

Today is April 12, 2002

The interview is with Carol Ann Wallace. We are at her home. My name is Anne Miers and Carol Ann has prepared a little bit of her history and will talk to us and I will just allow her to share with us the information that she has and we will then ask her other questions if I have some questions.

Thank you, Carol Ann, for agreeing to participate in this oral history:

Carol Ann: Thank you, Anne. This is a real pleasure for me to go over my life history, focusing mainly on nursing. A little background, I was born in Chicago, Illinois in 1933. My parents were then residents in Northern Minnesota, having lived in Chicago for many years, so I grew up on a lake in Northern Minnesota. I am an only child and I enjoyed the out of doors and spent a lot of time on the lake and in the woods. My school (a one-room country school), was 10 miles from home. I didn't start school, elementary school, until I was seven because of the distance to drive and my father had to take me in the morning and come for me in the afternoon. And hence in this time, in the 30's, the roads in the woods were not very good, so I went to school mostly in the spring and fall. I had two classmates and we were rarely there at the same time because they were farm boys and they could come in the winter when I couldn't and so, that was my early education. I then went on to Detroit Lakes High School in 1947 and graduated in 1951. The next year I went to McAllister College. I had thought of being a science teacher so I had a focus on science and zoology. But after about a year I thought I don't know if I can really have a position in teaching, so maybe I ought to think about nursing. I did not grow up wanting to be a nurse. Many of my classmates did and so in those days, of course, you could either be a nurse, a teacher or secretary, so that's where I went.

I then contacted Methodist Kahler School of Nursing, then known as the Kahler School and was accepted here. I also was accepted at Mounds Midway School of Nursing in the Cities, but I came here in 1952 and training days were really interesting. Our experience was extensive; in fact, we realized that when we affiliated, especially my affiliation at Cook County and Chicago Lying-Inn both in the Chicago area.

Anne: I'm sorry, what was the name of the school?

Carol: Cook County

Anne: And then . . .

Carol: And Chicago Lying Inn, it was a maternity hospital

Anne: Lying inn??

Carol: Lying dash Inn

Anne: Lying-Inn – that's interesting

Carol: It was a wonderful experience but we Kahler nurses realized that our experience has been more extensive than some of our classmates that came from other schools. Hence, we were put in charge and so we were able to share our experience. After my training days, I was immediately asked to be an assistant head nurse and then in the beginning of the next year, which would have been 1956, I became assistant night supervisor of the Worrall Hospital. And I had that position for nine months and then I made supervisor of 3rd Proper at the Worrell, which was the pediatric area for pediatric surgery in those days ear nose and throat.

Anne: And it was called the Proper?

Carol: The Proper side. The Worrall had two portions; the proper and the annex and the proper had four floors; the first was radiology, and the 2nd was cardiovascular neuro, the 3rd was vein surgery, vein strippings and ear, nose and throat and this pediatric ward and the 4th floor was eyes. In the Annex, the first floor was proctology, and the 2nd and 3rd floor were dermatology. So, it was 180 beds and a wonderful experience. I had that supervisory position for a year and then looking ahead, that was now 1957, I was trying to determine with the number of head nurses and supervisors whether there would be a position for me in the new hospital which was scheduled to open in 1966. So I thought perhaps not, and that is when I chose to go into anesthesia. So I left floor nursing and started Mayo Clinic School of Anesthesia in 1957 and I started at Saint Marys. I asked for that experience because I had never worked at Saint Marys. And so I spent five years there, in Neuro and General Surgery, and had a room of my own after one year in the program in which we did Open Urology and Plastic. The Open Urology was very interesting because there was a lot of surgery on bladder defects in young children and the plastic surgery was very interesting because we did all of the cleft palates and cleft lips on very young babies. Then a lot of reconstructive surgery too. So I did that until....

Anne: Can I just ask---with my background in neuro I would be interested to know what neurosurgeons you worked with.

Carol: I worked with J. Grafton Love and Baker and Speen and uh uh let's see – those were the major ones in those days and, of course, anesthesia then Dr. Love did not want an anesthesia machine in the room. It took up too much space and so he really preferred that we put the patients to sleep in the hallway with penathol and ether and then wheeled them in the room and I gave open drop ether for all of the craniotomies and back surgery. We were under about four or five layers of drapes and I was probably as anesthetized as the patient!

Anne: Did you sleep through some of them?

Carol: You do – and then I would drop the can on the floor and it would wake me up and then we'd go on.

Anne: Isn't that amazing.

Carol: It was amazing. We did some of the early early surgery on Parkinsonism in those days and those patients were awake and that was very interesting. It was great! Then I went to Methodist Hospital in 1963 and started in General Surgery and after a few years I was made a supervisor of anesthesia--1967 actually is when it became official. We were called charge anesthetists at first, and then there wasn't a term like a supervisor for nurse anesthetists but I became one of the two first ones. At that time, I covered six rooms of General Surgery, was in charge of one of those rooms which was a vascular room with Dr. Clagett and Dr. Burnett. And so, I ran that room with a student plus covered the other five rooms. Then I moved on to Urology – Open and Closed Urology and then I covered those areas for about five years and then I moved on to Orthopedic Surgery. Oh, getting back to Urology Surgery, I was in charge of the area when we started the first kidney transplant.

Anne: O really!

Carol: So setting up all of that protocol was very interesting and I really enjoyed it. And all this time I was working with students.

Anne: Student anesthetists?

Carol: Uh huh, yeah, it was great experience. I always had a least two students. The rooms were staffed by senior students but there were a number of staff anesthetists also, but I used to rotate between the rooms and work with the doctors, etc. I moved on to Orthopedic Surgery and spent my last 14 years in Orthopedic Surgery. Also, I had about 14 rooms at that time – we were covering an area in addition to orthopedics that did vascular studies, aortograms and that kind of work, and that was on the lower level of the Methodist Hospital we covered that from a circular stairway up and down. And then we did a procedure called Endoscopic Retrograde Studies. It was known as ERCP and in one of the rooms I took care of all of those patients.

Anne: We just took a little break and Carol is going to continue with her discussion about Urology and Orthopedics work.

Carol: It was an exciting time in Orthopedic Surgery because Dr. Coventry and learned about the hip replacements from Dr. Charnley in England and he perfected that here at Mayo. Then, while I was working in the area, we started doing total knees, total elbows, and shoulders, and fingers and toes, and wrists. So, it was a great deal of fun and I enjoyed it a lot. An innovation that came through orthopedic nursing is what is used now is a constant motion machine for those who have had total knee replacement and the reason we had to start that and the reason it was designed is after a person had a knee replacement they were reticent to bend their knee, they were afraid it would break. That impacted anesthesia because in the succeeding days after surgery they would be brought back to surgery. We would have to re-anesthetize them, bend their knee, wake them up and say “your knee is just fine, it bent, so now you must exercise it”- but with a constant motion machine that problem doesn't occur. So that was an interesting thing. Actually,

anesthesia evolved a great deal at the time I was in the field. I worked with Dr. John Lundy who developed sodium pentothal which was used in most surgeries to aid the patient in going to sleep. Also, after the use of ether became difficult due to the fact that surgeons used cautery. So any time cautery was used we did not use ether of course because of the explosion hazard. So several other drugs had been synthesized during that time – a number of them by the name of halothane, also known as Fluothane, penthrane, ethrane, and those kinds of drugs which were inhalation agents and we used those for a number of years. The reason they moved is because some of them were detrimental to the kidneys and the liver so that was not the answer. Getting back to ether a minute, if actually we hadn't been forced to stop using it, I felt it was the safest anesthetic I had ever used. It was good for the cardiovascular system, it was actually wonderful for the patient. The patient didn't become ill with ether. Their relatives and friends told them that they had had ether and they said you must be sick – and they would – that suggestion. Now, ether, as I said, was exhaled readily and patients really got along very well with it. It was an unfortunate thing that we had to stop using it.

Getting back to the Worrall, I wanted to share something with you there. The eye and ear, nose, and throat surgery was a portion that was a part of fourth floor and the doors were half doors. The top portion of the door would be open and of course there was no air conditioning in those days so the windows were open. Hence, the sterility continued. It was interesting.

That is about all of Orthopedic Anesthesia that I can tell you. Some other studies that we did in the area I covered was a procedure called lithotripsy and that was sound breaking of kidney stones and I was part of when it started also. So that was an interesting thing.

Anne: You put the patients to sleep when they were having that?

Carol: Yes, uh huh.

Anne: Weren't they immersed in something?

Carol: That was another procedure. They were immersed in water and I'm not sure if they are still doing that but I was part of all that and that was an interesting time. Because we had to kind of work with the surgeons very very closely because we didn't know what was going to be involved with the care of patient and I enjoyed it a great deal. I had a lot of good working relationships with the anesthesiologist. In covering that many rooms, I would review about 20 histories in the morning before we started and talk with the anesthesiologist about the patient – the histories had been abstracted (we called it) written up by other folks, we had technicians who did that and some nurse anesthetists, and then I would discuss the care of the patient before the patient was anesthetized. I tried to be with every patient as they were put to sleep. If there weren't enough anesthesiologists to cover, I would be in attendance. We had a light system and as the anesthetist in the room had a problem this light would be turned on and we would go and see what their question was. Anesthesia, I might tell you, also had many many changes before I left in 1987. Due to the involvement of third party payers, we were required

legally to actually involve a lot more technology than I felt was basically necessary, meaning patients needed to be connected to an electrocardiogram, a pulse oximeter which gave us the oxygen concentration, and very often other ventilation methods that—when I started we ventilated all patients by hand and if you gave them too much of a muscle relaxant you were in the recovery room with them for several hours until they woke up, ventilating them the whole time.

Anne: Isn't that amazing.

Carol: It's amazing – and other interesting thing that occurred is in case of an infection, say for example paragonis, a surgeon would elect to wash the pararenal cavity with an antibiotic so they would pour in copious amounts of something like neomycin and we learned quite by accident that that certainly enhanced the muscle relaxant and so hence the muscle relaxant did not wear off for hours longer. We learned that sort of accidentally so we cautioned surgeons not to use so much of that or we were very careful with the muscle relaxant we used. All those things we kind of learned about. Funny.

In continuing my education, I now had one year of McAllister and three years of a diploma course at Methodist-Kahler. Incidentally, I'm referring to it as Methodist-Kahler because in 1954 the Kahler Hospitals and School of Nursing were purchased by the Methodist Board of Hospital and Homes. Our name changed. I happened to have been on an officiation in Chicago and when I came back it was now called the Methodist Kahler School of Nursing. So I had a diploma from that school, I went on to have two years of anesthesia training with the Mayo Clinic School of Anesthesia, and our class work was all done in the evening. We attended seminars with the residents in anesthesia and then we had two or three hours of class work that were geared especially for nurse anesthetists; this was over and above our 40-50 hour week.

Anne: How many students were in your class?

Carol: Well, there were not really classes. Two of us went in at the same time and then they you know through the year there would be one or two who would enter per month. It was much later that they started official class work. Then, in the early 70's Mayo School of Anesthesia we had one doctor who would be the head of the school, a Dr. John Paulson was the head when I started, and Dr. Virginia Hartridge became the director a little later. They decided that it would be good for us to have some other than nursing anesthesia education and so they involved the University of Minnesota in giving us some classes in other areas – just general classes, there was some emphasis on teaching, and in fact, I have just spoken with Professor Swanson who taught some classes some years ago and I hadn't seen him for about thirty years. His name was Dean Swanson. However, I felt I wanted a degree so I collected my credits from McAllister College and the University of Minnesota, and contacted Winona State University and after a few years of more night classes and weekend classes I have a bachelor's in—actually it was called independent study. Then when I finished that, my advisor said why don't you go on to get your master's and I did. I did that in the area of professional development; it was under the umbrella of the Education Department but I did not have an internship and I

finished that in 1987. Also, in the area of Nursing and Anesthesia I did publish an article back in 1967 on rescue breathing. I have noticed recently in the literature that the ABC's of breathing are back – the airway, the breathing, and the cardiac. It was interesting. It was published in one of our national journals. At the same time, I was an assistant to Dr. Harry Seldon, who was editor of one of the two national anesthesia publications – his called “Anesthesia, Analgesia” - and I had a number of people on the staff about 4 or 5 of us who proof read all of the articles that came out to be put in this bi-monthly magazine. We did that for a number of years and at the same time I compiled indexes annually for that. Then, at the end of 10 years I compiled a ten-year index and it had about 10,000 entries.

Anne: Oh, how long did that take you?

Carol: Well, I did it over a period of probably about six months – on weekends and evenings and in-between times. About 1965 continuing education became necessary for nurses and nurse anesthetists to renew the license and I started working with the University of Minnesota on an annual institute called the Institute for Nurse Anesthetists and I worked up at the University at the Earl Browne Center with some of those folks in starting these meetings. My doctors who I worked with here really approved at the time. It was over and above my work. I would take vacation time to do it. They said, you know, we would like to have a meeting here of that same nature, would you do that? And so I started that and in 1974 we had our first seminar for nurse anesthetists here. It continues today. It's a national meeting. I was the coordinator of it for many years and then I turned it over to other people but it brings in 100 to 150 nurse anesthetists from across the United States - many of our former students and others who want to know what Mayo is doing. And that was a great deal of fun.

Along those same lines, in 1990 I worked with Anne Jones Miers in starting the History of Nursing Committee, and wanted to incorporate nurses from Saint Marys and several whom I had known who had been working in the School of Practical Nursing and other areas of nursing at Saint Marys to start this group and it continues today. It is the group that has initiated these interviews with nurses at Mayo Clinic - over the years, Saint Marys nurses and Methodist-Kahler nurses. We also have been working on an area that we hope will emphasize nursing in the Plummer Building and their achieves and that is a work still in progress. At the time that the Colonial Hospital was being razed, I had quite a bit to do with our Methodist-Kahler Alumni Association in saving a number of artifacts. Actually while the demolition was going on, I would search out different pieces of equipment and pieces of nursing history so we could save it. All of these were then incorporated into two rooms in the present 1949 building of the Colonial Hospital which is preserved now and it is called our Methodist-Kahler Historic Preservation Area. We have beds and uniforms and a lot of equipment. I worked with the Methodist-Kahler School of Nursing Alumni very closely. I was the public relations and publications person for 20 years. We initiated a newsletter which continues today called “The Draw Sheet” and kept track of our well over 3,000 graduates of Methodist-Kahler School of Nursing.

In addition, I was going to mention that I had an interesting affiliation for my psychiatric experience at Rochester State Hospital. That hospital is no longer active; it is now a Federal Medical Center.

Another association I had with the hospital – I was the chapel assistant for 17 years. Every Sunday morning in the chapel at Methodist Hospital, I would assist the chaplains in taking care of patients as they came after their hospitalization for surgery or however they had been cared for they were kind of needing extra help, not too strong, and so they would come in wheelchairs and carts and I would take care of them during the service so that the chapel would be covered with a nurse during that time.

Anne: Let's take a break here and turn the tape over.

Anne: Okay we are going to continue on side 2. Carol Ann was talking about continuing education.

Carol: I mentioned briefly previously about continuing education becoming mandatory in the mid to late 60s and I thought that it would be beneficial for Mayo nurses to have access to a monthly offering and so a number of us started having continuing education offerings in the Jester Auditorium at Methodist hospital and usually we had about 100 people attend those for a 2 hour lecture by a Mayo consultant on a variety of topics that would be of interest to nurses and nurse anesthetists. About that same time, perhaps in the early 70's, I began to work with the support groups. One in the area of diabetes and it was about the same time that the state chapter for diabetes was started and actually that organizational meeting was held in Minneapolis, but the Rochester Chapter began to have a support group and we had a monthly meeting in which we had experts in the area of diabetes care come in and give those lectures and hopefully help educate the people that were suffering from diabetes. We also at that same time started a support group for myasthenia gravis and a quarterly newsletter, which we sent out to different interested people in the state and it has continued today. They have one state meeting now but various core groups in different parts of the state as a support for people suffering from myasthenia gravis. Also, an interesting thing that I did as a member of the Rochester Methodist Auxiliary – about 1956 we had English nurse here that were in a training program – we called them exchange nurses, but their was no exchange. They came to enhance their nursing education and one Christmas they said to another nurse and myself, “Aren't we going to serve cookies and tea to the patients?” And we said, “No, we don't usually do that.” And they said, “Well, it's really a tradition in England and it would be a nice thing to do,” so, immediately I went to my home and got a silver service and Christmas cookies and we covered a surgery cart, which is called a gurney with a sheet, and went throughout the Worrall Hospital with cookies for the patients. That started a tradition that continues today, some 45 years later. And for many years another nurse and I baked all the cookies. One year we baked 400 dozen. We would get a count on a couple of days before Christmas of how many patients would be in the hospital over Christmas and we would judge the number of cookies that would be taken to the hospital to be served by the number of patients times 3 and that meant that they could have one or two friends and family members and their would be one for each staff person. So

everybody was given cookies at Christmas. It was a fun, fun thing to do and of course, as time has developed cookies are purchased, and of course, nothing can be made in the home – that rule came in and after several years we stopped making them, but I'm glad it continues today because several patients have noted that it was just wonderful to be in a place in a hospital in the Mayo Clinic area where somebody cared about them on Christmas Day.

I have been very active in the Daughters of the American Revolution for many years. I am not currently an officer, but was for about 20 years. With that association, I was secretary of the Olmsted County Memorial Association for 12 years and my main area of work with that work was placing flags on the graves of the veterans in the county. There were about 1000 at that time. So I would cover the cemeteries here in Rochester and the surrounding communities in Olmsted County. During this time, probably in the 70's, I served on the Rochester Methodist Hospital Development Council when different additions and renovations of the hospital were being planned. In 1978, I was recipient of the service to humanity award, which I really felt very honored to receive. I am very interested in reading, currently belong to two book groups. I am interested in gardening; three years ago I moved to a townhome, so I do container gardening. I watch birds; I see anywhere from 10 to 15 different kinds of birds at my ten feeders every day. I am presently very closely associated with a group at Rochester Community and Technical College Foundation, called visiting scholars series and it brings noted speakers to Rochester and so I serve on that board. I am interested in photography and I am presently hoping to reactivate a business that I started some years ago called the creative learning institute in which I will bring speakers of note to the Rochester area and surrounding area. Another interesting part of my life is I bowl twice a week and my bowling companion is a 96 year old nun – and so I bowl on a senior league and enjoy that a great deal.

Anne: Well, we had a little break here – there's a little break in the tape, but we were talking about some of your extra curricular activities and I know that you had gone to divinity school. Can you tell me a little bit about that?

Carol: Yes, in about 1993 when I was 60 years old, I started Luther Seminary in St. Paul and the course of study at that time required two semesters of Greek and so I spent over 5 months studying Greek and drove 17,000 miles the first year. Which was a little hard on my very old Mercedes. However, I had some other interesting courses in association with my church work at that time at Bethel Lutheran Church. I had some of the pastoral duties and I was working with a multicultural ministry there and at one time we took a couple of vans of multicultural people from Rochester to the seminary and prepared dinner and gave a program. That was a great deal of fun.

The problem: I did not finish my seminary course; after three years I decided that I really would rather go on and do some other things and so the problem was that classes were only offered in one hour segments once a day and I really preferred to go for three or four hours maybe twice a week. So I discussed that with the seminary people, and the

registrar and the dean of students and decided I probably wouldn't go more. I have continued study in other areas anyway.

Something I was going to mention; I had a long interest in antiques. In fact, having collected antiques for 30 years, I furnished my home with them and then in the late 80's I would like to sell some so I became a partner in a mall for about 2 ½ years and then I went into business with another person and we had an antique shop called Abigail's Antiques. And then subsequently I sold them all when I moved from my home, but that was an interesting time.

One little anecdote I wanted to share with you, Anne, was working with Dr. Chuck Mayo. Just before his retirement, Danny Kaye was a good friend of his and everyone Danny would come to Rochester, Chuck would bring him to surgery. And they would go around to visit patients in the rooms and in the recovery room and it was a great deal of fun for everyone and Danny Kaye as I said was a very good friend of Dr. Chuck Mayo. During that time, Chuck had a boat on the Mississippi and several times during the summer he would invite his operating room staff to spend some time on the boat and that was a great deal of fun.

Anne: Just as far as some of the changes that have occurred over the years and just in the salaries of nursing and things; can you talk a little bit about the salary you received when you first started in nursing?

Carol: Why, sure. The cost of the nursing program at Methodist Kahler was \$300 a year and when I finished as an assistant head nurse, I was started in the upper \$200's and as an assistant supervisor, I made \$300 a month and that was after two years of experience. And then when I started anesthesia, we were given a small stipend. At the end of my anesthesia training in 1957, my starting salary was \$400 a month and then it began to escalate as time went on and I spent 30 years at Mayo as a nurse anesthetists; Five years before with that with my nursing education and my work at the former Methodist Hospital and so actually the salaries did escalate tremendously in that time. I retired at age 54 in 1987 so that I could have more time to spend doing some of my variety of other interests and endeavors.

Anne: It sounds like you continue to keep very very busy. Is there anything else that you can think of that you would like to share? In working as a nurse anesthetist, did you find the relationships with the anesthesiologists were always fairly good? I know that some times today there is some clashing sometimes between the two groups. . . .

Carol: Yes, right.

Anne: but in the beginning I was just – in the time of the school here was wondering what relationships were like.

Carol: My experience with the anesthesiologists was excellent. Yes, as you referred to there is some friction on the outside of a nurse anesthetists being trained at a accredited

school can work independently and they can do that by working with a surgeon or a medical group; however, the liability insurance must be flawless because it is difficult to gauge what anesthesia does and lawsuits are very prevalent. So we nurse anesthetists at Mayo were always covered by the Mayo insurance and my relationship with anesthesiologists was excellent. My training was very good. I was very careful to learn as much as I could from them and work very closely with them. The relationship of nurses and nurse anesthetists at Mayo, I think, is exceptional. And ultimately, of course, comes through to good patient care.

Anne: I know you have been responsible for setting up some scholarships and promoting the continuation of nursing education. Can you just tell us a little bit about the scholarships that you have set up?

Carol: Well, there is one that I work with that a colleague of mine by the name of Vera Mae Daaer left in her will a certain amount of money to be used for nursing scholarships and it has been added to over the years by various individuals. And every year a committee meets to review applicants to this scholarship fund. The main thing that is different about this scholarship is that the applicant must have an RN and have worked at predominately at Methodist Hospital because this person was a person who worked at Methodist Hospital all of her 30 year nursing career. They need to have worked there five years before the application and then they are eligible to receive this scholarship; as many times as they are chosen by this scholarship committee to further their education. Either in a baccalaureate area, Masters, or doctoral level.

Anne: That's wonderful.

Carol: And I have another lectureship that I set up with Winona State University in the area of human values and the reason I did that in 1986, when I was finishing my Masters work at Winona State, I had been eligible for tuition reimbursement for all of the course work I had done while I was getting my undergraduate and graduate degrees, so I invested a certain amount with Winona State University to be used for lectureship in human values at my discretion as long as I live and I have used it a number of times to bring leading ethicists, like Dr. Kaplan has been in town and Dr. Dan McGuire and Dr. Dan Callahan from the Hastings Center which focuses on ethics in medicine and these have been exciting things.

Anne: That's terrific. You have been a real advocate for nursing and you have been a real friend of nursing and a real nurse all of your life.

Carol: Well, it has been my joy. Thank you so much.

Anne: Well, thank you for your time and sharing your life's history with us.

Carol: Thank you.

Addendum:

I served as Secretary to the Bishop of the Southeastern Minnesota Synod of the Evangelical Lutheran Church in America (ELCA) for eight years (1988-1996), this is an elected volunteer position. In 2001, I compiled and edited 246 page history book of the 186 congregations in the synod.

Transcriber: This can fit in anywhere around church work or where ever it fits.

Thank you, Carol Ann Wallace.

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