

# Arizona State University

College of Nursing  
Tempe, Arizona 85287

## ORAL HISTORY PROJECT

### INTERVIEW AGREEMENT\*

The purpose of the contributions of Cadet Nurses Project is to gather and preserve historical information by means of the tape-recorded interview. Tape recordings and transcripts resulting from such interviews will become part of the University Archives, Arizona State University as The Joyce Finch Collection. This material will be available for historical and other academic research by scholars, students and members of the family of the interviewee, regulated according to the restrictions placed on its use by the interviewee. Arizona State University, College of Nursing is assigned rights, title, and interest to the interviews unless otherwise specified below.

I have read the above and voluntarily offer the information contained in these oral history research interviews. In view of the scholarly value of this research material, I hereby permit Arizona State University, College of Nursing to retain it, with any restrictions named below placed on its use.

Nature of restrictions on use of TRANSCRIPTS:

*None*  
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Nature of restrictions on use of TAPE RECORDINGS:

*None*  
*jt*

*Elaine H. McFarland*

Interviewee (signature)

*3/13/87*

Date

*Elaine H. McFarland*

Name of Interviewee

\*Modified from: Charlton, T. L. (1981). Oral History for Texans. Austin: Texas Historical Commission. p. 64.

This Joyce A. Finch, Ph.D. Today is March 13, 1987. I'm interviewing for the first time Mrs. Elaine MacFarland at her home located at 7841 East Mariposa, Scottsdale, Arizona.

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JF So, you were basically in charge, when you were in the military, of developing a program for Cadet Nurses?

EM Yes.

JF And you were telling me a little bit about your rank a few minutes ago. You began as a First Lieutenant, and then you were promoted to Captain?

EM No, I began as a Second Lieutenant, that is, when I entered the Army Nurse Corps I was a Second Lieutenant. It was quite a big deal at that time to be promoted to First Lieutenant. Now, as I understand it, it's a big deal to stay a Second Lieutenant.

JF Sure.

EM In fact, the Chief Nurse of the largest Army hospital in the country was a Lieutenant Colonel, and the Chief Nurse of the Army Nurse Corps, the Superintendent of the whole business, was only a Colonel. There was one Colonel -- Colonel Blanchfield. Of course, now the Chief Nurse, or Superintendent, of the Army Nurse Corps is a General, a Brigadier General, I assume, as is also true of the Air Force (it was Air Corps then) and the Navy. But when I went into the Army, it was as a relative rank of Second Lieutenant.

JF That's a new term to me. Could you explain that?

EM It wasn't an honest to goodness rank. I was merely a human being, somebody who was there to do what she was told to do. She had to be called something, so she was called a Lieutenant. But it didn't mean anything.

JF Are you saying it was not a legitimate rank?

EM It didn't mean anything, really, other than to distinguish us from Enlisted personnel.

JF Not like if it was say, a male, in the Infantry. That would be real rank?

EM Right.

JF But you did say that when you were promoted to Captain, that was real rank?

EM By that time they'd made it real. The Second Lieutenants were real, too.

JF So that was some change in the Army ...

EM Yes, toward the end of the War. Of course, nurses were not permitted to marry then. If they did, they'd be out. Now, a nurse can marry and stay. It doesn't have any bearing on her rank at all. She can have dependents, the same as male officers can. But then, it was just totally different.

JF When did you go into the Army Nurse Corps?

EM August, 1942. I had been in the Fourth General Hospital Unit which was in Cleveland, the Western Reserve affiliated unit. That was the first one that went overseas, the first reserve unit. I was in Silver City, New Mexico at the time, and after Pearl Harbor I thought, "Oh dear, this means I'm going right away." So I resigned from my job -- I was Director of Student Health Service there at the College -- and I got the word from the Chief Nurse, the Fourth General in Cleveland. I went immediately to Fort Bliss in El Paso, Texas, took the physical exam, and that was sent into Washington. I passed everything, and I didn't hear a word from anyone. Finally, I became worried because time passed, and I knew that, after all, the Japanese were striking in the Pacific. I didn't want to be waiting around. So, one Sunday I just decided I would call Colonel Julia O. Flicke, who was the Superintendent of the Army Nurse Corps in Washington then. In Silver City on Sunday, I talked with the long-distance operator, and said "I haven't the faintest idea where she lives, or what her telephone number is. But there's only one, so you should be able to locate her in Washington, D.C. Colonel Julia O. Flicke -- she'll have a telephone wherever she is." The telephone operator understood. This was quite a while ago. She found Colonel Flicke and we started talking to each other. It really rather embarrasses me to think how bluntly I talked with that woman, having no idea at the time what her job was. I was not there, and therefore I was perfectly free to tell her how I thought it ought to be run. So that's just what I did. I said, "You know, just because somebody in Washington put the report of my physical in the wrong basket is no reason I should not go with the unit I've expected to go with. Therefore I will have to go on my own wherever you tell me to be for the unit, before it sails, wherever it's going. You just tell me what port to be at and I'll be there. She said, "Oh, that isn't the way it's done, it isn't that simple." So, she said, "Why don't you join the regular Army?" I said, "I haven't the faintest intention of joining the regular Army. I'll join the Navy first if that's the way you're going to run the Army." So, I applied

for the Navy and they said, "If you can pass our very difficult standards, it's possible that we'll find a place for you." For heaven's sake -- the Navy Nurse Corps wasn't aware of the fact that this country was at war. So, to heck with the Navy. I talked with my boss and they let me finish my contract, instead of hiring a replacement for me at the College in Silver City. So I stayed on at Silver City for the balance of that year, and then in August of '42 I went to Fort Bliss, took the physical, and then was able to go in as part of the Army of the United States, instead of a specific unit. I took the oath down in the basement of the Little Rock, Arkansas train station. I went home to visit my parents in Marietta, Ohio. Because Arkansas was the eastern-most boundary of the Eighth Service Command, that's where I went. Then, that made my fare less. The Army paid for it from Little Rock, Arkansas. I sent a telegram to my parents saying that taking the oath of office into the Army Nurse Corps down in the basement of the depot was like being married by a Justice of the Peace. It didn't seem quite right.

JF But you were in?

EM Yes.

JF Now, did you go to Fort Sam Houston right away?

EM I went directly to Fort Sam Houston and stayed there the entire time. I was on overseas orders three times, but someone at the Eighth Service Command or in Washington, one or the other, always cancelled it, because there weren't very many nurses then who had any education beyond a basic nursing. I was the only one, frankly, at Fort Sam Houston who had a Master's degree. So they kept me there because I could teach or be an administrator.

JF Now, was your Master's in education?

EM In nursing.

JF In nursing?

EM Yes.

JF Where did you get that?

EM At Western Reserve University -- the Frances Payne Bolton School of Nursing.

JF I was not aware that they had the Master's program that early.

EM Yes. They were the first, followed shortly by Yale.

JF So, you really were a pioneer in nursing education?

EM Right. I graduated from Marietta College with a Bachelor of Arts, and a major in English. I was prepared to be an English teacher. But, I wasn't really happy about it. In that last year a faculty member from Francis Payne Bolton School of Nursing in Western Reserve came down to Marietta and told me about this new program that they had started just three years before, of taking only college graduates into the nursing school. Then they would grant the Master's degree. They had the money for scholarships. Of course, this was during the Depression. I graduated from college in '36 right in the middle of the Depression, and I was delighted to have the scholarship to Western Reserve. Then when the War came, they stopped this program because there was such an immediate need for nurses. They couldn't take seven years, as before -- four years of college. Then, three years went for this program, which granted the Master's degree. We had the clinical experience, as well as the theory.

JF Well, let's see, are you trying to get at the Master's, or getting people through nursing more quickly during the War?

EM They were trying to get people through nursing more quickly. They stopped that Master's program. They required two years of college so they would at least have people who were a little more mature, and had a little preparation in the sciences and so forth before they started the nursing program. My sister-in-law who graduated in '44 was, I think, in the last class of Master's nursing. It ended at that point. They didn't do it again.

JF I see. Well, that was very forward-looking, given the educational state ...

EM Well, that was Frances Payne Bolton. You see, she was the one who started the Cadet Nurse Corps. She was a tremendously forward-looking, marvelous woman. One of her sons was injured at one time, and I think it was a broken neck -- at any rate, a major fracture. He had to have nursing care the rest of his life. A graduate of Lakeside Hospital, (it was Lakeside before it became a school of nursing, Western Reserve University) cared for him. She was so impressed with what a difference a nurse could make to someone who had a serious, chronic illness, that she decided that's what she would do with her money. She would try to make more good nurses. She, as a Payne, had great wealth. She married Chester Bolton who was also a very wealthy man, so she had plenty. She put forth a million dollars, that was her first gift, to establish this new program of taking only the college graduates to start studying nursing. Then she was interested in the Country as a whole, and was elected as Congresswoman from the 22nd District in Ohio, and was in Congress until just a couple of years before her death. It wasn't very long ago, really. To me it's a short

time. But, during her time in Congress, she started the Cadet Nurse Corps. It was her bill that she introduced.

JF You know, I've always wondered why she was so interested in nursing. We know her name is connected with the Cadet Corps, and of course, the school at Case Western Reserve. But this is the first time I've ever heard that. So, you did have your Master's degree? It was in nursing and you were in the Army?

EM Yes.

JF I can see why the Army was very happy to have you doing the basic training, because I'm making the inference here that that was how you got into the basic training end of work at Brooke Hospital.

EM Yes.

JF Well, then the Cadet Nurses were coming, and these were student nurses who were having their last six months of nursing experience under your supervision, so to speak.

EM Yes.

JF What did you do to set up a special program for them? I understood that's what your job was, to set up a program.

EM The first thing I did while I waited for them to arrive was to set up a place for them to study, for them to meet, for us to have discussions. Then after they arrived I found out what they needed, because I couldn't plan the program until I knew what they had not had.

JF I see.

EM After they got there I asked, "What have you had? Have you had some Pediatrics? Have you had some OB? Have you had some Psychiatry? What is it that you're lacking?" I found that all too many of the poor things had had mostly OB. During the War, with such a tremendous shortage of RN's, the students were used for doing what no one else wanted to do. So the students did the obstetrical nursing. It wasn't the case with all of them. Now, I remember one girl in particular who came from Charity Hospital in New Orleans. She had had a pretty good, well-balanced approach. It had a little bit of everything. But some from Oklahoma had had nothing but OB. Some had had only night duty. They had had very little supervision. They had been given tremendous responsibilities that they weren't ready for, and the poor things just had no idea of the reason for what they were doing. They didn't understand it.

JF So they did things just because somebody said to do that, and they did that, and it would work out?

EM That is the only reason for doing it — because someone said this was next. So, I had them scattered. If possible, I kept two on the same service so that they could support each other. I was always with them, I just kept moving around and I had a good assistant, Lieutenant Nina Basham.

JF So you were their supervisor, in a sense, as well as teacher?

EM Yes. And the Head Nurses on each service, each clinical service where they were assigned, knew that these were extra special people. The Head Nurses helped very much in making sure that these students were able to do as much as a student could do.

JF So they weren't upset to have any teaching or supervisory responsibility for these young women?

EM I chose them.

JF Okay. So you knew your Head Nurses?

EM Yes. I had been a supervisor in the hospital itself, so I knew pretty much which nurses were good ones and which ones weren't.

JF One of the things I noticed in one of the news letters that you had ... In terms of basic training there was calisthenics, and marching, and some of those kinds of things. Did the Cadet Nurses get involved in that?

EM They did. They were to have the same basic training as the new Army nurses, dietitians, and physical therapists, because if they chose to go into the Army Nurse Corps at the end of the six months, then they wouldn't have to waste time with taking the basic training. But they got that at McClosky after they left me. There were few enough of them that the Army apparently decided that it was better to have all of them at one place, instead of two places as we were originally. McClosky General in Temple, Texas, had part of them. The other group was at Fort Sam Houston. That was my next job, being in charge of basic training for the Eighth Service Command. But I didn't get to have the Cadet Nurses. They had already gone to McClosky.

JF So they didn't stay with you for the six months?

EM Not the entire time, no. They were transferred to McClosky so that all of them would be in one place.

JF Let's see, I'm trying to sort out. They came for a short period of time, and then were transferred? Or eventually they all went to McClosky? I'm not quite sure.

EM They were transferred before their six months were up. I'm sorry, but I cannot remember exactly how long it was. I had this one snapshot that shows me having given them a send-off party to McClosky. So, they were also the first ones. I recognized the faces as being those who were in the first group. So, I knew they were transferred there, but I can't remember precisely how long after it was.

JF Would you guess they were at Brooke for three months?

EM Yes.

JF So a part of what they would do at McClosky was to get ready to go into the military as Army nurses, upon graduation?

EM Yes.

JF That sounds a little different. I understand from some of the students who are in ROTC, or in the Army or Navy nurse programs that they can't go into the military until they pass their state boards. But that sounds like it was a little different under wartime conditions.

EM Yes. This was just a "hurry it up" and be sure that they weren't totally foreign to the military attitude, or approach to things. As soon as they graduated, well, they were already familiar with where they were needed.

JF So, I'm wondering then if the Army was selective. Those people who came in this program were people who had identified an interest in going into the military. It doesn't sound like you would waste all that energy in a group of people that would go off after graduation and do something else.

EM Right. Having had the advantage of the tremendous range of experience, it would have been a shame to not be available. It was not required of them that they go into the Army at the end of the program, but I understand that most did.

JF Sure. But it does sound like, in terms of what you saw as their deficits in their basic nursing education for two and a half years, they had to cram a lot of stuff in that last six months.

EM Right. I did quite a bit of lecturing myself, and followed them around wherever they were, getting their practical experience. So, the poor kids worked hard.

JF Yes, I was going to say -- how did they adapt to that?



EM Very well.

JF Did they like it?

EM They did. I can't remember a single one who didn't. We had a fine time together.

JF I was just thinking, in terms of how people worry about state boards, and to some extent always have worried about state boards. They must have been relieved to have the opportunities that you were offering.

EM Yes. I imagine they were. They were excited when they came, and they had special Cadet Corps uniforms, which were different from any other uniform. They were distinctive. Of course, Fort Sam Houston was an exciting, big post. Brooke General is one of the greatest hospitals they could have possibly had to get their experience in. I don't remember any one of them feeling, or at least sharing any evidence of, unhappiness or discontent with what was available to them.

JF It's an interesting outlook on education, because some of the memories of nursing education in those days were that all students learned to do all things, and could take care of all patients. It doesn't sound like that, in terms of what you're saying.

EM No. These students had not learned to do everything. They hadn't even been around any psychiatric patients. They had not been around any neurosurgery. They had not been around many chest surgeries, and certainly no tropical medicine. All of these were new experiences that they would not have had otherwise.

JF Let's see, I'm thinking how to ask this question. At Brooke, were these people who were around Fort Sam Houston, or were you getting people who were wounded from either the Pacific or the European front?

EM We were getting them from any place in the world. We had, of course, much more use of trains than what we do now. When we had a hospital train come in to San Antonio, we all would be on duty until that train was unloaded and anybody who had been on it was comfortably bedded down. It was during the North Africa campaign in particular that almost everybody arrived by train. They were flown to the East Coast, and then put on a train and transferred to San Antonio. Those poor soldiers. When you think how long that was, even though hospital trains went right straight through. They took precedence over freight or anything else. But, when they arrived at San Antonio, the ambulances were there, and they were brought to Brooke as quickly as possible. When I was the night supervisor, I remember one load coming in -- one train load. One patient said he was

very uncomfortable. I had been around, had seen every new patient. I made sure that everybody was fed, that everybody who needed morphine had morphine. That was the priority -- food and then morphine. It was that way, as far as I'm concerned. This one young soldier said he couldn't go to sleep, he couldn't get comfortable because of those darned ants under his skin. I said, "Ants under your skin?" I said, "Let me see", because I'd learned long ago not to think anything is too ridiculous. You investigate and take it literally. So I looked at his legs, and sure enough he did have ants under his skin, because he had lain on the desert in North Africa, after being wounded, for quite awhile. The skin died, the upper levels lifted, and ants had crawled under those outer layers of dead skin. Of course, the nerves were very much alive to those ants. So, I called the Physical Therapy department and asked if someone would come to work and put this man in the whirlpool tub. The whirlpool got those ants loosened and washed out. He slept, and later he said it was the first time he had been able to sleep in days.

JF He must have been really miserable.

EM Oh, I can't think of anything more horrible than to have ants, literally, under your skin and unable to do anything about it. I think of that every time someone mentions unusual wounds.

JF Yes, that is unusual, although I've heard of maggots in wounds.

EM Well, we used to have maggots deliberately in the old days at Western Reserve. I remember on the Orthopedic Ward, maggots were introduced to patients who had osteomyelitis. They helped get rid of the dead flesh.

JF It has a kind of icky sound, but it sounds very therapeutic in its way. That was presumably before Penicillin?

EM Much before.

JF Okay. So, I think that in terms of the Cadet Nurses they got some really unusual experiences if they were working with casualties, as well as people who were on the post and were experiencing the kinds of illnesses that you generally think about. And then you say that they got some psychiatric experiences, some of them?

EM Yes. Not all of them got everything, of course. We had to just decide who was most in need of what.

JF But it does sound as if you were trying to individually assess the individual student's need, and see that she got off into -- I'm assuming these were all "she's".

EM They were. And all very attractive, nice girls. There wasn't a one who wasn't a charming, appealing, young woman. If you look at this picture, notice how erect their bearing is. And the same thing is true there. (Shows pictures)

JF So it sounds like they came in groups of four or six, in terms of these pictures.

EM Six was the first, and then six in the next group. I can't see right now the group that ...

JF Did they stay in these barracks? (Pointing at picture)

EM No, that is where I lived in that building.

JF So the barracks and quarters were different?

EM There where the Second Lieutenants lived.

JF Well, if they only stayed about three months at your hospital, then you probably never had very large numbers at any one time.

EM No, I think twelve was the most I had at any one time. Yes, in that picture I think twelve is what it shows. (Shows picture)

JF I see three, six, eight, ten. So that was one of your parties. (Looking through several pictures)

EM That one was when they were being transferred to McClosky. I gave them a send-off party around the pool, and they gave me a music box.

JF Well, it sounds like they had a good time and enjoyed themselves. You said earlier that they came from Louisiana and Texas, Oklahoma and New Mexico.

EM Arkansas too.

JF Arkansas. So there really was quite a wide geographic area that they drew from, but that was related to ...

EM Well, that was the Eighth Service Command. Of course, Temple, Texas was within the Eighth Service Command also. McClosky General Hospital was a temporary hospital; whereas, Brooke was long-term. It's been there forever and still is, to this day, a major medical center.

JF One of the things that you did say is that they had had, many of them, about all the experience they had was in OB, and that you tried to put them into additional experiences that would expand their abilities and their range of experiences. And then, they got basic training in preparation for going into the military. Were there other

changes that you saw take place in them, in that period that you supervised them?

EM Yes. They didn't have to go to bed as early. They weren't as closely supervised in their personal life as they had been in many of the nursing schools of that day.

JF They probably enjoyed that.

EM Yes.

JF They would all be about 20 or 21. They would think they were adults, and able to take care of themselves.

EM Yes. Some of them ... Well, I guess 20 would be right, because most finished high school at 18.

JF So they were expanding their personal life, as well as their professional life in that period. Well, do you have any anecdotes about a particular student that you recall especially, or an experience that anyone had that you think stands out?

EM I don't remember about any particular student. I can see all their faces. But, they were all nice girls who reacted so well. They were so polite.

JF Sure.

EM They were so respectful -- an attitude that is rather foreign to what we experience with young people today.

JF Well, this is true. The world has changed -- there is no question about that.

EM I remember one of the things that I wanted terribly never happened, and that was for Francis Payne Bolton who started it to come to Fort Sam Houston and see some of these Cadets. I kept thinking how wonderful it would be if she could just come and meet some of these Cadets. She was quite interested in them, but the Congress was busy and she couldn't get away that long. You know, she used to come to tea at our school of nursing because she was so intensely interested in our own training, our experiences. She always bought tickets for several to go to the Cleveland Symphony Orchestra concerts. I don't think I missed very many Saturday nights, or maybe Thursday night, at the Cleveland Symphony, because there were always tickets provided by Mrs. Bolton. When she came to school to visit us, she would pour tea. I remember her saying very firmly, that tea should burn all the way down.

JF So it was supposed to be hot, I gather.

EM Right. She gave them a piano, it was a Knabe grand piano. I even remember the brand. And we always hoped that Lottie Horn would be available when Mrs. Bolton came to tea, because she was the best pianist among us.

JF Well, it sounds like she was somebody who was really interested in nursing. She just didn't endow a school. She followed through to see what was happening to the school.

EM No. It took her name and it also took her guidance. She remained interested in it until the day of her death.

JF I think that's good. It certainly got a good start, because it's a very prestigious school today and maintains a very good reputation. Well, I think that covers some of the questions that I had suggested about the Cadet Corps and the program that you were involved, unless you think there were some things that were important to that period that you'd like to add.

EM They had their basic training, as I mentioned -- the formal part of it -- at McClosky. But, we did have some exposure for them to at least learn how to march, how to stand at attention. Some of the very rudimentary skills. They got great satisfaction out of that. They enjoyed it.

JF Well, it meant they were being a part of what was going on.

EM Yes.

JF Well, that does create a question in my mind. When they went to McClosky for basic training, would they have any hospital or nursing experiences at all, or would it be just marching and orientation to the military?

EM No, they would have more clinical experiences, because basic training is only three weeks.

JF I had made that assumption, but you said something and I thought maybe I'm making a wrong assumption here. Well, were there other aspects of the program that you can think were important?

EM I can't think of anything, except that it was such a personal, close group. Everybody knew what everybody was doing and how she was getting along. Each one cared about the other. They'd never met before, but they became a very close group. They were all close to me. They, I think probably, had a totally different attitude toward nursing and toward other nurses as a result of this experience.

JF A more positive, committed attitude, do you think?

EM Yes. They had been used before and they were smart enough to know it. And only the smart ones were assigned to this

program.

JF Now, that's interesting.

EM Not everybody was able to become a Cadet Nurse.

JF Was there a selection process that you know of?

EM Yes, but I don't know exactly how it worked or who made the selection. I'm sorry. I should, but I don't.

JF Well, I'm not sure that you should. I hadn't thought about that. I do know that in one of the articles that I've read in the AJN during that period, that the student nurses could go to federal installations, whether it was to the VA or military base, at the will of the Government. Just because a nurse wanted to go there didn't mean that she got to go. So, there had to have been a selection process, and I just connected that somebody was doing that and making those determinations. It's unclear. But it makes an interesting question to see if we can find out how they were selected. At one time you did say they felt special.

EM Yes, very special.

JF So they were selected out.

EM Well, in reading a paragraph from the Brooke Bluebonnet Broadcast, which was the journal published by the hospital ... I think it was once a month, I'm not sure. It says, "In addition to practical work in Surgical, Medical and Neuropsychiatric sections, as part of their training, the Cadets have received a minimum of two clinical hours a week instruction in various subjects. Classrooms and reading rooms with an excellent professional library have been established for the Cadets in the nurses quarters." Now, that I did before they arrived, of course. Then, whether they started in on Surgery, or Medicine, or Psychiatry, or Neurosurgical wards was determined by their previous experience. "Cadets taking special training at Brooke will also receive the regular ANC two weeks basic training program before going on duty in the hospital, in order that they will be acquainted with military customs and courtesies." Well, it didn't work out quite that way. They didn't have two weeks of just basic training. That was incorporated in the classroom work -- how they could get along with all the strange people they met in the hospital. Who was what, who was responsible for what.

JF You said that they had a minimum of two hours of classroom lecturing-teaching. If they were spread out all over the different kinds of units, did they have their classes separately or ...

EM All together.

JF All together. Well, what kinds of things did you talk with them about. Their particular clinical experiences would be quite different, so to talk to the whole group must have been kind of tricky.

EM It was, and I don't remember exactly. We did it early in the day before they went to work anyplace, so that we could be sure everybody was there. I don't remember how I decided what the subject would be today. We relied a great deal on their questions -- what was bothering them, rather than just what I wanted them to know.

JF So it was more like a clinical conference than a formal lecture. Then they would be taking notes, or listening.

EM Yes.

JF So you had then some of the basic military stuff. I'm sure they would want to know, well what do you do when a Colonel walks in and what do you do when a Captain walks in.

EM Yes. And I assured them they did not have to salute because they were not military personnel. I think they were expecting that they could jump right in to salute everything.

JF Well, I think that covers the questions that I had. We added in those. So, it sounds like we're finished with the formal taping here.