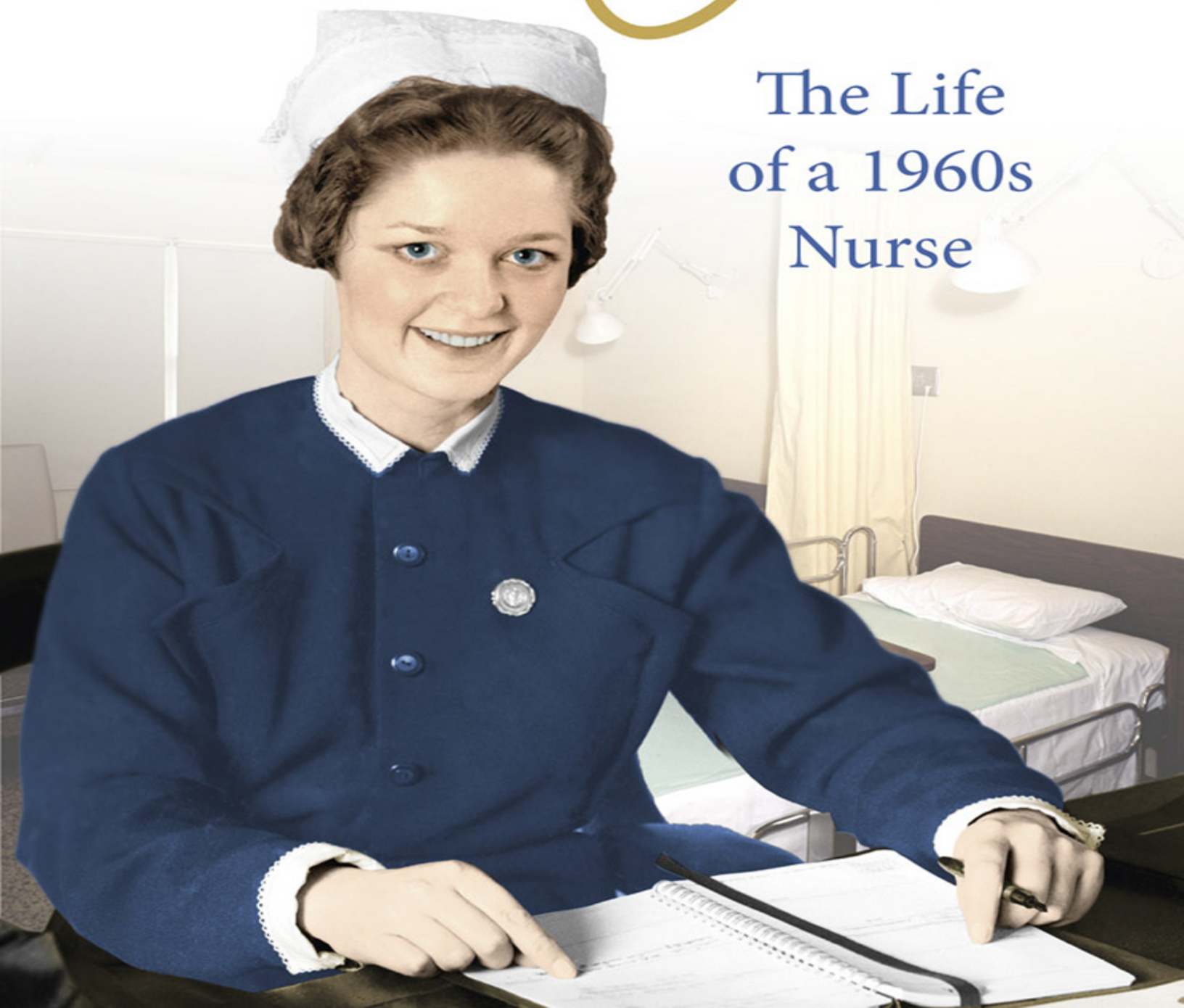


SUNDAY TIMES BESTSELLING AUTHOR
EVELYN PRENTIS

Matron in Charge

The Life
of a 1960s
Nurse



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About the Book

'She should never have kept the business going after her husband died. Running a betting shop is no job for a woman. Especially when she's got bad legs.'

After a short stay at hospital herself, Evelyn Prentis wondered what was in store for her when she returned to work. From the door-slamming Miss Cromwell to Mrs Silver's shoplifting and Mrs May coming over all queer, being Matron in charge of the Lodge was rarely straightforward.

So when her ladies became unusually united in their grumbling about newest resident Ivy, the woman who'd kept the betting shop on the High Street, Evelyn was ready for all hell to break loose.

But instead, with openness and kindness, Ivy won people over and even started bringing them together. Suddenly, being in charge of the Lodge was no trouble at all ...

About the Author

Brought up in Lincolnshire, Evelyn Prentis left home at eighteen to become a nurse. She later moved to London during the war, where she married and raised her family. Like so many other nurses, she went back to hospital and used any spare time she might have had bringing up her children and running her home. Born in 1915, she sadly died in 2001 at the age of eighty-five.

Evelyn published five books about her life as a nurse, and Ebury Press have reissued them all. *A Nurse in Time*, *A Nurse in Action*, *A Nurse and Mother* and *Matron at Last* are all available and *Matron in Charge* now completes the series.



Also by Evelyn Prentis

A Nurse in Time
A Nurse in Action
A Nurse and Mother
Matron at Last

POST CORONARY BLUES

Ah, do not let me die in Spring
While soft winds stir the May-spiced scented air
While blackbirds pierce my heart with songs of praise
And bursting buds urge on the summer days.

Nor must I die in summer time
When roses spill their petals at my feet
When buddleia comes alive with fluttering wings
And bees make honeyed paths thro' moss green fairy
wings.

And who would want to leave when Autumn's here
With cobweb mists and dew-wet mushroom patch
With browns and golds and ruddy chestnut glow
Autumn's no time for me to up and go.

So when the winter comes what then?
Shall I find rest beneath some scarlet-berried tree
Kept warm with snowy blanket, dark and deep
And wait for Spring to come and wake me from my sleep.

Matron in Charge

The Life of a 1960s Nurse

EVELYN PRENTIS



EBURY
PRESS

Part One

Chapter One

ONE OF THE first things I learned when I started my training a long time ago was that for many different reasons, some of them uncharitable, almost all nurses dislike nursing nurses. They like it even less if those they are being called upon to nurse come in on their own two feet, looking far too healthy to be taking up a hospital bed. Instead of being filled with compassion at the sight of a colleague hobbling into the ward, bearing up bravely in the face of a minor indisposition, they stand and watch coldly while she clutters up her locker with cigarettes and matches, tissues and paperbacks and other small comforts she will need until tests have been done to prove that there is nothing wrong with her and it was all in the mind as her seniors suspected from the start.

During her short and uneventful stay those dedicated to nursing the genuinely sick look pained when their colleague asks them to do things they are convinced she is able to do for herself. They do what they have to do grudgingly, leaving her in no doubt that they are neglecting more deserving cases for her. They make her bed in stony silence or talk to each other over her head as if she and they hadn't a thing in common. Life can be hard for a nurse who becomes a patient, whatever the state of her health.

Another lesson I learned in those bygone days was that nurses who go off sick with something not too serious seldom take kindly to the ministering angels whose mission in life is to get them back to work as quickly as possible. Nurses who imagine themselves more ill than they are

resent being told by the night staff that according to the notes on their case sheet there is no earthly reason why they shouldn't be up with the lark every day, making their own bed and a few others in the ward as well, when they are quite sure that the mere effort of putting a foot to the ground will kill them. They take the greatest exception to being wakened at six or sooner, goaded into action by a trolley full of cups, teapots, milk and sugar left meaningfully at the foot of their bed by a tired night nurse. They mutter rude words as they grope for dressing gown and slippers to trail blearily round the ward, slopping in milk and shovelling in sugar, dispensing tea to patients who aren't always appreciative of the sacrifices made.

It is a foregone conclusion that after the last cup has been plonked on a locker only a few lukewarm dregs are left for the trolley pusher when she abandons it in the middle of the ward and stumbles back to bed. Such is the rigidity of hospital routine that she barely has time to snuggle down before a nurse, thermometer poised, prods her to life again. From then on throughout the day, meals, medications and other disturbances follow relentlessly, making it hard to catch up on lost sleep. I know about these things. I have been a patient and I have nursed nurses. I can speak with authority on both subjects.

I remember as if it were yesterday (though it was more than thirty years ago) being warned by my seniors that the patient they were leading with obsequious ceremony to the side ward was a nurse of very high rank who would demand the reverential treatment she was accustomed to getting from underlings like me. This, I was soon to discover, meant making absolutely certain that the bedpans I gave her were warmed to the correct temperature before I reverently eased her onto them, straightening her draw sheet so that she wouldn't even know it had been wrinkled, plumping up her pillows to the specified bulk and height and rushing with her dinners to the bedside before the

gravy had time to set. Having a high ranking nurse in the side ward put a tremendous strain on the juniors and on anybody else who was summoned by the bell, which rang loud and clear and often.

Even the sister, normally so fearless, went pale when she heard that the patient on her way up from casualty was no less a personage than the matron of a rival hospital in a neighbouring town, admitted to us with a history of abdominal pain that had come on suddenly after she had eaten a hearty lunch with one of our local dignitaries. The sister's brow grew furrowed with the worry of knowing that the honour of our hospital rested on the way the alien matron was treated while she was a patient in one of our beds. A single sin committed by either a junior or a senior and it would be all round the rival hospital, and maybe mentioned in letters to the editor of a nursing journal, that we were an incompetent lot, lazy, good for nothing, a disgrace to our training school and a sad reflection on the sister's method of running her ward. So much hung on the smallest thing done for the very important patient that we were all a bundle of nerves by the time she went out, mercifully not too long after she was admitted, the abdominal pain proving to be no more than a very nasty tummy ache, which was as great a relief to us as it was to her.

The nurses were not the only ones who trembled at the thought of the lioness couchante in the side ward. Junior doctors and housemen called in to do a preliminary examination were nervously aware that the patient watching their every move probably knew more than they did about abdominal pain. They prodded and poked with far less confidence than if she had been an ordinary mortal, a nice motherly soul with a fondness for young men fresh out of medical school and still a bit hazy about the exact location of the stomach, especially one that is protected by several layers of solid flesh. They approached the flesh

nervously, tapping at it in a half-hearted way instead of digging their thumbs in as they would have done under normal conditions. They gladly made way for the consultant when he arrived to take the burden off them and make the patient feel that she was at last getting the attention her high office entitled her to.

The consultant wasn't nervous. He was used to matrons. He had encountered many in the course of his career and was quite at home with them. He greeted the one in the side ward with the proper mixture of social and professional friendliness, then rubbed his hands together, not in an unctuous way but to warm them slightly before laying them on the well-rounded abdomen which the sister had discreetly exposed in preparation for his expert touch. He knew precisely where the stomach was and homed in on it without hesitation, both eyes shut and wearing the carried-away expression that consultants get when they reach their target.

Exposing a matron's abdomen called for considerable courage on the sister's part. A fraction too much or a fraction too little and her reputation would suffer the same damage as if she had been a junior giving a too hot or a too cold bedpan. Her fingers shook as she fumbled with the coverings. If the sister was off duty when the consultant did his round, whoever was next in line would turn back the bedclothes, lift the silken nightdress and reveal all or a considerable portion of the noble abdomen with the greatest trepidation, nerves stretched to breaking point.

The task had fallen to me once with another matron who had a different complaint and though by then I had passed my finals and was a staff nurse the responsibility so overwhelmed me that I uncovered quite the wrong portion and had to be reminded by the patient that she had chest trouble and not some gynaecological disorder. Rearranging the bedclothes and the silken nightdress under the chilling gaze of patient and surgeon had so discomfited me that in

the end I left them to do it themselves while I went and fiddled with something that didn't need fiddling with at all. When the surgeon had washed his hands and gone I could tell by the look on the patient's face that should I ever be so foolish as to apply for a post at the hospital where she reigned supreme I wouldn't get beyond the mat in front of her desk. She had already rejected me as a probationer at the time when my mother was writing letters of application in my name to all the hospitals within reasonable distance of home. But since hers was a voluntary hospital and only paid probationers twelve pounds a year, my mother bore the rejection with fortitude and I did my training in a municipal hospital with a starting salary of eighteen pounds. This lowered me considerably in the eyes of our illustrious patient. Rumour had it that she never recovered from the shock of the National Health Service and retired an embittered woman.

The treatment meted out to matrons who became patients was exceptional. Nurses of less exalted rank were only accorded the same degree of reverence if they were admitted with something serious enough to cause widespread concern. The more junior they were and the fitter they looked when they climbed into bed, the less favoured they were by whoever was issuing them with bedpans, drinks and dinners, or slapping poultices on their wheezing chests or oozing sores.

Sick nurses learned to suffer in silence. If they so much as flinched when an ice-cold bedpan was pushed down their bed they were labelled at once as troublemakers. If they dared to complain, however gently, that the poultice which had just been applied to their particular affliction was fetching the skin off in ribbons, they were accused of being fusspots with a laughably low pain threshold. If they lay quietly in their beds and didn't complain about anything, every nurse on the ward suspected that they were waiting for the right moment to start airing their grievances, the

right moment undoubtedly being when the matron did the round one morning. Why else would they be submitting so meekly to chilly bedpans and red-hot poultices? No matter how hard a nurse worked at being a good patient or how impeccably she behaved, the cards were stacked against her from the moment it became known that she was a nurse.

I was a very junior probationer when I became a patient for the first time and neither the measles that put me off sick, nor the flourishing crop of carbuncles that followed the measles, were enough to cause anybody but myself the least concern. I was in trouble right from the very first spot. The sister responsible for the health and happiness of the probationers was beside herself with rage at having her nice clean sick bay contaminated by my measles. The carbuncles so incensed her that she ordered them to be poulticed and squeezed with such selfless devotion by nurses who disliked nursing nurses that I still bear the scars of the treatment I got. It was, perhaps, the memory of that first painful experience that kept me from going off sick for the rest of my training days, though being as strong as a horse might also have helped.

I was middle-aged and the matron of the Lodge before I had to steel myself for another stay in hospital. Being a matron instead of an unimportant junior I confidently expected at least a few privileges on the ward where I was to have a bit of minor surgery done. I didn't ask for much, just some nice warm bedpans, a few hot dinners and a side ward to enjoy them in. It was the thought of these little extras that raised my spirits when I was worrying about going into hospital.

The Lodge was a rather shabby collection of Victorian flatlets, administered by a charitable body and occupied by elderly ladies of limited means. Though I was happy to be its matron there was very little glory attached to the job. This was one of the reasons why I didn't get the side ward

I'd been hoping for. Another thing that stood between me and my aspirations was that I was suffering from a complaint that nobody dies of, or so rarely that it causes quite a stir when it happens. One of the hard facts of hospital life is that there has to be some small element of risk in a case history before doctors and nurses show much interest. Charts that promise nothing but routine progress in the right direction rarely merit more than a quick glance and a few muttered words during the doctor's round. He and those following him have seen too much drama to be stirred by the trivial.

But in spite of the dullness of my complaint I went into hospital prepared for the worst. The residents had vied with each other to warn me of the terrible complications that would set in after even a most minor operation. I listened with only half an ear to oft-repeated stories about swabs, scalpels and scissors that couldn't be accounted for at the final checkup, making it necessary for stitches to be unpicked, a frenzied search made in the resulting cavity and a fresh lot of needlework done. This favourite fairy tale usually ended happily, with the missing articles being found in their rightful place and not inside the patient as had at first been feared. Though I didn't believe any of the stories I heard about wrong things being removed and things going missing at a crucial stage, I didn't look forward to having an operation.

Mrs Turgoose, one of the oldest residents at the Lodge and quite the liveliest, had as usual been able to find a silver lining behind my darkish cloud. She had leered horribly and nudged me until I was black and blue while she dwelt with ghoulish glee on the possibility of the surgeon using me as a guinea pig and sending me back to the Lodge with one or two attachments that I hadn't had before. She was so taken up with the idea of my being turned into a bearded gentleman that I promised to give her a share in the fame (should such a thing happen) by

seeing that she got her picture in the papers with double-spread accounts of how she had known me in the days when I was a woman. She dug me in the ribs again and went off to tell a few of her friends in the Darby and Joan club that with a bit of luck they would soon be getting a man as matron of the Lodge.

The joke had worn threadbare by the time she and other residents waved me off to the hospital. I remembered as I waved back that Mrs Turgoose had been the first to welcome me to the lattice windowed, whitewashed building. She had bustled across the grass as I was standing on the forecourt, taking my first look round. After establishing that I was to be the new matron she had invited me into her flatlet for a cup of tea. Over the tea she had given me a short history of the residents, past and present. Now she was within a few years of catching up with her long-gone father. He, she told me often, would certainly have lived to be a hundred or more if he hadn't been a stubborn old mule and insisted on putting in his cabbages on his ninety-ninth birthday. He had keeled over as he was dibbling in the last spindly plant. Though Mrs Turgoose still remembered this with sadness, she said that it was highly appropriate that he should have ended his days in the cabbage patch. Considering that he had always spent more time in the garden than in the house, it was just the way he would have wanted to go.

The news that a matron was to be admitted to Female Surgery got there before me. Nobody had yet realized that being the matron of the Lodge wasn't quite the same as being the matron of a multi-storey hospital. Two student nurses were standing at the door, waiting to receive me from the hands of the porter and conduct me to a side ward. They unpacked my holdall, bought specially for the occasion, hung my new dressing gown behind the door, put my new slippers and my extra new nightie into the locker with my new sponge bag and arranged my tissues and

paperbacks on top of the locker. I had already given up smoking so there were no cigarettes and matches for them to groan over later. After my personal effects had been dealt with they started on me. They helped me off with my clothes, on with my nightie and eased me into bed.

While all this was going on I noticed that though they were perhaps a little subdued by the idea that I was a high ranking nurse they were not as obsequious as they would have been under similar circumstances thirty years earlier. Student nurses aren't as easily impressed as probationers used to be.

I hadn't been in the side ward long enough to get a hot dinner when a rumour started to seep through the main ward that I wasn't a matron in the proper sense of the word. One of the patients had recognized me as I was being led past her bed. I heard later that she had burst a stitch by leaning out of bed to tell those within earshot, who passed it on to those who weren't, that her friend's granny had a flatlet in the Lodge and though I was the matron there it wasn't the same as being a proper matron like the one who walked round the ward every morning, asking people how they were and looking every inch the part in her crisp blue dress and lace-edged cap. The patient had gone on to say that as far as she could remember I never wore uniform. She was right, I didn't. Usually I flitted from flatlet to flatlet wearing a jumper and skirt, with added woollies in the winter. This, together with my greying hair and timeworn lace, gave me an unprofessional look which deceived visitors new to the Lodge into thinking that I was a resident instead of the matron.

The knowledgeable one had gone on to inform her rapt audience that I was only at the Lodge to be at hand in case one of the old ladies was taken suddenly ill, fell down and broke something, or was poorly enough to need nursing but didn't like the idea of going into hospital. She spoke nothing but the truth. She could have added that I stood in

for home helps when none turned up, did a little plain cooking, invalid style, when meals on wheels weren't available, and was on call night and day to answer emergency bells. I also changed fuses, adjusted television sets and did numerous little repair jobs when the handyman wasn't around.

But, as I discovered to my shame, none of the things I did at the Lodge entitled me to a side ward. When the news that I was an imposter reached the sister's ears she had me out of it faster than I was put into it. She burst in the door, chest heaving and eyes flashing, and stood tapping her feet impatiently while I packed the bag that the student nurses had so recently unpacked for me. She steered me by the elbow past the patient who was responsible for my eviction, past the others who knew me for what I was, past the student nurses who had been deluded into thinking that I was a real matron, and to a bed halfway down the ward. It was a long and embarrassing journey.

It was plain from the sister's heaving bosom and the way the students were looking at me that I would have to work doubly hard at being a good patient to make up for giving everybody so much trouble when I was first admitted. I accepted their censure. Being of the profession myself I should have known better than to let them put me in a side ward. Common sense should have told me that times hadn't changed and such amenities were still reserved for very important people, or for those with complaints more dramatic than mine. It was a bad start to my stay in hospital and if it hadn't been for Dole I might not have enjoyed it as much as I did.

Chapter Two

DOLE WAS IN the bed on my left. She was fiftyish and plump. She had light blonde hair with very dark roots and wore see-through, low-cut nighties that made the most of her ample bosom and cut into the tops of her arms. She had a large vanity bag crammed with lipsticks, pansticks, mascara and rouge, all of which she applied heavily every morning after she had taken out her rollers and backcombed her hair. The only time I saw her minus her make-up was on the day she had her operation and the day after. She looked a different woman without it. Her friends called her Doll but the way she said it made it sound like Dole.

She politely looked the other way until the sister had flounced off, then she gave me a welcoming smile and at once began to fill me in with interesting facts about the patients, the sister and the nurses. I listened as closely as I could while I crammed things into the locker and arranged things on top. I got into bed very carefully, trying not to untuck it too much. I knew that nothing annoys nurses more than having their immaculately made beds looking as if they've been slept in. When I had wriggled my way down I smoothed the counterpane, adjusted a slight displacement of the top sheet and looked around.

In the bed on my right, propped up by a mountain of pillows, was a very old lady. I gave her a warm smile and a friendly nod; she glared furiously and turned her head away. This chilly reaction to the nod and smile discouraged me from repeating either too often. I beamed whenever I

caught her eye, but the more I beamed the more she glared.

When I mentioned this to Dole she told me that the old lady behaved in the same way to everybody. She was even worse when her family came to see her. The moment they approached her bed she lay back on her pillows, eyes shut and lips pursed in a tight line, and refused to answer when any of them spoke to her. Consequently they only came on Sundays and cut their visit as short as possible. They were the last in and the first to go and didn't look back when they went through the ward door. I thought this seemed rather hard on the poor old thing but Dole said it served her right. You reap as you sow, said Dole, and if she'd been a bit more grateful for the things they'd done for her in the past they might have been doing more for her now. We exchanged a few more words on the subject, then I beamed and nodded at the old lady to let her know we hadn't been talking about her. As a token of good faith I offered her one of my fruit gums but she tossed her head and declined the offer without any thanks.

She didn't need a fruit gum anyway. Her locker was loaded with chocolates and fruit, brought in on Sundays by her family as a peace offering for not coming to see her more often. Being a chronic insomniac I lay awake far into the night and watched the old lady scrabbling among boxes and packages, selecting the goodies she liked and champing them with her toothless gums. The rustle of wrappers sometimes brought a nurse to her bedside but by the time she got there the wily old lady had her eyes shut and was giving a good impression of being fast asleep. During the day she lay back on her pillows and made feeble gestures to whoever was passing, indicating that she wanted a soft centre or a few skinned and de-pipped grapes popped into her mouth.

'Sly old cow,' said Dole one night when her sleeping tablet hadn't worked and she lay like me watching the