardiac physiology, renal physiology, all kinds of things. I was involved in the cardiac vascular. So we did all of that and sent them out. So you can see that it was a busy time from the moment I entered nursing in 1944, till I got my Doctoral in 1965. That's 21 years and I went in, you know, three years of nursing. Three, four years, no, four years at Simmons to get my Bachelors, three or four.

J: You had to do the whole four years ()?

E: Yeah, umhm.

J: And that was a Bachelors in nursing?

E: Yeah. And then work for awhile, get my Masters part time at BU. I never did matriculate full time. I worked at Beth Israel as a Director of Nursing, you know, Director, Educational Director, and then got the degree there. And then went out to Michigan, came back and started on my Doctoral, finished it, and then began at UCON, University of Lowell, or BU, UCON, University of Lowell. I had gone to Flint, Michigan in their junior college. Well anyway.

J: You had a busy professional life. Wow!

E: Yeah, but a wonderful one in twenty-one short years.

J: That's quick. (E: yeah) Well you started later than most. I'm wondering what your, if you could go back to Melrose Hospital and just

talk a little bit about what you remember as you entered that program, because you had come from the phone company and had been urged by the doctor.

E: And I was twenty-seven at the time.

J: Aha. And what was it like? What, what...

E: Well in the first place, we had the uniform, the blue uniform with the white collar and white cuff, and the bib and the apron, you know, that sort of thing and tightly starched, really stiff, (J: Umhm) And we met everyone at the chapel and at the time I had some theories about that, because being Roman Catholic, these were, you know, never had chapel and these were protestant kinds of services. But anyway, we had chapel and inspection to see if your shoes were white and everything was clean and tidy, your hairs, your nails, all that sort of thing. Then you went on duty. And after having spent four months I guess, in the, only four months preclinical you were called, then after that you became a clinical student. And ah, everything was didactic except of course the nursing () was demonstration and then to repeat it. So ah, and the doctors gave all of the lectures, just as they did at Beth Isreal. That was the other thing, doctors gave all of the lectures that I, in my pathophysiology would be doing the same thing, but doctors at Melrose gave all of the pathophysiology and medical, you know, medical diseases and obstetrics and psychiatric and so on.

So then it ah... oh and lots of times we spent time repeating things like, you know, we gave anemas up the gazoo! That's where it went. (Both laugh) Anyway, and also, you were taking on responsibilities that you were really not too well prepared to do, but there was a guardian angel sitting up on your shoulder for sure. And the discipline was strict. People were called by their last names. You weren't called Miss so and so, you were called McKinnon, or Hopping, or Russell, or something like that. And you stood when doctors came on the floor, you stood when the Director of Nursing came down the hall. I can remember one time I was on night duty, on the first floor was just a men and women's ward. And I was sitting at the desk writing notes and the Director of the Hospital, I knew she was coming, because the operator use to always warn us, but anyway she came down the hall. And I kept busy, busy, busy, cause I thought that was the thing to do. She came by me, passed me and started over towards maternity. Then she turned around and she said, "Miss McKinnon," course I jumped up then, "I could have been anyone, I could have been someone intent on going over and stealing a baby for all you know." She gave me heck and I thought it was the thing to do, to look busy. (Both laugh). Anyway.

J: Wow! Did you have to live at the hospital, in the dormitory?

E: Yes, we lived in the nursing homes.

J: And you were a grown up, (E: I was twenty-seven) twenty-seven year old woman and how would that go?

E: When I was ah, when I was preclinical student I had gone on the wards. You go on the wards to help get people ready, you know, giving them early morning care. And I had to take the temperature in the infant ward, on the children's ward. And there was a little boy, Bobby Sorgy, who was a, sort of mulato I think, but he was hyperactive and a little retarded. And he was hopping all over the place. So when you gave a rectal, you got a rectal temperature on him, you had to be very careful, and I was, but it didn't work and the thermometer broke. So ah, we called the Head Nurse and the Head Nurse called the doctor and came in and he took care of it. And then I went to class in anatomy and physiology. Well she called me out of class, the Director of Nursing, who was a Mass General graduate and a martinet, you know? Straight, all bossoms, tough, you know, hard. So she called me out and she said, "Miss McKinnon, you were told not to leave young patients when you were taking..." I said, so I looked at her, I knew this was you know, do or die. I said, "Miss Cook, if you never believe another thing I say, I did not leave Bobby Sorgy when I took his temperature." "I believe you", and she was gone. (Both laugh)

J: I think you were relieved.

E: Yeah. Oh, of course, I was scared to death at the time. So then after graduating from the ah, at the time we were capped at the end of the preclinical period, and we had it in the classroom with no fanfare, no nothing, just in the classroom where everybody had their caps put on and then went in town to celebrate. So it was really, you know, small time stuff with not too much recognition for capping, you know.

J: What did um, what did this specialty entail? You say because you were Cadet Nurse Corp they let you do a specialty and it was in education. That fascinates me!

E: Well see, I taught, we had an anatomy and physiology instructor and I loved that stuff, always did from the beginning. So I wanted to teach there. Well you could do whatever, you could go working in a you know, in a psychiatric unit, or you could go in nutritionist, I suppose you could even do that if you wanted to you know, see what nutrition was all about, cause they all had importance in nursing, no matter what you... So that's what I chose.

J: And they actually let you go in the classrooms and show the students?

E: Yeah. I developed a unit in renal anatomy and physiology, you know, the kidney, and I did all of that. And apparently I did a good job, and...

J: So you were teaching while you were still in the Diploma School, a student?

E: Yeah, right. (J: Wow;) I started, I know it. Well in those days I told you, most of the diploma programs were, the faculty were in fact, were faculty. They weren't nursing () instructors had their Bachelors maybe, but there would be some that had just a diploma, but with a lot of experience. The content of medical/surgical diseases, and it was disease focused, and maternity and psyche, all taught by physicians. You know, there weren't nurses who were, you know, prepared to teach in those specialties, so the doctors did it.

Well the nurses did the nursing care of, that's why they separated it. You know, the GI disorders and then the nursing care patients with the GI disorders. It was all segmented. The patient was divided up in parts.

J: Umhm, umhm.

E: When I went to Beth Israel, after graduating from Simmons, and at Simmons mostly they were interested in teaching you (ward?) administration and that kind of thing, so that you can be a leader.

J: So they saw the Bachelors in nursing as something that...

E: Teaching people who were going to be in charge of other nurses and ().

J: It wasn't seen as the basic preparation.

E: No, well this is what, was for... See, there was a basic Bachelors Program for nurses who got their clinical experience in Mass General, Peter Bent, and all of those places. And then there was this other group that came in and were not, were not getting, I should have said we didn't get our BS in nursing. (J: Okay) We got a Bachelor of Science, that was it, a BS.

J: And you were all nurses in the program (E: Yeah, in general nursing), but it was only different curriculum?

E: Similar to what they did at Boston University too. They took in students and I guess they did do some refresher work with them ultimately, but at first they probably didn't. No, we mostly had clinical, um, course, classroom work, course work and some community health experience, which none of us had had, you know, to any degree. Because you didn't have community health in the Diploma Programs. And so that was that.

And then getting into Diploma Program at Beth Israel, it was wonderful in that the doctors you called upon were specialists and were fantastic to be able to get that kind of knowledge from them, but the nursing care was still done by nurses who had had experience on the floors.

J: So when you were at BI, your job included teaching students of nursing?

E: At first, I was teaching in the anatomy and physiology, drugs, what I didn't teach, drugs and pharmacology, you know, history of nursing, you name it. And then our students there too had the four year clinical period, preclinical period. At the completion of that, they went on the floors.

J: You mean the four months, four months.

E: Four months, I'm sorry. Years, four years, (J: Okay) four months, then they went on the floors and we use to go with them. Like I worked on the medical/surgical floors, supervising students in procedures. Ah, let me see. Oh, I can remember one time on a Saturday, we use to work Saturday mornings, I was down fixing the bulletin boards I guess, for the next week, or something and some students were coming off duty from the OR and I had just had them in anatomy and physiology. So they came by and said, "oh, Miss McKinnon, we've learned so much more about anatomy than we ever did in your class." (J: Laughs) I felt so hurt until I said, wait a minute, they wouldn't even have been aware of what to look at, or to understand what the doctor would be telling them. (J: Umhm, umhm) So I had to just swallow that, but you know, in teaching, you don't get an awful lot of satisfaction, or rewards like that, you just don't. Unless you meet some students later on after they've graduated, they come back and say something about how they appreciated it and what help you gave them. You get the comradity and affection, or whatever and see some progress of course in their learning, while you're teaching, but if you look for the larger rewards.

J: ()

E: Yeah, very. And they go off and they graduate and they move someplace else, they marry and so you just don't ever get a chance to see too often, the result of what you've done.

J: And you've taught pretty much. I don't remember you talking about a job you had that wasn't...

E: Oh, when I was going to Simmons to get my degree there, I worked as a... See, what happened to me as a senior even, I was twenty-seven and I guess I must have had some kind of leadership ability, or something, so before long I was assisting the Head Nurse.

J: You did do some med surge and you just gradually...

E: Yeah, yeah, I did. That was where I did my work, was in med surge. I did, I was assistant head nurse, then I was head nurse. When I went to Simmons I was relief supervisor, you know, and that relief supervisor gave anesthesia to obstetrics patients.

J: At which hospital? Wow!

E: Oh yeah, we gave ether!

J: Which hospital was that, BI still?

E: No, Melrose, when I was going for my Masters.

J: So you did anesthesia for OB clients.

E: Yeah! You know, did it two or three times, you know?

J: Wow!

E: I'll tell you a beautiful memory I had one time. We had just, up on one of the floors, pavilion, and older man had died and we had to so call, do him up. You know how you () and do all of the kinds of things you have to do to get him ready for the morgue. So we did that. Then there was a call to go over to maternity. So I went over and the little baby boy was born, you know, delivered. And as I was coming back from the delivery room and I was thinking about that elderly man who had died and this young baby that was just born, this pavilion had a connecting skyway kind of thing, you know, crossing over from one building to another building and it was all windows, and the sun was coming up in the east. And as the sun was coming up, it was just an awesome moment to think that we helped one man die and helped a lady, you know, deliver a son, and there was the sun another day. It was, it was just one of those things that made the hair stand on end.

J: It kind of made you glad you'd gone into nursing.

E: Oh, well I always was glad. I never regretted that. In fact, I wish, you know, the years hadn't gone so fast. (J: Umhm) I'm happy with retirement, but I loved teaching and I loved the students and I loved the faculty.

J: Umhm, umhm. You didn't say too much about what happened oh, the last... See, you retired, I'm trying to remember, '86 or '85?

E: Probably '85.

J: Seems like yesterday huh?

E: I don't remember to tell you the truth. '85 I guess.

J: But nearer the end of your career here (E: yeah) when I've known you, I'm trying to remember specifically, the role you played, besides encouraging young people, and teaching Patho. Um...

E: Oh yeah, that's... See, I could relate, I always could relate extremely well with faculty too. In fact, I had the kids in patho, but, there were say, a hundred in a class. And it was unfortunate, and I didn't have any clinical work with them, you know, later on. So that I only saw those kids in classes, and I didn't get a chance to get to know them except as advisees, for which I was glad of that. But working with faculty all the time, being chairman of the committee of one thing or

another and seeing the need also for better prepared faculty, I, lots of times served the role of you know, talking to faculty, trying to help them work through a particular problem, or talking about future goals and getting their degrees, and that sort of thing. So I did a lot of that, but students, I was not as close as let's say, you and Eileen, you worked closely with them in clinical setting, you know, you have that opportunity to get to really know those kids, but I didn't. It was only occasional.

J: You never had a clinical course here then?

E: Oh yes, remember I said, my first two years here I taught leadership.

J: Okay, that's right, I'm sorry.

E: With the seniors at ah, (J: in Tewksbury) at Tewksbury. Yeah.

J: And then after that your career was primarily teaching.

E: Research and pathophysiology.

J: Have any memories of those courses?

E: And I was also, they released me to write grants, (J: right) and develop, you know, develop a curriculum, work with others.

J: One other point you mentioned that I'd like to have you remember a few more things about. You said you worked on a committee that was involved with the change from the college to the university.

E: Yeah, to the university.

J: And I'm wondering who were the people who worked in that group and what kinds of...

E: They were from all departments and they were all professors, professorial rank I guess, associate or professor and they had been here awhile. There were, I can't remember. I got to know some of them very very well and liked them a lot, but don't ask me what their names are, because I saw them for that period of time and we met often over in the research building on North Campus.

J: Did you remember the... The several people we've interviewed have talked about north verses south, (E: oh yeah) and the old Tech verses the State Teachers College and how some of the merging was painful, because of the two identities. Do you remember anything?

E: Well the pain may have been felt more on North Campus. I think South Campus didn't feel that. I think there was always a feeling that North Campus, with its industrial focus and business had, you know, had a large community that was a very influential and wealthy community, that

was strongly backed what they were doing. And they had some good people over there, and the graduate student went out and made their mark. So that they were well recognized school, Lowell Tech. And in terms of the Lowell State, it was a small school. Probably wasn't, didn't have as big a budget certainly, and didn't have maybe the same recognition, but it just seemed ridiculous to have the two schools here, both state and not do something about that.

So I don't recall any pain on this campus. (J: not on our side) I think we were glad of that opportunity, we thought it was going to be a great thing.

J: Who were the people who helped bring nursing and health into the whole university. Do we have any people (supporting this?) ?

E: Doctor, what was the President's name? Leary?

J: Doctor O'Leary?

E: Doctor O'Leary. He was the one who wanted nursing. And he got Trudy Barker, whenever that was. Maybe it was 1970 or something like that, or '71. I'm not sure what year, but he interviewed her. But he also at the time interviewed Winn Griffin, who was of the BU faculty and a leader in the nursing community, and a leader, you know, all over the state in terms of nursing. But I think that Dr. Barker wasn't ready to handle someone like Winn Barker, Winn Griffin, who was a fantastic leader and very stronged willed. So he employed Trudy, who I guess her degree was in education too.

J: Umhm, as I recall.

E: The Doctorate, yeah. So she, she come up and I think one of the first people she employed, which showed good judgement and also a good thing for the school, was Eleanor Shalhoup. (J: Umhm) And I guess Norma McQuade was one of the earliest people as well. I don't know how long Trudy had been here before I came, you know, I don't know.

J: She was the first to ()?

E: I don't know the date, the initial date for the finding of the school. I know that down in Boston, or University of Connecticut, , wherever I was at the time, we heard that Trudy Barker had this job and was going to start a program. So, you know, there was some surprise, because everyone knew the nursing leaders around, and people prepared to be the School of Nursing and so forth, and could not understand it quite.

J: Why she was chosen?

E: Yeah! Except, she did a good job. Trudy was very good at what she did. She really helped to put the school on good financial footing, but she had Dr. O'Leary behind her and he was all for getting a strong School of Nursing and he would give her what she needed to do that. And getting in faculty like Eleanor and Norma and some of the people that just came

here was a good move. And you know, that must have been something for them to have started out. I hope they had a year to do the planning before they accepted a class. I think Trudy did have a year and Trudy was probably by and large, alone to do that. You'd have to talk with her.

J: That's tough. Well they did, we've interviewed a number of people, but...

E: Have you interviewed Trudy? (J: Umhm) Oh, that's good. So anyway, I think, I have a feeling she might have been pretty much alone that first year doing stuff, getting stuff established and going, I don't know.

J: I'm not sure either, I didn't read that transcript, but ah...

E: But then again, she began to pull on others as the need, you know, it went... kids were first accepted, what kind of course would they be into, it would be largely general ed. (J: Right) But she probably began to feel a need to get some people in to take a look at clinical settings and what the curriculum would be, and so forth. So I would expect that she would...

J: That's when you came in then, to ()?

E: Well my year was what did I say, '72?

J: Yeah, so you started working on curriculum in clinical settings.

E: But they had a complete curriculum as I remember, because nursing didn't start. They were two years in General Ed. I don't know if they had that last part of the sophomore year, in nursing (arts or not?) .

J: I don't think it started then.

E: No, so there was the last two years, and that was in place, because Eleanor Shalhoup was busy with kids in community setting.

J: Can you tell me about Tewksbury, cause we don't use that anymore of course, and how did the leadership course look, how did it look and how did Tewksbury work out? And then...

E: The um, the patients had great needs and the students were good for them and they were good for the students in terms of that...

END OF TAPE I, SIDE B
TAPE II, SIDE A BEGINS

J: Yup, that should be okay. You were talking about Tewksbury.

E: Yeah. Well as I said, I think that there was a lot of experience

down there for the students in terms of leadership, certainly in terms of gerontology. There was a lot, because all of the patients were very much old, you know, in the elderly group, and with all of those kinds of ailments and diseases that you know, are most common in the elderly.

In terms of leadership, they lead teams, you know, they were responsible for the leadership of a group of nurses.

J: Team nursing.

E: Yeah, right, team nursing. And that's what it was called, team leadership, or leadership first perhaps. Um, then the kids had the chance to do this, I don't know if they did this once, you know, maybe a week while they were there, or a couple of days. They didn't have a lot of experience, but at least they got a taste of it. And then there was of course, content with a text book, and there was a lot of opportunity for that. I think the students were well received and by patients and by most of the staff.

J: Was it, how long was the course, do you remember?

E: It was a semester long.

J: A whole semester?

E: A semester and a half, or semester, don't ask me.

J: Yeah, that's a long time ago. (Laughs)

E: I think it was, it was a full semester I'm pretty sure.

J: I don't think you had comprehensive then? So it must have been the whole, the last semester of the (senior year?)?

E: Oh yeah, they were separated out like all of the other, and it was a semester. So all in all I guess it was alright. I think that it sort of, I always felt it was sort of a depressing place in a way. It's a state institution, you know? (S: Umhm) Some of them you know, wouldn't give you the time of day kind of thing.

J: They had an LPN Program, didn't they? Training their own LPNs?

E: I don't think, at that time?

J: I don't know.

E: Well if they did they were very much separated.

J: (You didn't....?)

E: They had different days, I guess on the days that we were there the LPN Program was busy, I don't know.

J: Wasn't there, um, um...?

E: So we didn't see them. No, I can't, you know, I can't say too much one way or another. It was, it was probably a setting where you know, beginning skills in leadership and dealing with people was a good place for that.

J: And team nursing was the way to go then, and (E: that's right) people had to learn the skills of being teamed into team members.

E: That's right.

J: I would guess that it's related, that the same objectives are similar objectives to what we have now.

E: Probably, yeah. We had them all.

J: I wonder if we could end up with just your remembering the last year or so when you were here, and you planned for retirement and how that all went.

E: Um, let me see, what was I? I had past my 65th birthday and I wasn't interested in retiring at that time. I was thinking about it, but I think what perhaps prompted me was, that I had been working for fifty-one years, literally, you know, between the time, the candy factory, Telephone Company and nursing and so forth, for fifty-one years. And I thought, well, maybe. And the other thing was the I felt that the students might be better served if they had someone who more closely approximated their own age, you know, who more recently graduated or whatever. I just had that feeling, although my relationship with the kids was always okay. And that maybe someone teaching that course might do it in a different way than I did it, or maybe it might not even be taught. Is it still taught?

J: It is indeed!

E: It is still taught. Yeah, cause I remember in the beginning I thought, God, where do they get their medical surgical contact, you know, their physiology and anatomy, which is important. You can't dismiss that, that's what the person is. (J: That's right) Besides a mind, they also have a body. So ah, but I thought at the time, it's time I think, to stop. And I was tired of committee work and...

J; You've done, made a lot of contributions.

E: Yeah, I thought, well as I said, the Masters Program, the Doctoral Program, I was at least talking about it and trying to get it started up. (J: Umhm) And the switch over from the state colleges to the university state. (J: Umhm) Yeah, I thought I had made a contribution.

J: ()

E: I don't have much of a memory for that kind of thing. I just am so busy doing something, that I don't know, it's just not...If I had brought

my appointment books, let's say, from way back, (S: Right, right, right) it might have helped me more, you know, better remember.

J: Well we have those always to go back to anyway. I think the interview is useful too.

E: Yeah.

J: Any last thoughts?

E: About it? I was very happy in Lowell. I'll tell you one thing, I recognized immediately, that the students were wonderful kids. You know, they were mostly from you know, blue collar, or some white collar, they were usual, regular kids and very good. Nothing smart assed about them. (Laughs) They were just kids who were intend on getting serious preparation, (J: Umhm) for what they wanted to do. And that was good. Cause you felt that way about nursing, and you were glad to see that in the students. And the faculty has been wonderful. Not just faculty in this department, but in some of the others.

That was the other thing. I was on the Promotion and Tenure Committee too, for several years, at the University and then the selection of the Dean for the school. I was on that committee.

J: Wow, you must have seen a lot of changes?

E: Yeah, I wish I could remember them. But as I said, I really usually got busy and most faculty here, you have several things going at the same time. You get through one, you get in another. So, but it was never a dull place to work and the people that I worked with were wonderful as were the students, and I'd always been treated fairly I thought.

I got tenure, I don't know just when it was I got tenure, but there was only one decenting opinion on that Promotion, Tenure Committee at the time, and that was someone... If they wouldn't have even said it, if they hadn't told me who it was, I would have said, Physics Department. I'll bet. So sure enough, that's a hard, hard science and they, you know, they, you got to bleed (both laugh) before you can...

J: Well you were a hard scientist too! PhD in Physiology!

E: Yeah, but ah, I was also a woman and a nurse I suppose. I don't know what went on. I had papers out, that was the other thing. I, oh also I forgot to tell you I wrote, I've written two books, you know, cooperation with others. One was Coronary Care with a couple of physicians down at BU Medical Center, and myself and a couple of other nurses, cardiac nurses. And I wrote a book on Care of the Aged, with May Futrell.

J: Co-authored that?

E: Yeah. And then another book, what the heck was the other one? Maybe that was it. Coronary Care, the two, Coronary Care and then the Care of the Elderly.

J: Wow!

E: So, that's right. By the time I got my Doctorate it was '65 let's say, oh, I finished in '64 didn't graduate till '65, so '64 to let's say '80, '85, or whatever it was, that was twenty years.

J: Twenty years.

E: I did a lot!

J: I guess so, wow! In a number of schools.

E: It's just that I did some stuff in the level of Washington and with grants and getting them, working as part of a grant, writing books, developing courses, curriculum, helping to get accreditation and start up a Masters Program at the University of Connecticut and here. Yeah, it's been busy.

J: I guess. Wow!

E: If you'd asked me that when I worked in the candy factory, (J: laughs) when they use to, they use to call me Tarzan cause I was strong. I still am fairly strong, but they use to call me Tarzan. And my close friend was Mama Tarzan, and somebody, somebody else was (J: Laughs) Tarzan Nina. Anyway, it was, but we had a good time. You know, it was a very irresponsible time in terms of large responsibilities.

J: But you were bringing home money to feed your family.

E: Oh yeah, yeah. That's right, that's right

J: Certainly.

E: Yup.

J: I don't think you're ever irresponsible somehow. (E: Laughs)
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E: Okay. I had a good time, I had a good time.

J: Oh great!

END OF TAPE