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Forty Years in Nursing

By Jo Collins







*"As a little girl I never had any doubts about
what I wanted to be when I grew up.*

I was going to be a Nurse!

*"I bandaged and nursed my dolls and my
long-suffering brother and sister."*

Early Experiences in Exmoor

We were at school during World War Two and this meant all kinds of 'extra' lessons, including aircraft recognition and how to use a gas mask and a fire extinguisher. We were taught First Aid by a retired doctor who lived in our village. We learnt to put on slings, strap up ankles, and even how to evert an eyelid to remove a foreign body. Most of the class shuddered and looked the other way but I loved it and rushed about imagining myself as a latter-day Florence Nightingale!

When I was about 12 I was given a book about famous women, which included a most attractive picture of Florence and her life story. This captured my imagination straight away. Although no one talked about equal opportunities for women in those days, I enjoyed the account of this woman challenging the male establishment and getting things done her way!

Then, when I was 14, I was rushed into hospital to have my appendix removed. As the only 'child' on a Women's Ward I was spoilt to death by both patients and Nurses. After the first few painful days I had a great time, helping to do the flowers, take around cups of tea, and so on. I knew that one day hospital was going to be the place for me. What I didn't know was that Nursing would take me into some very unexpected places as well as hospitals.

Nurse Training in Bristol

I was accepted for training at Southmead Hospital Bristol, starting in January 1953. The move to Bristol was a revelation to me. I had grown up in a small village on Exmoor, gone to a small co-ed Grammar School and had a secure, loving family background. I remember clearly how shocked I was to meet other students who were desperate to get away from their families and never wanted to go home.



Another thing that stands out in my mind was meeting students from other countries. Our Matron was one of the first to recruit students from the Commonwealth. There were several girls from Africa and the West Indies. I had never even seen any people of colour before. I became friendly with one Nigerian girl called Yetunde. She had a brother at Bristol University studying Medicine. He invited us to a party at the University and I found that I was one of only two white people there. It made me realise how strange it felt to be different and taught me an important lesson that I have never forgotten.

The first sight of my bedroom in the Nurses' Home was a terrible let down. The hospital's recruiting brochure showed a picture of a pleasantly furnished bedsit room. What it omitted to tell us was that we did not get a room like that until we were in the third year of our training! I had always had to share a room with my sister at home and was really looking forward to being on my own. What I actually got was spartan in the extreme. Brown linoleum on the floor, two iron bedsteads, complete with very lumpy, horsehair mattresses and a shared dressing table! Luckily the girl I had to share with became a good friend who I am still in close touch with.

The contrast between then and now is enormous. In 1953 the NHS was only six years old. Patients were so grateful to be getting free treatment that they were hardly ever critical or argumentative! They were mostly English and at least nominally Christian.

There were still wards full of patients with tuberculosis and our training included three months at a Fever Hospital nursing people with polio, typhoid, whooping cough, scarlet fever, anthrax, and TB meningitis, all now more or less things of the past (thank God). Patients with respiratory muscles paralysed by polio were not able to breathe unaided and were nursed inside a coffin-like machine with a pressure pump that breathed for them. The machine was called an 'Iron Lung'

Doctors were still treated like gods. Student Nurses were all single and mostly female. We had to live in the hospital and were expected to do as we were told without asking too many questions.



and was a very frightening experience for the patient. There was great excitement when, in conjunction with the research department at the Bristol Aeroplane Company at Filton, (just up the road from the hospital), the first transparent iron lung was produced. Making it transparent was a tremendous morale booster for the patients.

We worked 48 hours per week, earning six pounds a month plus our keep. We had to be in the Nurses' Home by 10.30 at night and were allowed one midnight pass per week. We were not allowed to get married and boyfriends were treated with grave suspicion. They were only allowed into a very small sitting room just inside the front door of the home! The whole set-up was very formal, not to say authoritarian.

Matron's word was law. We could not even go off sick without seeing Matron first and we could be sacked without any comeback. Our Matron was a force to be reckoned with, nearly six foot tall with a voice like a Sergeant Major. She caught me once behind the door in the ward kitchen eating rice pudding left over from the patient's supper. I can still hear that voice tearing a strip off me.

As junior students the work was physically exhausting. We did almost all the cleaning as well as all the most menial Nursing jobs (no sterile packs or disposable bedpans then!). The ward sisters would run their fingers along ledges and into corners. Heaven help you if they found a speck of dust! Everything on shelves and in cupboards had to be lined up in the right place and in straight lines. After all this time I still keep my own cupboards like that!



In spite of all that I've just said, I loved the place and look back on my training days with a lot of affection and happy memories. Hospital

life is full of contrasts, obviously some of it is heart-rending and even frightening, but there is a lot of laughter and friendship and some very strange experiences.

Our training schedule took us around the hospital from medicine to surgery, children to old people, theatre to casualty, TB to Special Care Baby Unit. I enjoyed most of it but my favourite places were the surgical wards. Life there was always full of drama and excitement.



Horfield Jail was just up the road from the hospital and prisoners were quite often admitted to our wards. Hospital was better than prison and they always hoped for a nice long stay with us! Two prisoners remain in my memory. The first came to us for investigation of blood in his urine. He was under the care of a consultant who definitely thought he was a god. He did impressive ward rounds with the registrar, the junior doctors, medical students, sister and Nurses all trailing along behind him. His patients had to be sitting to attention and have a urine specimen ready for his inspection.

When we arrived at the prisoner's bed his specimen was a spectacular dark red. I can still see the consultant in my mind's eye. I thought he was going to explode as he yelled, "Do you really think I'm such a fool that I can't tell the difference between blood and Ribena?" Much to his disgust the patient was back in jail by lunchtime!

The second incident happened when I'd been off duty and did not know the patient or his history. He asked me if he could borrow a needle and thread to mend a hole in his slipper. I went into Sister's office and got him a needle. I was absolutely amazed when Sister came rushing down the ward after me and snatched it away from him. I was hauled over the

coals for going into the ward without checking the report book. I then discovered that he had been admitted for an X-ray to locate a needle that he had swallowed deliberately.

A completely different sort of patient was an old lady who said she was a witch. It sounds amusing now but it wasn't quite so funny on a dark, quiet ward in the middle of the night. She was admitted from casualty following a road traffic accident. She was alone and refused to answer any questions. We obviously needed to identify her and find her next-of-kin if possible.

As we looked in her pockets and her handbag all we found were several notes covered with curses for anyone who touched her things. When we reached the inside pocket of the bag we found nearly £3,000 (that was a great deal of money 50 years ago.) We had to get the hospital secretary out of bed to come and counter-check it and lock it up in the safe. The old lady spent the rest of the night sitting up in bed muttering and cursing with her glittering, dark eyes boring into our backs wherever we went. Anyway, we all lived to tell the tale!

We also had quite a few foreign patients coming from the ships docking at Avonmouth. I remember one young Asian sailor who was brought in very ill and unconscious. He went straight to theatre and when he woke up next morning he was absolutely terrified. The poor man could not remember being brought in and he didn't speak a word of English. When we eventually found an interpreter we discovered that he thought he had died and gone to hell! I'm glad to say that he made a good recovery and came back to the ward with a very welcome thank you present. He was sailing on a cargo boat and brought us a whole hand of bananas.

I also spent a lot of time on TB wards. The male TB ward was euphemistically called 'Chalets'. It was built exactly like a stable block. There was a veranda with open sides along the front and the patients' beds were in cubicles off the veranda, completely open to the fresh air. In the winter, one of the most difficult and tiring things we did as Night

Nurses was to keep all the patients supplied with hot water bottles. These were great big stone jars, not polite little rubber affairs. Each patient had two and by the time you had gone along all 32 chalets, it was time to go back and start again. When it snowed we were allowed to wear fur boots that looked really odd with our very formal uniforms!

These wards were different from any other part of the hospital partly because of the infection risk, but also because the patients were in hospital for months at a time and could get very depressed or bored and demanding. Although their adult relations and friends could visit, children were not allowed for fear of infection.

Three years training soon flew past and I passed my Hospital and State finals. At last I was wearing the coveted lilac dress and cap of a Staff Nurse on a surgical ward. I got married soon after that and came to live in Wolverhampton where my husband was a policeman.

I remember one man who had a six-month-old son who he had never seen. I felt so sad for him and his wife, but it was wonderful to share their joy when at last he was able to go home.



The Wolverhampton Years



I started work almost immediately at Penn Children's Hospital on night shifts (this site on Penn Road now houses a mental health unit). It was a strange place to work. The wards were in a vast old house set well back from the road and surrounded by tall trees. We had no curtains or blinds at the windows, and once it got dark you always had a feeling that you might be being watched! You actually had to go outside and across a wide path

to the milk kitchen. The policemen on night duty around Penn, including my husband, often checked to see if we were okay and to cadge a cup of tea! There was only one Nurse and one auxiliary on nights so it was quite busy.

The children were supposed to be convalescent but there were a lot of dressings, medicines and lots of feeds for the toddlers. The Sister in charge, Sister Hill, actually lived in a flat on the top floor of the house, so we were always on the lookout for a tour of inspection when we were least expecting it!

We had one very uneasy night when the police rang up to warn us that a child murderer had escaped from Winson Green prison and was known to have relatives living near Penn Common. As the wards were in several different rooms spread over two floors we obviously could not keep an eye on everyone all the time. There was a fire escape leading out of one of the upstairs wards which we weren't supposed to lock. We dragged an empty bed across the doorway so we were bound to hear it being scraped across the floor above our heads if anyone tried to get in! I'm sure the risk was very small but it seemed a long night and we were very relieved to hear that the convict had been recaptured next day.

After this I got a post at the Royal Hospital as Staff Nurse on Scott and Twentyman Ward. This was great. I was back to my first choice, Surgical Nursing, and soon settled in and made many new friends and met lots of interesting patients. One who stands out was a young man with inoperable bone cancer who went on to study for and pass his



engineering finals while on the ward. He died soon afterwards but I've never forgotten his courage and determination to make the most of each day that he had left.

Although I didn't train at the Royal I always loved working there and I got very interested in the history of the place. When we are all grumbling about the NHS perhaps we ought to think of some of these stories.

The Royal opened in 1849 and the conditions were pretty spartan. Patients had to send their linen home to be washed. In 1854, two women patients were caught

smuggling bread out of the hospital wrapped in their laundry! They were prosecuted and were both sentenced to one month's hard labour.

In 1870, after the smallpox epidemic in Wolverhampton had killed 483 people, an Isolation Block was built. To prevent the spread of infection the fever wards were chained and padlocked to keep the patients in and the visitors out!

But the stories I like best are about the early ambulances. To begin with they were pulled by four men. In 1891 there was a great step forward to a horse-drawn ambulance. But the hospital did not have its own horse. They had to send to Wilson's Mews in Bilston Street where they unhitched a horse from a cab and took it along to the Royal! I wonder what the response times were? The first motor ambulance did not arrive until 1912.



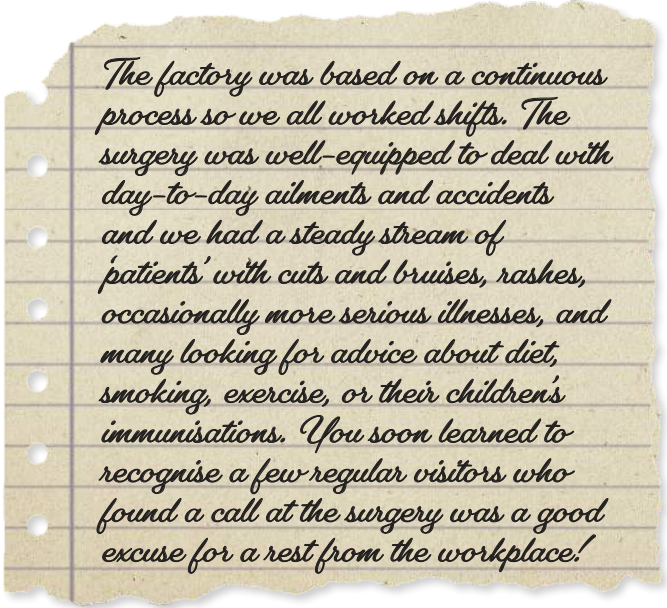
Agency Nursing

After about 18 months I moved to work for a Nursing agency, hoping that the more flexible work pattern would combine better with my husband's shift system and give us more time together. This gave me my first look at Nursing outside of a hospital. A lot of agency jobs were in private houses, which could be very tricky! Some families seemed to think that a Nurse was a cook and a cleaner as well.

One really interesting job was nursing an elderly man in a very large private house that is now the Masonic Hall on Tettenhall Road. It was like being in a Victorian museum. Absolutely nothing had been changed since the 1880s when it had last been decorated. The wallpaper, pictures, lighting and furnishings were all still in place. There were lots of bead curtains and cases of stuffed animals. On night duty, any draught rattled the beads and the eyes of the animals glared out in the light of my torch. Definitely creepy!

The only real difference to being in a hospital was in the number of staff! One patient, one housekeeper, one cook (both over 80), and one Nurse rattled about in the enormous house and managed as best we could. The patient and I ate in great state in the dining room. At lunchtime the poor old cook tottered up the stairs from the kitchen, with two lamb chops under a cover that could easily have hidden a whole side of beef.

I was then asked to work in the surgery at the enormous Courtauld's factory in Hordern Road. This was supposed to be for three days, to give them time to find a replacement for one of their permanent staff who had broken her leg. I thoroughly enjoyed it and stayed for six months! It's amazing to think that nothing of that huge site exists today. It even had



The factory was based on a continuous process so we all worked shifts. The surgery was well-equipped to deal with day-to-day ailments and accidents and we had a steady stream of 'patients' with cuts and bruises, rashes, occasionally more serious illnesses, and many looking for advice about diet, smoking, exercise, or their children's immunisations. You soon learned to recognise a few regular visitors who found a call at the surgery was a good excuse for a rest from the workplace!

its own railway station connected to the main railway system. The factory chimney was massive and could be seen for miles around. It was used as a turning point onto final approach for pilots flying into Wolverhampton Airport (when the airport was situated where Pendeford Estate is today).

Other visitors came on the night shift. There was a hostel for single male workers who had been recruited from Eastern Europe. They often came back fairly late at night and enjoyed coming into the surgery to chat up the Nurses! Mostly it was good-natured and fun but occasionally they were drunk, which took a bit of handling. The security men were very protective of 'their' Nurses and made sure that they patrolled near the surgery at the right time. They also enjoyed the chance for an unofficial 'cuppa'!

The surgery was also the centre of a well-developed Occupational Health Service, making sure that the workforce were fit for their jobs, that health was protected in the working environment and that help was provided for people with long term illnesses or domestic problems. This was well in advance of many workplaces in those days - before The Health and Safety at Work Act concentrated many minds in 1974!

Serious accidents were unusual although many potentially dangerous chemicals were used on the site. There were safety procedures for each job, safety equipment and training was provided for the workers, and special protocols were laid down for dealing with serious accidents. This was a completely new concept of Nursing for me and I found it fascinating. At a much later date I went on to become a qualified Occupational Health Nurse.

Back to The Royal

I left to have my family and only went back to the Royal in the 70s after a gap of 14 years. The changes were enormous and frightening. Staff and patients were now a complete mix of nationalities and faiths. The patients were much more critical, ready to complain and sometimes downright aggressive in querying their treatment and claiming their 'rights'. The Intensive Care Unit had arrived, together with heart surgery, transplant surgery and masses of new technology. There were new drugs by the thousand, or so it seemed to me as I tried to learn about them all! Casualty had mysteriously changed into A&E. I have to admit, I nearly gave up several times in the first few months but gradually it all fell into place.

I was soon made up to Sister and one small part of my job was to run the



Nurses' Home. This was very much like being 'the Old Woman Who Lived in A Shoe'. The students got into every sort of trouble you can think of. They expected you to be fooled by their weird and wonderful excuses. It never seemed to enter their heads that you had heard it all before, or that someone as ancient as 40 could still vividly remember how it felt to hide from Matron or climb in through a window late at night!

They also had a touching faith that you would be able to solve all their problems at the drop of a hat. Sometimes all they needed was someone to listen, but sometimes there were some more serious troubles: difficult boyfriends and unwanted pregnancies, girls from Asian families whose parents were totally against them becoming Nurses and sometimes tried to force them to go back home, real homesickness and girls struggling with anorexia.

There was a lot of fun too, especially at Christmas. Mr. Jarvis, Head of the Ground Staff, always appeared a few days before Christmas with dozens of bowls of specially grown hyacinths in full bloom and scent, and Woolworths used to send me enormous tins of Quality Street chocolates to share out among the students.

I was also responsible for our beautiful hospital chapel, which included liaising with the three Chaplains: one Church of England, one Roman Catholic, and one Free Church. With Wolverhampton's increasingly multi-national, multi-faith population, it was becoming obvious that the chaplaincy could no



longer offer all the patients the spiritual support that they needed. We set about creating a list of leaders from all the major faith groups in the town who could be called upon if necessary. The Church of England Chaplain and myself held a series of meetings with the Ward Sisters to discuss how this could be put into effect.

A more light-hearted occupation was co-operating with the teachers on the children's wards to make friezes for the chapel walls at Christmas, and to help the children to present a Nativity play for their parents and the staff. It was a play with a difference! Mary was in a wheelchair, Joseph was on crutches, and two of the Three Kings were being treated with intravenous drips. They came skating down the main corridor on their drip stands and swung in through the chapel door. Not quite as picturesque as camels but just as dramatic! It was a very moving occasion for everyone watching.



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At Christmas the entrance to the chapel was the site for a beautiful crib with wooden carved figures from Italy. The gardeners always produced a mass of poinsettias to cover the crib's stand. They looked wonderful but we had to wire the pots to the stand or they disappeared!!

Another story about the chapel involved the warden of the Nurses' Home. She looked after the linen for the chapel. One morning she rushed into my office in a state of great alarm. After I had helped her to sit down and calm herself, she explained. At the back of the chapel was a small, curtained alcove where linen and books could be stored. She had walked into it and literally walked on top of an old man! He had spent the night there, very comfortably curled up next to the radiator. I wondered who had had the biggest shock, him or her? Luckily no one was hurt but of course it raised all sorts of questions about security and caused quite a stir!

Occupational Health

The World Health Organisation defines the role of an Occupational Health Service as being:

- a) To protect all employees against health hazards arising from their work or their working conditions.
- b) To contribute towards the physical, mental and social adjustment of their employees by adapting the work to the employees and assigning them to jobs for which they are suited.
- c) To help establish and maintain the highest degree of physical, mental and social wellbeing of all employees.

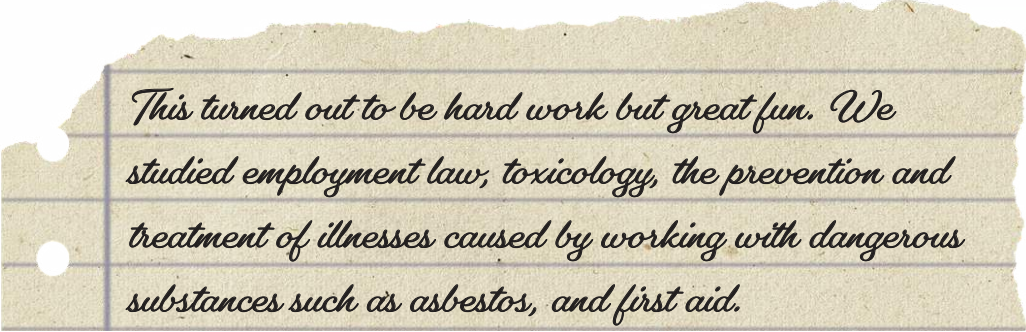
A massive and far-reaching undertaking in anybody's book you might think, and you would be right.

In 1981 the Wolverhampton Health Authority decided to set up an Occupational Health Service covering New Cross, the Royal Hospital, Penn, Parkfields, West Park, the Eye Infirmary, Patshull Rehabilitation Centre, and all



the Health Centres, Clinics and Ambulance Stations.

A qualified Occupational Health Senior Nurse was appointed as the manager and budget holder rather than a Doctor – something that would have been unthinkable when I started Nursing! I was offered a Sister post in the new team. It was an opportunity I could not resist. It meant that I had to undertake 18 months postgraduate training at Birmingham Accident Hospital and Birmingham University to obtain an Occupational Health Nursing Certificate.



This turned out to be hard work but great fun. We studied employment law, toxicology, the prevention and treatment of illnesses caused by working with dangerous substances such as asbestos, and first aid.

Best of all we had to visit as many different workplaces as possible to see how our studies worked out in practice. This meant going into many places that women do not usually have a chance to see! We went to lead works, glass works, factories of every description, foundries, brickworks, power stations and the most exciting of all – a coal mine. We gained a lot of knowledge and also learned to respect the workforces, working in such difficult situations to produce things that we take for granted.

The visit to the coal mine was a real eye-opener. Of course there aren't usually any women in a mine so there was a great deal of teasing as we got into our boiler suits, strapped on our lamps, and got into the cage for the descent. I can't begin to describe the sensation of total darkness that occurs as you go down. This was a modern pit, so we were able to walk more or less upright most of the time and the dust was kept to a minimum. Then we got on the conveyor belt to ride to the actual coalface.

Again the miners took the mickey. When it was time to get off they speeded up the belt so that we all fell off and had to be caught – amidst much hilarity!

The noise and power of both men and machines have to be experienced to be believed. Even in this modern pit the conditions were difficult and I shudder to think what the old ones must have been like. But there was an obvious feeling of pride, comradeship, and self-worth in the presence of the danger that is part of their daily life. A great day to remember.

Other things that stand out in my memory are the intense heat of the brickworks and the glass factory, the utter loneliness of working in a vast power station where one man tends to be on his own, surrounded by banks and banks of machines, the noise, dirt and gloom of a foundry and the sense of grief that hung over one enormous factory where half the plant was standing idle and nearly half the workforce made redundant.



Back at the hospital, the Occupational Health department was providing a service for about 4,000 staff, working on many different sites and with complicated shift patterns. Unlike many factories where the staff were exposed to one over-riding problem, these staff faced a wide range of hazards: infection, heavy lifting, violent patients, chemicals, gasses, machinery, radiation, cytotoxic drugs, boiler houses, enclosed spaces – to name a few.

We were based at New Cross Hospital but spent a great deal of our time visiting the other sites. There were never more than five Nurses and two part-time doctors in the department so life was pretty busy and the work varied and wide-ranging. By moving around so much we got to know most of the staff in a way that would never have been possible in a ward setting. It also meant that we worked as Nurse Practitioners in our own right...scary but satisfying.

We carried out pre-employment health screenings and health promotion on topics such as healthy eating and smoking. We dealt with staff who were taken ill at work, investigated all manner of accidents, and helped to rehabilitate staff with long-term sickness or arranged for their retirement on health grounds. We also ran a free immunisation programme to protect staff against TB, rubella, polio, tetanus, and hepatitis B. The most reluctant people to have their jabs were the doctors...quite happy to jab other people but not so keen when it was their turn!

We provided an advisory service for management and staff regarding all Health and Safety Legislation and carried out health surveillance for staff in risk areas. Our teaching programme covered lifting and manual handling, personal hygiene and infection control, first aid, stress management workshops and seminars for managers involved in health and safety issues. Part of our work that grew enormously over the years was dealing with stress-related illness and trying to prevent it. This reflected growing stress within the NHS over constant changes.

We were not immune to changes in our own department. In the late 80s and 90s, managers were brought in to apply business management techniques to the NHS. The dreaded words 'income generation' began to be bandied about. This was the bright idea that as well as actually doing your job, you could sell the expertise of your department outside the hospital and so help to pay the bills. A great idea you might think. The only problem was that we were given no extra staff or extra time to achieve this.

As usual with new ideas there was a good and bad side. It made life both very interesting and very harassed! We soon had contracts to provide Occupational Health cover for several local firms and the West Midlands Ambulance Service. We found ourselves travelling all over the Midlands, giving lectures in sorts of odd places – such as the job centre in Bilston, where I stopped the traffic one morning by unloading a skeleton in the middle of the High Street as I arrived for a teaching session. I even went up to Grimsby once to do some lectures for Blakemore's, the cash-and-carry firm.

The years flew past and I could hardly believe it when in 1996 I received my long service medal, and after a great party and lots of presents, I finally retired! Nursing has changed a great deal since I was a new student in 1953. Many dreaded diseases have virtually disappeared, and new technology, drugs and research have brought wonderful advances in treatment. But there are new worries, such as the increase in asthma and allergy problems, viruses such as HIV, MRSA and other hospital acquired infections, concerns about the ethics of where new techniques and possibilities are taking us and the ever-increasing cost of all that we expect to be available.

I'm sure that a lot of what I've just written is not what you imagined Nursing to be like. I wonder what it will be like after the next forty years?



For me personally, my professional life was full of interest and enjoyment. Often stressed but never boring, always full of something new to learn, new people to meet, and colleagues and friends from all over the world. What more could you ask?



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Jo Collins was born Josephine Quick on 22 November 1934, in Bristol. She was brought up in Somerset, and began her Nurse training in Bristol after she left school at 18. In June 1956, she married Mike Collins and came to live in Wolverhampton, where Mike was a policeman. Over her long healthcare career, Jo worked in various Nursing roles at both the Royal Hospital and New Cross Hospital, and as an Agency Nurse caring for elderly patients. She retired in the 1990s, but continued to care for others in various roles for the rest of her life: family, friends, neighbours, members of her church and local community. Very sadly, although she was in good health, Jo caught COVID-19 right at the beginning of the pandemic, and was nursed at New Cross Hospital for two and a half weeks before she died on 5 April 2020, aged 85.

This memoir has been produced with the permission of Jo's family – her husband Mike and her two children, Nicky and Al.

Forty Years in Nursing is a fascinating and heart-warming account of the Nursing profession and how care in Wolverhampton evolved over the decades.



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