

ORDER OF THE PERFORATED POSTERIOR

Ruth E. Cole, R.N., Ed.D.

The attack on Pearl Harbor occurred while I was in nursing school at St. Joseph's Hospital in Lexington, Kentucky. Patriotism was high among all the medical personnel. As time passed, two nursing classes were graduated and many of the graduates and doctors from the hospital joined the Armed Forces. I joined the Junior Red Cross beginning my senior year. The Red Cross Nursing Service was the recruiting agent for the Army and Navy Nurse Corps. The Air Force had not been organized. The Red Cross forwarded volunteers to the War Manpower Commission Nursing, Procurement, and Assignment. They gave me a classification of 4A, essential for a local hospital, when I returned to Murray after graduation. There were only about six or seven registered nurses in Murray at the time. It was not until March 1945 that I was reclassified 1A, which allowed me to enter the Navy Nurse Corps.

About this same time there was much discussion in Congress concerning the possible enactment of a bill requiring the draft of nurses. This was opposed by some as being a selective action against one profession of women. The military need for nurses was great. However, increased student enrollment, patriotism, and manpower reclassification encouraged sufficient numbers of nurses to enter the Armed Services to meet military needs. Of the fifteen graduating in my class, eight served in armed forces.

I reported to Great Lakes Naval Hospital along with thirty-four other nurses. We were to have a six week orientation and be sent to other naval assignments. However, the need was so great that after about a week when we had received our uniforms and enough instruction to find our way around the base we were assigned to busy medical wards as permanent staff.

My greatest shock was walking on the barracks-type ward and seeing seventy beds. The beds were lined along the walls on each side of the ward with the central aisle all the way down the ward. I had worked on ten-bed wards but never had I seen this many beds in one room.

My first ward assignment was on an orthopedic ward. Many of the patients were marines and sailors who had returned to recuperate from injuries sustained in military action. One particular sailor remains in memory. He was a cook aboard a navy ship that was hit by a kamikaze plane. "Cookie," as he was called, was recovering very well and was the life of the ward.

The staff on that ward during the day included ward medical officer, senior nurse, myself, and five navy corpsmen or pharmacists mates, as they were called then. The nurses were supervisors and teachers of the corpsmen who might have independent duty aboard a ship or in the field with the marines. The corpsmen did the actual physical care.

Great Lakes was one of the largest training centers for new inductees into the Navy during World War II. That meant thousands of young men from all states were sent there. A temporary hospital unit was set up across the railroad from the main hospital to care for the expanded numbers. This unit included communicable diseases. The communicable disease wards were for measles, mumps, scarlet fever, spinal meningitis, and tuberculosis. At least two or three seventy-bed wards

were used for rheumatic fever which developed after some other infectious disease. As soon as these patients were stabilized they were sent south to warmer climates where they could recuperate.

Penicillin had just become available in sodium form which meant that it had to be given every three hours to maintain a blood level high enough to be effective. With seventy patients on a ward, injections were a continuous process. I would start down one side of the ward with the assistance of a corpsman. As we proceeded from patient to patient, the corpsmen would yell, "bottoms up!" and patients would roll over on their stomach for the injection. To boost morale the Chaplain's office prepared certificates for the patients receiving shots. The certificate was the *Order of the Perforated Posterior*.

Patients involved in military action had been treated overseas and were returned by ship to state-wide hospitals. Any ward might have a mix of war veterans and new recruits. Orthopedic, neurosurgery, and plastic surgery had the most war casualties. The patients remained on the hospital ward until they were ready for discharge from the service or to go back to active duty. As the patients improved they were given work details. This included cleaning and care of the ward, assisting in delivering food to the bedfast patients and some assignments in other parts of the hospital. These assignments assisted with the hospital management and gave the men activities. They also had a master-at-arms named from the patients who helped maintain discipline among patients on the ward. Those patients who were up and active frequently helped care for the sicker patients. In these big open wards the patients knew the problems of the other fellows. They talked together, watched movies, and played games. This camaraderie seemed to relieve the stress and tension observed today when armed forces personnel are flown from the war areas to home base and semi-private rooms.

The Red Cross and the recreation department worked diligently to provide entertainment and amusement for the patients. There was a birthday party every week with a cake and punch; movies were shown two or three times a week. Many entertainers came to the wards. I recall Martha Raye and Little Johnny of Phillip Morris being there to entertain the men.

V-J Day was a hilarious time. As soon as liberty was available I think the whole base must have headed to the downtown Loop in Chicago. It was standing room only with sailors, marines, and some army personnel. Uniforms were mandatory during the war. It was really a sea of sailors' white hats.

The ward began to fill with returning prisoners of war. Nutrition and re-entry into freedom took some time for many to adjust. It was a joy to see their return but sad to see the condition of some. We had some nurses returned to the main hospital who had been taken prisoner in the Phillipines.

My World War II experiences were just commonplace nursing tasks that needed to be done in an uncommon time. However, I remained in Ready Reserve for 35 years and was recalled to active duty again during the Korean conflict.