



THE BOSTON AIDES CAN TAKE IT

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SINCE assuming the chairmanship of the Boston Metropolitan Chapter Nurses's Aide Corps, a quiet evening at home is a rare treat and one that I guard jealously. So it was with reluctance that I laid aside a good book to answer the telephone about 10:45 on Saturday evening, November 28th.

"Mrs. Allen—ambulances and taxis are screaming through the streets of Boston—there's been a bad fire—hundreds of people are being rushed to the hospitals, horribly burned."

Here, without doubt, was the disaster for which we had been trained. Immediately I called the key people in the Nurse's Aide Corps—the officers and lieutenants—and gave instructions for them to call the Aides in their territory to report at once to the hospitals.

I hurried into my uniform and left my home in Norwood for the Massachusetts General Hospital where I arrived at 12:15 to find many of the Aides who live in Boston already on duty. The situation was very well in hand at this hospital, as the disaster occurred just as one shift of regular nurses was coming on and the other going off duty. After talking with the hospital authorities and making arrangements for the Aides to report in the morning when tired nurses would have to be relieved, I hurried to the Boston City Hospital where greater numbers of casualties had been taken.

I reported immediately to the superintendent of nurses and found my Aides waiting there for instructions. They were assigned at once to disaster wards. Meanwhile, the super-

intendent asked me to go with her through the hospital. I was extremely interested in all I saw, and impressed with the way in which the hospital had met the disaster.

When I had completed the tour, I went at once to Ward H, the male emergency ward. With other Aides I helped collect the clothing of the victims and make out clothing slips.

We were ordered to force fluids with all victims whose swollen lips could take the tube. We also applied cold compresses of boric solution to the eyes. We changed bedding as often as was necessary—and did all we could to reassure the patients, to ease their pain and fright, and to make them as comfortable as possible. Thinking over the events of that ghastly night, I marvel at the quietness of the ward filled with horribly

burned men. They accepted the attention of the doctors and nurses quietly and gratefully—even managing a feeble word of thanks when a pillow was placed more comfortably, or a cold compress relieved the smarting of their seared eyes. Their one comment was of a feeling of numbness in their burned limbs.

Meanwhile in the Dowling Admitting—the accident ward of the City Hospital—other Nurse's Aides stayed with patients until they could be taken to the wards. They made and remade the stretcher trucks. They mopped continually the floors which were covered anew with blood, cinders, bits of burned flesh and clothing and glass, as ambulance after ambulance arrived to deposit its frightful load.

Our knowledge of the various hospitals stood us in good stead during that first night. At the City Hospital, one Aide who was familiar with the labyrinthian corridors of this 1,600-bed "city within a city" was told to go to every ward in the entire hospital to collect boric crystals for use on the emergency wards. Another Aide was assigned to collect all available mops and pails which were badly needed on the disaster wards.

I stayed at the City Hospital until about 5 a.m. on Sunday, when I left to accept an invitation to rest at the home of an Aide living in Boston. I soon discovered that sleep was out of the question. Thoughts of all the work that must be done raced through my mind. Would the girls respond to the emergency? Were we big enough and well enough trained to handle the situation? Frankly, I had to see the answers to these questions with my own eyes.

At 7 a.m. I hurried over to the Massachusetts General Hospital, knowing that nurses who had worked heroically throughout the night must be relieved, and fresh nurses freed from all work but essential duties. There I found that my supervisor of evening Aides had spent hours tagging the dead which were lying on the floors of the wide corridors. It was a gruesome task which she had accepted unflinchingly when told that it must be done.

Right here, I want to say that all the Aides accepted whatever job had to be done without question. Nothing was too hard or too awful for them

to undertake and finish. Every Aide who was called that first night responded at once. Not one made any excuse or asked to be allowed to wait until morning before reporting. Husbands agreed instantly to shift for themselves. Friends and neighbors came in to care for young children to free the Aides for duty. Taxi drivers used all their wiles to get the Aides through police lines and traffic jams to their posts at the various hospitals. Aides who were not notified by telephone called in for instructions as soon as they heard of the holocaust over the radio or saw it in the morn-

Every Aide called that first night responded at once; not one begged leave to wait until morning. Husbands agreed to shift for themselves. Friends and neighbors came in to care for young children. Taxi drivers used their wiles to get Aides through police lines and traffic jams. Aides who could not be reached by phone called in when they heard of the holocaust via radio. We had not the slightest difficulty in filling Nurse's Aide quotas set for each hospital

ing papers. We had not the slightest difficulty in filling the quotas of Nurse's Aides which each hospital set as soon as a degree of order was established.

At the Massachusetts General Hospital I went to work on the emergency ward. I found the Aides assisting the doctors by holding the arms or legs of patients while the life-saving blood plasma needles were secured; making and remaking beds; comforting and encouraging the patients, and endlessly forcing fluids. Whenever it was possible, the Aides bathed the patients' faces, cleaned them as best they could, and combed their hair.

I went into one of the ward kitchens and found the dishes had not been washed. With the help of another Aide, I washed and sterilized every

plate, glass and glass tube, and thoroughly cleaned the kitchen. A sterilizer in the utility room had sprung a leak, so I mopped the floor and tried, unsuccessfully, to stem the flood until a more masterful job could be done by a plumber. Noticing that the floor of the ward was littered with pieces of burned clothing, hair, and bits of glass and gauze, I started to sweep. A nurse told me not to raise any dust, so I crawled around on my hands and knees with a dust pan and brush in an attempt to restore a semblance of order under foot. I mention these tasks because they were things that made it easier for the doctors and nurses to work—*our reason for being there.*

With far too few nurses to allow each patient a special nurse—and almost every victim of that frightful inferno did need individual nursing care—several of the more experienced Aides were pressed into service as "special" Nurse's Aides. They were assigned to patients, under the supervision of a trained nurse, to watch for changes in their condition and to make them as comfortable as possible. It is impossible to describe the terrible condition of many of the victims for whom we cared during the first few days and nights. While all of us hope that such a tragic experience will never hit Boston again, it proved that we were ready—that Boston Aides can "take it"—willingly, eagerly, untiringly.

Knowing that the work of the office must go on as usual on Monday, I returned home at midnight on Sunday. Many people have asked me how I was affected by the suffering and horror which I saw all around me. Frankly, at the time, it affected me very slightly. I was conscious only that here was work—work on a far greater scale than I had ever been called upon to face. Yet my one reaction was to do whatever had to be done. If any act of mine could ease a victim's suffering, or help the doctors and nurses who alone could, perhaps, swing the balance from death to life, then nothing they asked was too great or too hard. Whether helping to hold a delirious patient or bringing coffee to keep the doctor or nurse alert throughout the night and day, mopping floors or washing dishes, the Aides were there. I know

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the other Aides felt the same way and gave all they had, without thought of self, as long as they were needed. The dead couldn't be helped—they had to be passed over without regret—but while even a flicker of life remained in a mutilated body there was work to do.

On Monday morning, the Boston Nurse's Aide's office was open for "business as usual." All the hospitals in Boston who use Aides had the usual number on duty. Training classes went on according to schedule. A special course for advanced Aides opened at the Community Health Nursing Association. The office routine of interviewing prospective Aides and assigning quotas to the hospitals went on as usual. In addition to our normal load, we placed 100 extra Aides on 24-hour duty at the Massachusetts General, and 125 Aides at the Boston City Hospital.

The nurses and doctors have been loud in their praise of the Boston Nurse's Aide Corps. We in turn were happy to be able to do something for the hospitals which have helped in training the Aides by giving them the service needed to meet such a disaster. We hope that we have repaid the hospitals in some small measure for their loyalty to the Aides and belief in their ability to serve.

I must make mention here of the way the surrounding Red Cross Chapters phoned and offered their Aides, if needed. While we did not have to call on all, it was a great satisfaction to know that we had Aides in reserve. Also, my thanks to Laconia, N. H., Los Angeles, Calif., and White Plains, N. Y., for visiting Aides who came forward to help.