

Ref No: FNM31  
Name: Celia Manson (married name Ede)  
Date at St Thomas' & Guy's: 1971-74, 1974-1975, 1976-1978, 1979, 1980-1987 & 1996-98  
Nurse or Patient: Nurse

22 pages

## **Disc 1**

### **Track 1 – Early Life (5mins 1sec)**

*This is Averil Wingent interviewing Celia Manson for the Florence Nightingale Museum Nurses' and Patients' Voices Oral History, at her home in Riverhead near Sevenoaks, Kent, on Tuesday, the 12<sup>th</sup> of December, 2006.*

*Celia, would you like to begin by introducing yourself and telling me where and when you were born?*

Yes. My name's Celia Manson. That's my single name and, in fact, I'm Mrs Ede. I was born in Lydney, Gloucestershire on the 18<sup>th</sup> of June, 1952, so I'm now 54.

*Perhaps you'd like to tell me something about your family and your family background?*

Right, I think a fairly ordinary family, really. Erm, I'm the eldest of 3. I have a brother who's 5 years younger than me and a sister who's 11 years younger than me. Erm, my parents, my father died a couple of years ago, but my parents were together, I think, for something like ... 54 years or whatever. Erm, my father was a local businessman. Erm, he did heating and electrical work. And my mother didn't really work, I think, once she got married.

Erm, neither of them were actually medical, although my father had been in the, erm, Medical Corps of the army initially, at the outbreak of the Second World War. And the reason that he got into that was because he had signed up as a volunteer for either the Red Cross or St John Ambulance in the late 30s, and one of the clauses when you signed as a volunteer for that was that you would agree to be called up, you would volunteer as soon as hostilities broke out. And that's how he found himself in the army Medical Corps, er, and he did that, certainly, for, I think, the first part of the war and learnt quite a lot.

Erm, I suppose I've got some medical and nursing background in my family, mostly I think on my father's side. His grandfather, so my great grandfather was a man called Richard Taylor-Manson who lived in Darlington in County Durham. Erm, he seems to have had a career as a school teacher before he did, read medicine at the University of Edinburgh. And he was then, erm, a GP in

Darlington and also became the medical officer of health. He seemed to wage quite, erm, high profile, erm, public health campaigns and was communicating, was writing to Charles Dickens, writing articles in the local paper and so on. Erm, apparently went into butcher's shops and prodded the infected meat with his stick, and caused a lot of outrage, but was very concerned about those kind of issues.

Erm, he had a son who was also a doctor, but I think died from some sort of infection at quite an early stage. One of his other children, one of his daughters, in fact, was a nurse who, I think trained at Edinburgh Royal Infirmary. And, erm, she had, she must've had a nursing career, I suppose, at the beginning of the 20<sup>th</sup> century, but she died before I was born.

Erm, also my ... paternal grandmother was a VAD in the First World War, and, erm, at the museum, the little local museum near where my parents live, erm, they have got some photographs of her and I think something about her along with other local VADs. So that's quite interesting to reflect on.

I didn't particularly have thoughts of becoming a nurse or doing something connected with health, although I did write and still have got, my mother kept a story about Nurse Manson that I wrote when I was about 5 years old.

Erm ... however, at the age of 18 I, unfortunately, had failed my A levels and wasn't terribly sure what to do. Er ... obviously was either going to have to resit my exams or do something else. I felt that I wanted to go out into the world and earn some money. And a family friend, who was a surgeon, suggested that I train as a nurse for 3 years, because, he said, at that time, that was 1970 "this will be your passport to all kinds of other things". And I thought, yes, 3 years is not too long out of anybody's life. I can manage that even if I hate it.

### Track 2 – Applying, Interview & Working as an Auxiliary (3mins 51secs)

I had no idea where to apply and I just tried to think of, of places that I had heard of. I didn't want to, er, be too close to home because I thought if things got a bit tough it would be too easy to run home to mum. Erm, so I thought about London and I had heard of Guy's Hospital, and I'd also heard of St Bartholomew's. Erm ... and I applied to both of those, and, erm ... Guy's gave me, asked me to come for an interview in, I think it was October, 1970, probably only a couple of weeks after I'd put my application in. And Bart's also wanted me to go for an interview a couple of weeks later.

My parents took me up to London, because I was a real country girl from Gloucestershire and I didn't have much of an idea of how to get around. And, er, Guy's were very welcoming. There were a number of other girls there for

interviews for nurse training. I think a few people had their mothers with them. I think I was the only one who had a father present as well.

Erm, but I do remember, at the end of my interview, which was with an assistant matron, I think, erm, a lady who impressed me then, Miss Hilary Smith. She said, "Are your parents with you?" And I said, "Yes". And she said, "Well, will you go and get them from the waiting room and bring them in. We would like to meet them". So I had to do that. She also said to me, "Well, we would be delighted to offer you a place, but I expect you've got some other interviews lined up". And I did tell her about Bart's, and she said, "Well, go and have your interview at Bart's, see what you think of them and what they offer you, and, erm, please let us know what you would like to do as soon as that's been completed".

And I went to the interview at Bart's and that was very nice as well, and everybody made us feel very welcome. But, erm, Guy's had offered me a place to start in January, 1971. Bart's said, "We can offer you a place in May, 1971". And I thought, I might as well get on with it.

I'd, meanwhile, started, erm, a temporary job as a nursing auxiliary at a local hospital, which, in fact, was a specialist unit, all in old-fashioned huts in the main, but was a burns and plastic surgery unit. And I was sent mostly to work on the children's ward, erm, and I did think it would be useful to have that experience before I started my training. I thought I might know one end of a bedpan from another and that might, might mean I wasn't quite so green or naïve when I went to London.

I do remember we had to, erm, rinse out the Terry nappies that the babies and toddlers wore in a sort of sluice arrangement. Erm, and we, er ... of course, they were quite heavy with water. We had to rinse out these soiled nappies before they went to the laundry. And one slipped from my grasp on one occasion and went whizzing down the sort of lavatory system. And I was petrified of the ward sister who happened to be a friend of my mother, erm, and I didn't dare report it. And I thought we'd have all sorts of blocked drains and things, but as far as I know nothing ever happened, because I haven't ever heard anything about it (**smiling**).

### Track 3 – Training at Guy's (5mins 23secs)

Anyway, I started my training at Guy's on January the 2<sup>nd</sup>, 1971. And I remember that very clearly, really.

*What can you tell me about your first days in your Preliminary Training School?*

I think I was quite apprehensive. I wasn't a, obviously, a doctor's daughter and I thought that all the rest of the training set, and we were a large set of about 70, I

think, er, would be. And, er, I didn't know anybody. But, in fact, we were accommodated in the nurses' home, we still had to live in at that time, and I remember there were quite strict rules about men visiting the nurses' home. And when my parents took me up to London, erm, with all my ... goods and chattels, they, erm, the people at Guy's said, "Yes, your father may take your luggage up to your room and say goodbye to you, and that is all" (**chuckles**). So that was quite, quite interesting.

But I had quite a nice room, rather sort of old-fashioned and battered furniture but it didn't matter. It was a bit of a jolt to walk in there and see all of the uniform laid out on the bed ready for ... me to step into. It made it, made me realise that this was reality.

Erm, anyway, my parents went off and I was there unpacking and so on. And then there was a knock on the door and this other student said to me, "Oh, do you have any matches?" Er, she wanted to light the gas, we had a little kitchenette at the end of each floor. And, er, I supplied her with some matches. And, of course, we got talking. And this person, Sally, became, is still a great friend of mine, one of my closest friends, and an extremely efficient nurse and person. And I said to her, years later, "I am amazed that you didn't have matches". And she said, "Don't be so silly, Celia, of course I had matches but I knew that this was a ploy that would break the ice" (**chuckles**), and indeed it did.

Erm, I think that first evening, and I think it was a Sunday, erm, we were taken to the ... introductory course classroom, they'd stopped calling it the PTS, by, erm, the sister tutor who was in charge of the introductory course. And sister tutors at Guy's at that time were known as Sister as a title and then their first name. So this lady was Sister Thirza, Sister Thirza Swindells, and she was very imposing, erm, always looked extremely smart in a full sister's uniform. And by about, I think, 2 or 3 days she seemed to have mastered, erm, all our names and, erm, even remembered where we were from and different things about our families. I think she must've studied these things in bed at night or something.

But, erm, she and a team of, I suppose, other clinical nurse teachers or whatever, erm ... got us really started off as nurses. And I remember Sister Thirza teaching me how to do mouth care. And I still remember how to do mouth care the Sister Thirza way. And I, I'm quite proud of that. I think that any patient whose mouth I cleaned and looked after would have a nice clean mouth and that would be good.

*What was Sister Thirza's way?*

Erm, well, for a start to make your preparations and tell the patient what you were going to be doing to them, and ensure that they were happy about that. Erm, and if, indeed, even if they were somebody who was, for example, unconscious or semi-conscious, you still talked to them and you talked them through the

procedure, and said, "I'm now going to clean with this or that". And we used to have, erm, swabs, erm ... gauze wrapped around forceps, erm, in those days. And then we used various solutions, we dipped the gauze and discarded it, obviously, after we'd done a cleansing. So there was a bicarbonate of soda solution, I think, a weak one, erm, there was something else, some kind, sort of mouth wash type solution. And then there was also glycerine at the end to ... to sort of soothe the surface and, erm, also make it, I suppose, some what waterproof. And, er, a lot of care was taken with that, and I would know how to make up a mouth care tray with all that equipment still now. But I guess that, that may not happen these days.

But I do remember that very clearly. I think we were very well looked after. We had about 8 weeks in our introductory course, and, of course, you start to make friends and so on.

#### Track 4 – First Ward and First Death (16mins 19secs)

And then I was allocated to my first ward, which was called Miriam ward, and it was a Nightingale style of ward on the medical block at Guy's, Hunt's House. Er, the sister there was very impressive, and I suppose these days we would talk about somebody providing a role model for us. But this was somebody who was ... I'm sure very young at the time, but, nonetheless, very impressive in my eyes and very knowledgeable. A lady called Alison Russell who is, I think, currently chair of the Guy's nurses' league. And, er, we've, we've become friends although we don't very often see each other. Erm ... subsequently, she also worked with my husband later on, erm, although he wasn't my husband at the time. So I've had quite a few meetings with her. But she, she was a great role model, I learn a lot from her.

But it's also amusing to look back and think that she said to me, a very junior nurse, on one afternoon, "Nurse Manson would you like to make the tea for Doctor Hardwick", I think it was. Doctor Hardwick was one of our consultant physicians, and, of course, he did his round on a particular afternoon, whatever. And then he and his team took tea with sister in her office. And, er, it was yours truly who had to make the tea. I think we did make things like egg sandwiches. I seem to have a recollection of hard boiling eggs in the ward kitchen. And I don't know what else we made, but, erm, they certainly did have a reasonably substantial afternoon tea, I think. And it was part of the very junior student nurse's job to make that.

Erm, patients I remember as well. I think, although I can't remember the details very clearly, but I think I witnessed my first death on Miriam ward, my first ward. And I think that was a man with obstructive airways disease. We also used to talk about a condition that I've not heard mentioned at all, erm, in recent years. I think it's the same thing – it's cor pulmonale. Erm, and ... again, I think both

somebody's respiratory and circulatory system would be compromised because of disease and they would have breathing difficulties, and so on. And this poor man, I think at one time may have even been nursed in an oxygen tent, which was quite an elaborate affair that sort of shrouded the patient in their bed.

The other thing that I think I remember very clearly about Miriam was that people, of course, stayed in bed for a long time with whatever was wrong with them. So if, for example, it was a male ward, we had a gentleman who'd had a myocardial infarction, a heart attack, they really, initially, were allowed to do nothing for themselves. I remember shaving people, erm ... really almost if they wanted a finger lifted we lifted it for them. We, we did a lot of cossetting and care, but, and paid great attention to detail. But I think that patients generally benefited from that and, perhaps, it took them a long time to get better, but they did recover, erm, a lot of them.

*Can I just take you back to the gentleman who died? As a young nurse how did this affect you?*

I think I was quite upset, erm ... more, I think, from the anticipation. Erm, I think that I ... thought that death or witnessing, erm, er, a death would be a hurdle to overcome, because, inevitably, I recognised that I was going to encounter this many times, probably, during my training and work. So, erm, I think I was apprehensive in that sense. I think we, we had a fairly good idea, not perhaps definitely, that this gentleman was going to be dying within the next couple of days. I seem to remember that I was working a late shift and it was either a Saturday or a Sunday evening. And, in fact, I did go, I was slightly involved with the Christian Union at Guy's at the time, and I did go to a meeting, and there may have been some sort of service, I can't quite remember, when I came off duty. And the people there were very good because they really, I think, quite encouraged me to talk about it, which was probably what I needed to do.

So that's interesting to reflect that we did all of that. I also seem to remember that one of the more senior staff, and it may not have been a qualified nurse, it may have been somebody like a third year student, erm, took me with her and we performed last offices for this gentleman who'd died. I think that was quite late into our shift. We probably came off duty rather later than we should have because we were finishing that.

Erm, but, again, that was a huge learning experience because, I think, from, from the very beginning, erm, we were taught to respect and have great care for people, whether they were alive or dead. And the idea that it was perhaps the last thing, as a nurse, that you could do for somebody, erm ... was, was given to us. And that was great. I think that was admirable.

*Can you describe the procedure?*

Yes. Erm ... we, obviously the ... curtains around the bed would be drawn and there would be privacy. And, erm, first of all, erm ... well, first of all, of course, you would go and get all the equipment that you needed, erm, to carry out last offices. And, erm ... you would have all that on a trolley. And, erm ... you would then straighten the body and ... close the eyes, and also, of course, be a bit concerned about the jaw if they had had ... if the patient had had dentures, and, erm ... they weren't in place – that was the time to put them in place before, erm, the body became stiff with rigor mortis. And also usually a rolled up bandage, I think, was put under the jaw, to erm ... to keep it upright and stop it sagging.

Erm ... so all of that would be done fairly quickly, maybe even before you got most of your other equipment ready, er, for the preparation. And the person's body was always treated very sort of reverentially, I think, reverently, erm ... so that ... we were also taught, as far as I remember, to still speak to them as though almost they were alive, and say, "We're going to straighten your body now, Mr Jones", or whatever it happened to be. Erm ... and then if they hadn't recently had a wash or a blanket bath, I mean, perhaps if they'd had one earlier that day, if it was late in the day it wouldn't be considered necessary, but otherwise, in fact, we would wash the person's body, and, erm, do any other sort of physical care that was needed.

Erm ... there was a lot of concern, I think still, in those days that, erm, body fluids might leak from all the usual, obvious orifices, but also, of course, if they had a wound or anything like that. So the idea was to plug orifices with something like cotton wool and to try and seal them with, erm, one of these, erm ... non-porous kind of dressings, or whatever, erm, to bind up the jaw so that it didn't sag, erm, you would do things, you would make sure their hair was combed. A lot of the thinking was around making sure that the body looked, the person looked as normal as possible, erm, so that if the family wanted to, erm, see their deceased loved one in the, the mortuary, in the chapel afterwards then it would be possible to, erm, put this person and they would look as normal as possible. Having said that, we did dress them in, and I think even those days it was some sort of paper shroud. It was very rusty, I seem to remember, which was all a little bit difficult. And, of course, we were working in an open Nightingale ward, and although we had the curtains around us, erm, patients' beds were reasonably close together. And I think it must've been quite upsetting, really, for the other patients. I think we tried to do this as quietly and as discreetly as we could, but, erm, that was difficult and I think difficult for other patients.

Then, erm, after everything was completed, oh, of course, the other thing that really, I found almost more harrowing than doing some of the physical care, was that, erm, the nurses doing last offices usually had to go through the dead person's possessions and list them and so on, so that there was a record of them and they could be handed over to their family at the appropriate time, when the family came back to the hospital. Erm ... and I always think it's, it's quite, even now I feel it's quite intrusive going through somebody's things. And, of course,

you do discover, when you're doing that, all kinds of personal things. And you might have, you know, photographs of their family members or whatever. And I think that's quite sad, quite poignant, I suppose.

So we would do all that. We would also ring the portering staff and arrange for them to come and collect the body. And they would come with a rather hideous mortuary trolley which had a sort of dome top so that, erm, obviously the patient's body was hidden from the view of, of others. Erm ... but ... it, erm, when the porters, and there was a time agreed, I think, for the porters to come and collect the body, when the porters arrived on the ward or just as they were arriving with this trolley, we used to have to draw all the other curtains round the other patients' beds so that they were shielded from this sight of this, I suppose, rather macabre trolley coming through.

Then ... they obviously drew that up to the bed where the patient was and we moved them. I think we had a particular sort of stretcher canvas. Maybe it was a different colour to the ones used for theatres and so on, erm, that we put under the patient and moved them, erm, onto this trolley. I can't quite remember the detail of that. Erm, and then off they went and then you drew the curtains back on the other patients. Erm ... I think we weren't so good at acknowledging to other patients what had been happening in those days. Sometimes people asked us and I think we were reasonably good about telling them the truth. They would say, "Has Mr So-and-so died?", or, "Has that fellow over there died?", or something like that. And we would say, "Sadly, yes". But I think we were very anxious about the affect that this would have on other patients, without being quite sure what to do about it.

Erm, so I remember that death, er, fairly clearly, and I think a lot of others followed a similar pattern.

*Did you have any connection with the relatives of people who'd died?*

Not a great deal, I think, because the way that the system worked at that time was that all the possessions, and then, of course, they would have to have, erm, a death certificate and so on, were taken to ... one of the departments, which, I suppose, was concerned with admin. And there was, erm, a person there ... I think they used to call them the patient's officer or something. It was a lady, at that time, who worked at the hospital for years and years and years. There was nothing about bereavement or whatever in her title at that time. It was all rather unacknowledged, but, nonetheless, that's what she did.

And so what ... what the ward staff did, and as a junior student nurse I wouldn't have been involved in this, it probably would've been the trained staff or whatever, but the relatives were contacted. And, of course, that was a challenge because sometimes, in those days far fewer people had telephones. So there was always the business of how do you contact relatives, and sometimes,

indeed, it was a matter of contacting the local police and getting them to go and knock on somebody's door, which must've been quite a shock sometimes.

Erm ... the ... so the relatives had been told that somebody had died, say on the Sunday evening if we were able to contact them, whatever it was, but then they were asked to come to the hospital on the Monday morning, and I think they were required to come at a particular time. And they had to go to this office where this lady who dealt with these matters was based, and she would get the doctor to come and see them and hand over the death certificate, sign that, and also, erm, the ... dead person's possessions would be handed over and checked and signed for, and so on. Erm, I guess that was the opportunity, I'm not sure whether relatives were asked or, or whether, erm ... it was up to them to raise it, but that was for them to say if they wanted to see the dead person's body.

If that happened and they did request to see the dead person's body, I do remember that some ... nurses from the ward where that person had been a patient had to go to the mortuary and ... with the ... mortuary staff ... get the, erm ... the, erm dead body out of the refrigerated area, I suppose, and ... it was taken into a chapel of rest and you had to, I think, organise some flowers and things if you could. Erm, all fairly simple, but make sure that everything looked tidy and presentable. And then you, as the nurse who had been involved with looking after that person, went to this office where they would be waiting. And it was you that took them to the mortuary to see, to see their, their dead relative.

That ... I don't think I did that 'til quite a lot later on during my training, but that was quite hard, I think, that was quite upsetting, because, of course, often families were terribly upset. Erm, and that was a difficult one.

#### Track 5 – Clinical Nurse Teachers and Sister Tutors (1min 53secs)

*During your time on the ward did you have any input from the sister tutors?*

I can't remember that very clearly. We certainly had, and I suppose they were fairly new at that time, erm, a grade of tutor or nurse who was called a clinical nurse teacher. And they were not, I suppose, quite so high in status as nurse tutors, but these people came to the wards and worked with the student nurses. So they might come along and say, "Oh, Nurse Manson, I'm Sister Somebody", that's how they were usually known, "and I'm going to come and work with you this morning". And I think we regarded it as a bit of a mixed blessing. Erm, some of them were extremely ... in fact, all of them were very nice and very supportive, but I suppose that, as student nurses, we couldn't quite rid ourselves of this idea they might be there to check up on us. And I think we felt that we had quite enough checking up on anyway. So, erm, we weren't so keen on them.

But we did also have a sort of pastoral system of care where, erm, a sister tutor was allocated to ... or we were allocated to a sister tutor, and you were expected, I think, to go and see your, your own tutor. Maybe it was every couple of months, maybe it was every month, make an appointment. I do remember that the lady I had was very pleasant but seemed somewhat elusive, and it was always difficult to make appointments to see her. Erm, she didn't very often seem to be there. But, erm ... nonetheless the system was in place, and I think for a lot of people it worked extremely well.

### Track 6 – New Cross Hospital (8mins 26secs)

*What was your next ward after Miriam?*

My next ward after Miriam, I was, in fact, sent ... there were 6 of us from this set of 70 who were sent to New Cross Hospital in southeast London. And this was a place that I think had started life as a workhouse, erm ... to us, from Guy's it was like being sent to the back of beyond, where it must've been all of 5 or 6 miles away. And, erm, it was then most ... there were some elective orthopaedic wards, I think, and a couple of rheumatology wards, but it was mostly care of the elderly. And I think I and another student were sent to this female psycho-geriatric ward, and that really was quite a shock to my system.

Erm, most of the patients in there, again an open Nightingale ward, most of the patients who were there had been there for a very long time. I suppose, in a sense, the ward served a purpose that something like a nursing home would do nowadays. Er, but the sad thing was that it was on the first floor and we didn't actually have a lift, except for a sort of goods lift. So once these people were admitted to this ward they never actually went out again. And that seemed to me, by now the weather was improving, this must've been, I suppose, the spring of 1971, and these people, okay we had nice big windows and so on, but these people never got outside. And, in fact, New Cross had quite reasonable grounds and there was some garden, but, of course, these poor patients never benefited from that and that seemed terribly sad.

It was ... not a very good experience in some ways, because I don't think the care was of the standard that I had been taught up till then and become used to. Erm ... I think, with maturity I can look back and say, and understand, probably, all the reasons for that, but at the time I found it very upsetting.

However, I was very much supported by another learner on the ward at the time. And she was a lady who, in fact, was a nun. I guess she must've been in her 30s or 40s then, and she was doing nurse training as a mature student. She was actually training to become a state enrolled nurse, which was the 2 year training, which was rather more focused on bedside skills and so on, and regarded as

perhaps a slightly less-academic training than, than the 3 year one for state registration, which was what I was involved in.

But this lovely lady, erm ... from Ireland, erm, was absolutely marvellous with all these older patients. Erm, she and I used to work together a lot of the time and find ourselves doing what was called 'back rounds', where we had a trolley with water and bowls and so on, and clean linen and everything, and we used to go to the patients, most of these poor people were doubly-incontinent, as far as I remember, and it really was quite hard, physical work to, erm ... change and clean them and make them comfortable again. And we'd go ... we would go round and do the 20, 24 of them, however many there were, I think it was a 24-bedded ward. And at the end of that time we would go back to lady number 1 and find that she was, yet again, incontinent. And I used to say, "Oh no". And this Irish nun would say, "Oh, God love 'em, Celia, but they can't help it". And we would just start again (**chuckles**) and go round again.

But it, it was, except for that and indeed this, this lovely lady, we all lived in the nurses' home and we used to do split shifts then, which meant that we went on fairly early in the morning, gave these patients their breakfast and perhaps got those that were able to be got out into chairs, that kind of thing. And, erm, ... worked on the ward and, and I think gave them their lunch as well. And then we went off duty, after the patients had had their lunch we could go and have some lunch ourselves in the, the hospital dining room. And then we were free for about, I think, 3 or 4 hours during the afternoon, and had to go back to work at about 5 or 5.30. And that involved getting the patients back to bed. I can't remember which way round we did it. Perhaps we gave them their supper first. I'm sure they were, erm, fed their supper at quite an early hour, really. And then they were put to bed and I'm sure they were all in bed by about 8 o'clock. And there wasn't very much stimulation. I don't ... I think they used to be played pop songs from the radio, which was probably most unsuitable for these poor old ladies. I'm sure they weren't interested. Erm ...

*What was the treatment they were receiving?*

Well, I don't think they were receiving much treatment at all, really. There was, there was a doctor, erm ... and I think she was a consultant geriatrician. She seemed, to my eyes at that time, to be just about as old as the patients. Erm ... I'm sure in her own way she was quite good, and she used to come round, I think do a ward round about once a week.

But I suppose that these poor people, a lot of whom were in various stages of dementia as well as having a lot of physical problems, I suppose there was a limited amount, it was felt, could be done for them at that stage. I think we do know rather more now and perhaps we would, erm, be a bit more, er, positive about the way that we treated them. Erm ... but I'm ashamed to say that the permanent staff on the ward, I think, sometimes, made some of the patients

objects of ridicule. And, erm, there was a lot of inappropriate behaviour now, I think, looking back. At the time I was fairly upset, but I wasn't sure what I could do about it. I was too petrified and in awe of all these, what seemed to me to be terribly senior, experienced people, to have, perhaps, reported anything. Erm, I think I did think about, er, talking to my tutor back at Guy's when I went back there, about my concerns, and not many student nurses, at that stage, were sent to New Cross. As I've indicated, there were only, I think, 6 of us that went at the time. So we were somewhat pioneers, erm, and perhaps the teaching staff at Guy's didn't know what the situation was, really, there.

But then I was rather disarmed. The ward, we always had ward reports at the end of each ward allocation, and the ward sister at ... on the ward at New Cross, with whom, I felt, I hadn't got on terribly well whilst I was there, but at the end of the allocation, which I think was 8 weeks, something like that, gave me the most splendid report, which said that I had done very well. Erm, of course, that was quite a clever move, if I'm being cynical, looking back, because it completely disarmed me, because I thought, well, what can I, I can't go and complain to my tutor when this lady's given me this wonderful report. So that, that was perhaps a bit naughty, but it was a way of shutting one student nurse up quite effectively.

#### Track 7 – Operating Theatres and Evelina Hospital (4mins 10secs)

*And where did you go to after that?*

Er ... I can't exactly remember. I think I did have to do a bit of night duty, but I can't remember very clearly. Erm, in our first year we, mostly, at that time did fairly general wards. Erm, and then in our second year we did what were termed the 'specials' experience. So I remember at the beginning of my second year I, erm, went to the operating theatre. And that was an interesting experience, but I think I felt pretty clueless for a while. And I do remember one of the theatre sisters was an Italian lady and she had quite a strong accent, she obviously spoke English, and I didn't always understand what she was asking me to do or what she, erm, was asking me to get.

And one day I thought she said to me, "Nurse Manson, go to ...", there was an instrument room, "... go to the instrument room and get ...", and I thought she said, "the Malibu strippers", which sounded to me like sort of hula hula girls or something of that nature (**chuckles**). Anyway, I really didn't have a clue what these 'Malibu strippers' might be. Of course, this lady was talking to me from behind a mask so it was rather difficult to tell. I was far too in awe of her to question what she might be telling me. Er, so I scuttled off to the instrument room where another theatre sister presided over things and so on, and said to this other lady, "Oh, Sister, Sister Somebody Else has sent me to get the Malibu strippers" (**chuckles**). And I'm sure this sister in the instrument room was trying

to suppress a laugh. She said, "I think you mean the malleable strippers, Nurse" (**chuckles**). But there were lots of little incidents like that.

I was on theatres for about 6 or 8 weeks. I did learn quite a lot, probably not least that that was not going to be where my future career lay.

I also did casualty, which was a good learning experience. And, I think, later on, I did a children's ward at the old Evelina Hospital, which was about half, three quarters of a mile from Guy's. We used to walk there and it was just off Southwark Bridge Road and it was in a slightly, I suppose, rough bit of Southwark, regarded as rough bit then. And we went, we had ... had to avoid the road, it would've been a shortcut, but we had to avoid the road where we were told all the local criminals lived. As Guy's student nurses it wasn't regarded as suitable, that we, we walked along that road.

And at the Evelina Children's Hospital I was allocated to Annie Zunz's ward, where all the children came in to have their tonsils and adenoids removed. It was an ear, nose and throat ward, in the main. Erm ... and I don't, I must've done some day duty there, but I was also on night duty, I think, for several weeks. And it was the night nurse's job to get, erm, the children up in the morning, and this was the day following their, their tonsillectomies or whatever, and they were quite small children. And we then had to ... give them their breakfast, and they all had to eat things that would sort of harden their tonsils. So they had to have cornflakes with not very much milk, and they had to have crunchy toast, and there would be all these poor little kids from ... Bermondsey and Southwark and Rotherhithe saying, "Oh, Miss, oh, I can't eat this", and, "oh, my throat hurts (**cockney accent**)". And I was a horrible thing and said, "Of course you've got to eat it", because I knew I would be in dead trouble when the day staff came on if these children hadn't done that.

#### Track 8 – Nurses' Cultural Background and Pranks (4mins 21secs)

*During your training what can you recall about your fellow nurses, their backgrounds and their culture?*

Oh, I think we were, we were a mixed bag in terms of background. I think, probably, if you wanted to epitomise us at that time, erm, in 19 ... started in 1971, most of us were young, white, middle class females. Erm, there, we did have a couple of men who joined our set, I think ... they, they didn't join straight away and they were, we regarded them as very strange, these men, because they did an accelerated training with us and they were already qualified registered, they were registered mental health nurses already, they had done their RMN training. And we thought that they were very strange, exotic creatures. We didn't really have much to do with them and we didn't want to, I think (**chuckles**), which shows how prejudiced we must've been.

But I think ... the girls came from a variety of backgrounds. My great friend, Sally, that I was talking about earlier, in fact, was a doctor's daughter, her father was a GP in Surrey. And, erm, Sally's family were great and really became my second home, erm ... as, indeed, my parents became a ... their home became a second home for Sally and she's always been regarded as an extra daughter, I think, by my family.

Erm ... but we also had, erm ... another girl that I was very friendly with, I think her father was a bank manager in the Southampton area. Erm ... we had a whole variety of people. I think people mostly came from all over ... the country, probably mostly England. I think we had one or two girls who were from Wales. We certainly had a girl, a white girl actually, but she was from Bermuda, and she was regarded as quite exotic, I think, in some ways. Erm ... I can't remember who else we had. I think we were all ... very much of a muchness in some ways.

Some people, of course, were rather more serious and some people were more flippant than others. And ... we did used to get up to pranks and things, mostly amongst our fellow student nurses. I think we were too much in awe of people senior to us, even somebody in the set or the year above was really quite high status in our eyes.

I do remember, on a long night duty, erm, a couple of us ... pretend ... we must've pretended to be night sisters and we rang up, erm ... our fellows on other wards, there were a whole host of us dotted around the hospital on night duty on different wards, and said, erm, "Oh, I'm ringing because Miss Rix ...", who was the night superintendent, "... needs to know how many bottles of milk you've got in the ward kitchen fridge". So all these student nurses, it's amazing that we didn't question anything, er, dutifully went off and counted the number of bottles of milk they had in the fridge. And then, and the instruction had been that when you counted the bottles, erm, "would you please ring Miss Rix in the office and tell her". So all these students were ringing Miss Rix and saying, "This is Student Nurse Somebody from Dorcas ward ...", or wherever it was, "... here, Miss Rix, and I'm just ringing to tell you that I've got 10 bottles of milk in the ward fridge" (**chuckles**). And I ... I don't quite know ... I'm sure she'd had similar tricks played on her before (**chuckles**), she had a wealth of experience (**laughs**). But I don't suppose she was overly impressed with this sort of thing and, really, it was a bit, bit infantile. But I guess we needed those kind of releases.

### Track 9 – Pay and Living in London (6mins 53secs)

*What are your memories of living in London during your training?*

Oh, I think it was quite exciting for me in some ways. We weren't terribly well off but we were, erm ... the money that we were paid, and I remember my first monthly pay cheque was £19, and I thought that was wonderful. I went out and

bought some sort of coat with that money. Er, but that was after all the deductions and the deductions, of course, included paying for our accommodation and also our food, erm, at that time. That was all included so that the £19, in 1971, was really for us to use to enjoy ourselves, I suppose.

Erm, we were ... very fortunate, I think, in having a secure base in the nurses' home. Okay, perhaps it was a bit restricted. Erm ... and I don't remember using the communal areas a great deal, the sitting rooms and so on. I think we used to tend to foregather in one or other friend's room and have a gossip, and we could make coffee and tea and that sort of thing. So that was, that was probably okay.

But the other great thing was that in those days, erm, student nurses in London used to be given all the surplus theatre tickets for the various shows and so on, free. Perhaps they weren't selling theatre seats very well, I don't know, at that time. But, erm, they went into the office and ... by then we had a home warden. We'd modernised, we didn't have a home sister. But they went to the office of the home warden and there was only, sort of, you know, one evening's notice or whatever, but you could go during the afternoon or when you came off duty if you weren't working a late shift in the evening and you could see if there were any free theatre tickets. And there often were. And I think that I went to just about every show that was on in the West End in my first year, erm, and that was marvellous.

We, of course, used to get days off at all sorts of odd times, during the week or whatever. And, erm, often I might have days off and my friends wouldn't. So I think I learnt to become reasonably self-sufficient, and, erm, I used to do a lot of walking in those days. And I had an A-Z of London and I explored the city. I came to know the city quite well because I could walk over London Bridge and there I was. But I also walked to all kinds of other places in London. Erm, I remember walking from Guy's to Kensington and places like that, and exploring the different museums and the different sights. Because, of course, for me London was a new place.

So, erm ... I don't think we were particularly well off but I think we really had a lot of fun. And, er, I learnt a lot both socially and, of course, in nursing terms.

*And did you feel safe travelling around London on foot?*

Er, generally, yes, and, of course, most of that, erm, was in daylight. Erm, I think I needed to be fairly sure, I was always a little bit wary of not going anywhere too lonely, and also of having an idea of knowing where I was going. Erm, so planning the route, looking at the A-Z map, or whatever. But I do remember on one occasion a friend and I had probably been to the theatre on free tickets, and I think this was in our first year, and we were coming back to Guy's, we were, we had got off the train at London Bridge Station, and we were walking back to Guy's which, to the nurses' home and that was only about a 5 minute walk. We

were just outside the hospital gates, in fact, and Gill, my friend, said, "Oh, my bag". And these youths, who, it turned out, lived in this notorious street in Southwark, had come running up behind us and snatched her bag off her shoulder. They went pelting down St Thomas' Street just outside the hospital. We went pelting after them. This is at about 11 o'clock at night, I suppose. And we didn't manage to catch them. She, of course, was very upset.

Er, we must've gone to the porters' lodge, I think, at the entrance to the hospital and reported all of this, and I think they phoned Southwark police station for us. Er, but we didn't have much hope that anything would happen.

Anyway, when the porters contacted the police, the police said, "Oh, yes, we'd like to come and fetch these nurses to come down to the station". Erm, in fact there were some off-duty policemen in a car at the traffic lights at the end of the street. They saw everything that happened, jumped out of their car and gave chase to these boys, and, in fact, caught them (**surprise**). So that was rather fortunate.

So then the boys plus Gill's handbag were taken to Southwark police station. But we ended up; it seemed to me, being there quite late at night being interviewed and so on. And then, of course, some months later, er, we both had to go and give evidence at the juvenile court which was, I think, Camberwell Green. And we were looked, well looked after by the police who took us there and so on. But what was quite difficult was that, erm, these lads who were maybe 14, 15, I can't really remember, certainly were regarded in law as juveniles, erm, their families were all in the sort of public gallery of the court and more or less shouting abuse at us when we tried to give our evidence. I think the, it must've been a magistrate's court. The magistrates were quite severe with them and threatened to sort of clear the court or whatever if they didn't behave themselves. But, nonetheless, it was a pretty, erm, frightening experience in some ways.

Erm, I don't think there was that much in the way of bag-snatching and so on then, and Guy's nurses were well-respected in the area. And, certainly, if you were in uniform, I think, you could go out quite safely. Erm ... but ... I think we were very indignant about what had happened and, and, quite appalled. But, I suppose, you know, these boys saw us as an easy target.

#### Track 10 – Social Life (1min 41secs)

*So did you have a good social life?*

Oh, I think so, yes. I mean, I've talked about the theatre stuff. I think there were also lots of opportunities, of course, as it was a London teaching hospital, to socialise with the medical students, erm ... the majority of whom, in those days, were men still. And, er, there were lots of social activities in the medical school,

there were dances. The great thing at Guy's were the Hospital Hops, which was a big thing, and also a sort of disco evening that used to happen, I think, maybe every couple of months or something, and it was called an 'Inflam'. And that was held down in this sort of basement bar or something for, in the medical school, I seem to remember.

Erm, some of us were a bit snooty about these things. Erm, some of our ... our colleagues were very keen to go, and I think part of their ambition in coming to Guy's was to marry a doctor or a medical student or whatever. Erm ... some of us were, were ... felt rather superior about that and didn't always go to these things because we thought it was a bit of a cattle market.

Erm ... but I did go to a few things. And, of course, the other people that were always very keen to entertain us and we used to get invited to things were either the Metropolitan Police or the River Police. I remember going off to dances or parties or whatever at the River Police Headquarters at Wapping. Erm ... I can't, I think we may have even gone by boat part of the way (**chuckles**), I can't quite remember.

#### Track 11 – Accommodation (3mins 29secs)

*And during your training were you in nurses' quarters all that time?*

Er, for most of it, yes, because Guy's had quite a lot of accommodation on site which ... the site of the hospital which was where I started off. And then they also owned some ... or leased some biggish houses – one, erm, near, I think, Queensway, Paddington area, and also one in Earls Court. And I think after ... I, of course, had been moved down to New Cross Hospital when I worked there, but then I came back to the main nurses' home at Guy's, I think. Quite unsettling, having to, sort of, pack up and then allocated a different room when you came back from somewhere else and so on.

But then I think about half way through my training I was, erm, asked to go, or told, probably, that I had to go and live in the Earls Court accommodation at Bramham Gardens. And, in fact, after initially being quite, erm, worried about that and rather hostile, that was great fun. We, we were very lucky, we had coaches that took us back and forth to Guy's at the beginning or end of shifts. So there must've been coaches three or four times a day, I suppose. And, erm ... presumably we had to get up fairly early in order to make it in time for the coach. There was a home warden, there were a lot of Spanish, I think, domestic ladies at Bramham Gardens who used to look after us and clean the rooms and do the meals and so on. There was a proper dining room there so we could get meals. We didn't have any cooking facilities of our own, but I remember I had a very pleasant room on the first floor of, I suppose, what would've been an Edwardian house, maybe Edwardian or Victorian house. I had French windows

and a little, tiny balcony overlooking the street. And it was really all quite gracious and spacious.

Erm ... and I seem to remember, probably completely against the rules, I had an electric kettle, and so we could always make tea or brew up or whatever. The disadvantage of that was that, erm, as I was one of the people who had an electric kettle if I had been on a, an early shift and I was in, in the evening, my friends would come back off a late, off the coach, and immediately invade my room to make their tea and coffee and whatever (**chuckles**), and then stay in there nattering half the night if I wasn't careful. I had great difficulty turning them out.

Erm ... but I do remember living at Bramham Gardens. I think we were then allowed, in fact, to live out during our training, but in a way, erm, living at Earls Court and at Bramham Gardens was quite a half way house. It felt rather more relaxed, perhaps, than living in the main nurses' home, so I didn't bother to move out, erm, because, I think, really, we could have quite a good time living somewhere like that. And, of course, it was cheap. This was the great thing.

#### Track 12 – The Salmon Report and Ward Rounds (4mins 2secs)

*Do you recall any changes in hospital organisation during your training years?*

Oh, yes. Erm ... there had been, I think around the time that I started my training or a year or two before, erm, there had been a committee investigating the ... nursing management, I suppose, in hospitals and career paths for nurses. And, er, that resulted in something called the Salmon Report. And when those recommendations were implemented, which I think they were throughout the NHS in England, in hospitals, erm, it actually did away with the then traditional, historical matron post. And there were a number of career progressions that, that nurses could aspire to.

So ... instead of having this system, as we did when I started, where there was a matron and then there were deputy and assistant matrons, and so on, and I could never quite sort out who was who amongst those. We then ... essentially the person who would've been matron previously was now called a principal nursing officer, and then there were ... I think maybe divisional nursing officers. There were senior nursing officers, they were all called officers, and nursing ... nursing officers were the ones above wards sisters and so they would have, say, a block of medical wards to look after or whatever.

And I think a lot of hospitals had introduced that, probably ... some time, erm ... at the end of the 60s, maybe 1970. Guy's probably was reluctant to adopt this, this new approach and it didn't come in, as I say, probably until certainly my second year of training, and maybe even a little bit later than that. A lot of people

remained in the same jobs, essentially, but they just had a different title. But it was the first of many reorganisations of the NHS that, that I've witnessed.

*What affect did that have on patient care in the wards?*

... I don't recall, at the time, that it seemed to have any very obvious affects, because, as I said, I think essentially people did the same jobs but they just had a rather different title. However, maybe the people who were in the very, at the very senior level, the principal nursing officer and so on, were almost discouraged from, perhaps, doing rounds as matron had done. I do remember, actually, in my first year, it wasn't terribly frequent, but matron did rounds, and would suddenly appear on the ward and be expected to be taken round by the most senior nurse on the ward available. And that was quite a thing. Lots of other ... less senior people did rounds. Erm, night sisters were always, er, very keen on rounds and that could be quite a daunting process. And I think, erm, I talk about that a bit later on.

Erm ... but, erm ... there were, there were always rounds and, of course, you had to be able to tell these people about the patients and what was wrong with them, and everything had to appear very clean and tidy and so on. And because we didn't know when these were happening, I suppose we were always on our toes to make sure we were ready for them to take place.

### Track 13 – Medical Innovations and Overall Training (4mins 6secs)

*Do you have any recollections of any medical innovations or treatments, er, that, that were very obviously radical during that time?*

I think the most radical for me probably would've been, Guy's had quite a reputation for pioneering work in heart surgery. Er, I think we had some very talented and distinguished surgeons there. There was a man who became Lord Brock and I think he had just about retired at the time I started. Erm ... but, nonetheless, there was his legacy and there were others that, that followed him. And they had, er ... I think Guy's, with some other hospitals, had, worked on developing the heart/lung bypass machine, which meant that you could bypass a patient's circulation, take it through artificial tubes and, and so on. While, and that meant that if you had somebody who needed heart surgery the surgeon was able to work on the diseased heart without the area of work continually being flooded with blood. And that had been an awful challenge and difficulty to surgeons previously.

So that was quite an advancement, and I guess that we then started to see much more heart surgery. And I looked after some of these patients, certainly by about my second or third year, and that was quite interesting. I did, in fact, a case

study on somebody who ... a lady, I think, who'd had a mitral valve replacement. Erm ... so that was quite interesting.

*When you came to your finals did you feel ... what did you feel about the quality of your training?*

I think in practical terms, erm ... I felt that we had been very well trained. I do remember when I came to my finals (**chuckles**) I actually felt fairly exhausted, because, erm ... really all of our training was very much routed in practice, which is, in many ways, an admirable thing. But we, perhaps, had relatively little opportunity to concentrate on theory and to revise. Clearly, in the 1970s, student nurses were part of the workforce. And the last ward before my state finals that I was on was a male surgical ward, and I remember there was the ward sister, there was then a staff nurse who might have been qualified about 6 months or a year, and the next most senior person was me. And that meant, as I was obviously a fairly experienced student nurse by then, I was coming up to taking my finals, but that meant that when I was on duty I was usually in charge on the shift that I was on. And, erm ... there would, perhaps, be, erm ... two or three more junior student nurses on with me, there'd be, perhaps, four of us on a shift, something like that. And we had 26 patients to look after, some of whom were fairly dependent.

When I look back I think we had quite a lot to do and I had quite a lot of responsibility really. Erm, at the time we didn't ... think anything much of it because it was just what was expected of us and we just got on with it, really, without question.

#### Track 14 – Passing Each Year of Training and Finals (5mins 44secs)

*Well, this brings us, Celia, to the end of your training programme, when you achieved state registration. Was there any sort of a ceremony when you were presented with your certificates?*

Yes, there was, but I think that was fairly low key in some ways, and it also came a little bit later. It took place in what was called the Court Room at Guy's, and that was, erm, a place ... a very sort of splendid room where the Court of Governors originally met, and I think that's how it came by its name. I can't remember who gave us our badges, our hospital badges and certificates, but I think it might have been somebody from ... I think the board of governors were, were no longer as such by then, because this had been quite a big period of transition. Teaching hospitals in London, in the early mid 70s, I think lost their boards of governors and it moved to a system of special trustees, as far as I recall.

But, erm ... I think that maybe ... Lord Robens, who had been chair, chairman of the governors, he was a fairly distinguished Labour politician, I think, he, he may well have, erm, done our presentations. But I don't clearly remember that and I've got no photographic record of it. Erm, but we didn't get our ... our hospital badge and certificate were really prized almost above our state registration, although, obviously, (**chuckles**) you couldn't really have one without the other and couldn't function or go anywhere else. But that was, I suppose, the way that Guy's had, had taught us.

Erm ... so we, we got that and some people got a gold ... the very distinguished student nurses in each year got either a gold, silver or a bronze medal. I regret to say that I didn't get any of those.

Erm ... but ... I also remember there was quite a ceremony as we moved from ... one year of training to another. And there was a system where, I think at the end of your first year you got a, a mauve belt, uniform belt and you had to go to matron or the principal nursing officer's, erm, office to be presented, erm, with this belt by that person.

And then at the ... end of your second year, beginning of your third year you got presented with what were called your strings, which were the bands of material that went under your chin, ending in a bow under your chin, and looked as though they were attached to your hat and held your nurse's hat in place. And that was, that was quite a big thing, getting one's strings, that was a big event. Er, and they were supplied as just plain bands of linen, er, and the idea was that your ward sister or somebody else, needed to be a Guy's trained person, I suppose, made up your first pair of strings for you, erm, and you went off and got these, I think. Erm ... and then, of course, you had to learn how to sew them, because you actually had to sew this little bow. And then the things came under your chin and up over your head, and had to be held into place at the top of your head by means of hair grips. And then the cap went over the top of that, the nurse's hat, and that was held on by hair grips. But there wasn't actually a formal connection between the two.

*So you were made to feel special when you actually achieved your hospital certificate and your registration?*

Oh, I think so, yes, I think we were, we were very proud of that. We did have to do a little longer than the bare three years in order to get our hospital badge and certificate. And, and I think, erm, in the past it had been a longer period than that. We had to do, I think, in total 3 years and 3 months. If you stopped or left at the end of your three years when you got your state registration you wouldn't necessarily get your hospital badge. And I do remember there was a girl in our set who ... must've left at 3 years. I think she was getting married and maybe they were going to live somewhere else, outside London or whatever. And she didn't get her hospital badge, and I always remember she was very upset about

that. But, erm, the authorities were quite implacable and wouldn't change. Erm, so there you go.

I think that previous to us people had maybe had to work for something like a year after state registration before they got their hospital badge. So I suppose we were quite fortunate, in some ways.

*Well, that seems quite a good point to conclude this part of the interview, Celia, so I thank you very much for giving us the time and your personal experiences.*

Thank you.