

Chapter Four

DARKNESS THERE AND NOTHING MORE



THE old White Plains Hospital, not at all like a modern institution, had been a three-storied manor house, long deserted because two people had once been found mysteriously dead in it and thereafter nobody would rent or buy. The hospital board, scoffing at superstition, had gladly purchased it at the low price to which it had been reduced. However, in spite of rearrangements and re-decorating, many people in White Plains went all the way to the Tarrytown Hospital rather than enter the haunted portals.

Once set in spacious grounds the building was still far back from the road, a high wall immediately behind it shut off the view of the next street and nothing could be seen beyond except the roof of what had been the stable. The surrounding tall trees made it shadowy even in the daytime. To reach the office you had to cross a broad pillared veranda. Parlor and sitting room had been thrown together for the male ward, and an operating room had been tacked on to the rear. The great wide stairway of fumed oak, lighted at night by low-turned gas jets, swept up through the lofty ceiling. On the second floor were the female ward and a few private rooms. The dozen or so nurses slept in the made-over servants' quarters under the gambrel roof.

Student nurses in large modern hospitals have little idea what our life was like in a small one thirty-five years ago. The single bathroom on each floor was way at the back. We did not have a resident

interne, and, consequently, had to depend mainly upon our own judgment. Since we had no electricity, we could not ring a bell and have our needs supplied, and had to use our legs for elevators. A probationer had to learn to make dressings, bandages, mix solutions, and toil over sterilizing. She put two inches of water in the wash-boiler, laid a board across the bricks placed in the bottom, and balanced the laundered linen and gauze on top. Then, clapping on the lid, she set the water to boiling briskly, watched the clock, and when the prescribed number of minutes had elapsed the sterilizing was over.

The great self-confidence with which I entered upon my duties soon received a slight shock. One of our cases was an old man from the County Home. He complained chiefly of pains in his leg and, since his condition was not very serious, the superintendent of nurses left him one afternoon in my care. This was my first patient. When I heard the clapper of his little nicked bell, I hurried with a professional air to his bedside.

"Missy, will you please bandage up my sore leg? It does me so much good."

Having just had my initial lesson in bandaging, I was elated at this opportunity to try my skill. I set to work with great precision, and, when I had finished, congratulated myself on a neat job, admiring the smooth white leg. My first entry went on his record sheet.

A little later the superintendent, in making her rounds, regarded the old man perplexedly.

"Why have you got your leg bandaged?"

"I asked the nurse to do it for me."

"Why that leg? It's the other one that hurts."

"Oh, she was so kind I didn't want to stop her."

I bowed my head in embarrassment, but I was young and eager, and it did not stay bowed long.

Within a short period I considered myself thoroughly inured to what many look upon as the unpleasant aspects of nursing, the sight of blood never made me squeamish and I had watched operations, even on the brain, with none of the usual sick giddiness. Then one day the driver of a Macy delivery wagon, who had fallen off the seat, was brought in with a split nose. I was holding the basin for

the young doctor who was stitching it up, when one of the other nurses said something to tease him. He dropped his work, leaving the needle and cat-gut thread sticking across the patient's nose, and chased her out of the room and down the hall. The patient, painless under a local anesthetic, gazed mildly after them, but the idea that doctor and nurse could be so callous as to play jokes horrified me.

When pursuer and pursued returned they found me in a heap on the floor, the basin tipped over beside me, instruments and sponges scattered everywhere. The patient was still sitting quietly waiting for all the foolishness to stop. I am glad to say this was the one and only time I ever fainted on duty.

The training, rigid though it was, would have been far less difficult had it not been for the truly diabolical head nurse. In the morning she was all smiles, so saintly that you could almost glimpse the halo around her head. But as the day wore on the demon in her appeared. She could always think up extra things for you to do to keep you from your regular afternoon two hours' off. This was particularly hard on me because I had developed tubercular glands and was running a temperature. In my second year I was operated on, and two weeks later assigned to night duty, where I stayed for three awful months.

My worst tribulation came during this period. People then seldom went to hospitals with minor ailments, our patients were commonly the very sick, requiring a maximum of attention. There was no orderly and I could use only my left hand because my right shoulder was still bandaged. I took care of admissions, entered case histories, and, when sharp bells punctuated the waiting stillness, sometimes one coming before I had time to answer the first, I pattered hurriedly up and down the three flights, through the shadows relieved only by the faint red glow from the gas jets. I suppose adventures were inevitable.

One night an Italian was picked up on the street in a state of almost complete exhaustion, and brought to the hospital. He was so ill with suspected typhoid that he should have had a "special," but instead he was placed in the ward. An old leather couch stood across the windows, and whenever a pause came in my duties I lay down

From there I could keep an eye on my new patient. Sick as he was he insisted on making the long trip through the ward to the bathroom. I could not explain how unwise this was, because he could not understand a word of English. He must have reeled out of his bed between thirty and forty times.

Just as the early spring dawn came creeping in the window behind me I grew drowsy. I was on the point of dozing off when some premonition warned me and I opened my eyelids enough to see the man reach under his pillow, take something out cautiously, glide from his bed. Spellbound I watched him slithering soft-footedly as he edged his way towards me. I seemed to be hypnotized with sleep and could not stir. He came nearer and nearer with eyes fixed, hands behind him. Suddenly I snapped into duty, arose quickly, ordered him back to bed, and ran ahead to straighten his sheets and pillows, not realizing my danger until he loomed over me, his knife in his hand. Before he could thrust I grabbed his arm and held it. Though I was small-boned I had good muscles, and he was very ill.

Meanwhile, another patient snatched up his bell and rang, and rang and rang. Nobody answered. The nurses were too far away to hear, the other patients in the ward were unable to help me. But the man quickly used up what little energy he had, and I was able to get the knife from him, push him back in bed, and take his temperature. I assumed he had suddenly become delirious.

About seven o'clock I answered a summons to the front door and found three policemen who wanted to know whether we had an Italian patient. "Indeed we have," I answered feelingly and called the superintendent.

When the red tape was unwound, I learned that my Italian belonged to a gang which had been hiding in a cave between Tarrytown and White Plains, holding up passers-by. Amongst them they had committed five murders. The others had all been hunted down, but this man's collapse had temporarily covered his whereabouts. The attack on me had apparently been merely incidental to his attempt at escape through the open window behind me. He was carried off to the County Hospital Jail, and I was not sorry to see him go.

After this incident an orderly was employed and, though he was allowed to sleep at night, it was reassuring to know he could be called

in an emergency The emergency soon arose A young man of about twenty-five, of well-to-do parents, was admitted as an alcoholic I remember that I was impressed by the softness of his handshake when I greeted him He had the first symptoms of delirium tremens but he was now perfectly conscious and needed no more than routine attention

Sometime in the night the new arrival asked me to get him a drink of water When I came back into the room and offered it to him he knocked me into the corner ten feet away As my head banged against the wall, he leaped out of bed after me and reached down for my throat Though half-stunned and off my feet, I yet had more strength than the man whose flabby muscles refused to obey his will The patient in the adjoining bed rang and in a few moments the orderly came to my assistance Between us we got the poor crazed youth into a strait jacket The doctor who was summoned could do nothing and in the morning the young man mercifully died

To differentiate between things real and things imaginary was not always easy at nighttime One morning about two o'clock I was writing my case histories in the reception office on the ground floor just off the veranda Both window and curtain behind my back were up about ten inches to let in the cool, moist air Abruptly I had a feeling that eyes were staring at me I could not have explained why, I had heard no sound, but I was certain some human being was somewhere about Anybody who had come on legitimate business would have spoken Perhaps it was another patient with a knife Should I sit still? Should I look behind me?

I turned my head to the window, and there an ugly, grinning face with a spreading, black mustache was peering in at me It might have been disembodied, all I could see was this extraordinary face, white against the inky background It was not a patient, not anyone in my charge Relief was immediate and action automatic I seized the long window pole, twice as tall as I, dashed to the outer door, and shooed him off the veranda He ran for the outer gate while I brandished my weapon after him

Such instantaneous responses must have been the result of having in childhood sent fears about their business before they could gather momentum Now I could usually act without having to think very

much about them or be troubled in retrospect They were all in the day's work of the night nurse

Probably the fact that I was low in vitality made me more susceptible to mental than physical influences Realistic doctors and stern head nurses tried to keep tales of the old house from the probationers, but not very successfully When the colored patients could not sleep they used to tell us weird stories, and with rolling eyes solemnly affirmed they were true One old darky woman, hearing the hoot owls begin their mournful "too-who, too-who," would sit straight up in her bed and whisper, "Suppose dat callin' me? Hit's callin' someone in dis hospital"

Again and again after the owls' hooting either somebody in the hospital died, or was brought in to die from an accident Reason told me this was pure coincidence, but it began to get on my nerves

And then stranger events, for which I could find no explanation, followed Once when I was making my rounds a little after midnight, I turned into the room occupied by the tubercular valet of a member of the Iselin family I had expected him to be sleeping quietly because he was merely there to rest up before being sent back home to England, but he was awake and asked for ice I started for the refrigerator, which was two flights down in the cellar But at the top of the stairs I suddenly stopped short—"One—Two—Three!" I heard dull, distinct knocks directly under the stairway

Not one, single, tangible thing near by could have made those sounds In the space of a few seconds I took an inventory of the importance of my life as compared to the proper care of my patient I had to walk deliberately down those steps, not knowing what might be lying in wait for me below As I stepped on the first tread the same knocks came again—"One—Two—Three!"

I tried to hurry but it seemed to me that each foot had tons of iron attached to it The little red devils of night lights blinked at me and seemed to make the shadows thicker in the corners But nothing clutched me from the dim and ghostly hall I got down those steps somehow and passed through the dining room into the kitchen There I paused again Should I take a butcher knife with me? "No, I won't do that," I answered myself resolutely, and started for the cellar stairs

For the third time came the knocking. Glancing to right and left, my back against the dark, I crept down, reached the refrigerator, broke off some chunks of ice with trembling hands, put them in a bowl, steeled myself while I chopped them into still finer pieces, and set out on the return, my feet much lighter going up than down.

I had been away only a brief while altogether, but the patient, for no apparent cause, had had a hemorrhage, and died in a few minutes.

Many times after that I heard these nocturnal sounds, usually overhead. They began to seem more like footsteps—"tap, tap, tap, tap,"—very quick and a bit muffled. Soon I was not sleeping well in the daytime.

One morning I asked at breakfast table, "Who was walking around last night?"

"I wasn't." "Not I." "Certainly not me," came a chorus. "What makes you think someone was up?"

"I distinctly heard footsteps the full length of the third floor."

"What time?"

"Around four o'clock."

But nobody admitted to having been up. "Then one of you must have been walking in your sleep," I insisted.

The nurse who had preceded me on night duty timidly contributed, "I always heard somebody. I didn't want to say anything about it for fear you'd think I was queer."

Towards morning of the very next night when I was in the second floor ward, I heard the patter again above my head. I ran upstairs to the nurses' quarters as fast as I could and looked down the corridor. Every door was tight shut. I tore down two flights to the first floor. The noise came once more above me. Back to the second floor. All patients were in their beds. I asked the only wakeful one, "Did you get up just now?"

"No."

"Did anybody else get up?"

"No."

Some nights went by quietly. But I heard the noises often enough to become truly concerned for fear I might be imagining things. I said to one of the older nurses, "I'm going to wake you up and see whether you hear them too."

"I'll sit up with you," she offered

"No, I'll call you They never come until almost morning"

The next time, at the first tap, I hurried to her room, shook her awake, led her to the floor below, "There, do you hear it?"

Her expression was confirmation enough

Leaving her I raced down another flight, and waited In a moment the "Tap, tap, tap, tap" came again from overhead Up I went She said she had heard it all right but it had come from over *her* head At least my senses were not playing me tricks My accounts were given greater credence, and other nurses sometimes interrupted their slumbers to listen

One of my companions told a young and intelligent doctor on the staff that I had better be taken off night duty before I had a nervous breakdown Though he thought this was girlish nonsense, he could see I was being seriously affected, and anyhow the strain of three continuous months at such a hard task was far too much Another nurse relieved me

After my second glandular operation I was placed in one of the private rooms on the upper floor I had not come through very well, and this same doctor remained in the hospital all night to be on call Being restless, I woke up, only to hear the identical noises which had haunted me for so long I called him and exclaimed, "There it is Don't you hear it?"

He did, but confidently he strode upstairs to the nurses' floor I knew he would find nothing When he came back, I asked, "Did you see anyone?"

"No Apparently everybody was asleep I looked in all the rooms"

Immediately the raps came again He moved a little faster to get downstairs In a few minutes he put his head back in the door "You're in bed? You haven't been up?" I assured him I had not moved, knowing well he must have heard them as always I had, from above

Though still believing somebody was walking around the place, the doctor by this time was determined to get to the bottom of the mystery, and returned every night for a week But the sound was a will-o'-the-wisp He never could catch up with it He was so eager to exhaust every possibility that he even brought the matter be-

fore the board. One of them patronizingly explained that it was probably the echo from some rat in the walls, they were in the habit of dismissing thus lightly the superstitions which clung about the old house.

The doctor continued his detective work until one day he appeared in great good humor. From the rear windows he pointed to the roof which rose beyond the high back wall. "I've found it. That stable is built on the same timbers as this house. When some horse grows restless towards morning he stamps and the vibration is carried through them underground to this building. Now do you believe in ghosts?"

Life was by no means so serious as all this sounds. Amelia had followed me into the hospital and we continued our gay times together. For that matter nursing itself often presented amusing aspects. The supply of registered nurses was very small, and in our last year of training we were sent out on private cases, thus seeing both the highlights and lowlights of life, which prepared us well in experience.

One which had romantic overtones took place immediately after Howard Willett had transferred his house-party from Aiken, South Carolina, to Gedney Farms Manor in White Plains. The indisposition of young Eugene Sugney Reynal was pronounced scarlet fever. The contagion began spreading among the guests and servants, and Dr Julius Schmid, old and honored, a noteworthy figure in the community and also our chief of staff, detailed three of us nurses for service there, practically turning the place into a hospital for five weeks.

My special charge was Adelaide Fitzgerald, Reynal's fiancee, but as necessity arose we shifted around. Reynal's condition grew steadily worse. One morning at daybreak when the patient was almost in a coma Dr Schmid sent for the priest to administer extreme unction, and said to me, "You'd better get Miss Fitzgerald and tell her there's very little hope."

She knelt by his bed, "Gene," she called to him, "Gene, we're going to be married—right now."

Reynal was as near death as a man could be, but her voice reached into his subconscious and summoned him back. Another nurse and I,

hastily called upon to act as bridesmaids, stood in starched and rustling white beside the bed. It was extraordinary to watch, Reynal seemed to shake himself alive until he was conscious enough to respond "I do" to the priest who had arrived to perform quite a different office.

As an anti-climax to all the excitement, and to my intense disgust, I myself came down with a mild attack of scarlet fever. I was so embarrassed that I went right on working and did not take to my bed until I actually began to peel.

My usual cases offered drama of another sort. Often I was called in the middle of the night on a maternity case, perhaps ten miles away from the hospital, where I had to sterilize the water and boil the forceps over a wood fire in the kitchen stove while the doctor scrubbed up as best he could. Many times labor terminated before he could arrive and I had to perform the delivery by myself.

To see a baby born is one of the greatest experiences that a human being can have. Birth to me has always been more awe-inspiring than death. As often as I have witnessed the miracle, held the perfect creature with its tiny hands and tiny feet, each time I have felt as though I were entering a cathedral with prayer in my heart.

There is so little knowledge in the world compared with what there is to know. Always I was deeply affected by the trust patients, rich or poor, male or female, old or young, placed in their nurses. When we appeared they seemed to say, "Ah, here is someone who can tell us." Mothers asked me pathetically, plaintively, hopefully, "Miss Higgins, what should I do not to have another baby right away?" I was at a loss to answer their intimate questions, and passed them along to the doctor, who more often than not snorted, "She ought to be ashamed of herself to talk to a young girl about things like that."

All such problems were thus summarily shoved aside. We had one woman in our hospital who had had several miscarriages and six babies, each by a different father. Doctors and nurses knew every time she went out that she would soon be back again, but it was not their business or anybody's business, it was just "natural."

To be polished off neatly, the nurses in training were assigned to one of the larger city hospitals in which to work during the last three or six months of our course. Mine was the Manhattan Eye and Ear

at Forty-first Street and Park Avenue, across the street from the Murray Hill Hotel, and I welcomed the chance to see up-to-date equipment and clockwork discipline. My new environment was considerably less harsh and intense, more comfortable and leisurely.

At one of the frequent informal dances held there my doctor partner received a message—not a call, but a caller. His architect wanted to go over blueprints with him. “Come along,” he invited. “See whether you think my new house is going to be as fine as I do.”

The architect was introduced. “This is William Sanger.”

The three of us bent over the plans. The doctor was the only one unaware of the sudden electric quality of the atmosphere.

At seven-thirty the next morning when I went out for my usual “constitutional,” Bill Sanger was on the doorstep. He had that type of romantic nature which appealed to me, and had been waiting there all night. We took our walk together that day and regularly for many days thereafter, learning about each other, exploring each other’s minds, and discovering a community of ideas and ideals. His fineness fitted in with my whole destiny, if I can call it such, just as definitely as my hospital training.

I found Bill’s mother a lovely person—artistic, musical, and highly cultured. His father had been a wealthy sheep rancher in Australia. When you travel anywhere from there, you practically have to go round the world, and on his way to San Francisco he had passed through Central Europe. In a German town he had fallen in love with the Mayor’s youngest daughter, then only fourteen. When she was of marriageable age he had returned for her, and it was from this talented mother that Bill had derived his fondness for music and desire to paint.

Bill was an architect only by profession, he was pure artist by temperament. Although his heart was not in mechanical drawing, he did it well. Stanford White once told me he was one of the six best draftsmen in New York. He confided to me his dream of eventually being able to leave architecture behind and devote himself to painting, particularly murals. I had had instilled in me a feeling for the natural relationship between color and symmetry of line, and sympathized not merely with his aspirations but was intensely proud of his work. Some day we were going to be married, and as soon as we had saved

enough we would go to Paris, whither the inspiration of the great French painters was summoning artists from all over the world

These plans were nebulous and had nothing to do with my abrupt departure from New York One afternoon, about four o'clock, I was standing under a skylight putting drops in the eyes of a convalescent patient Unexpectedly, inexplicably, the glass began to fall apart Almost by instinct I pulled my patient under the lintel of the door A great blast followed and pandemonium was let loose, the ruined skylight went crashing down the stairs, plaster and radiators tumbled from the walls, doors fell out, windows cracked

I rushed to the bed of the man who needed my first attention He had been operated on for a cataract only a few hours previously and my orders had been not to let him move too soon lest the fluid in his eye run out and damage his sight permanently But he with the other terrified patients was already on his feet

Rounding up all those under my care and checking their names took several minutes, and while I was still trying to quiet them, ambulances from other hospitals came clanging up By the time I had ushered my charges down to the ground floor, a way had been cleared through the debris of fallen brick and wood Since mine were not stretcher cases I was able to crowd ten of them into one ambulance, and we were taken to the New York Hospital Not until I had them all safely installed did I learn what had happened to our building A tremendous explosion in the new Park Avenue subway had practically demolished it, and it had to be evacuated

I returned to White Plains, where Bill came up frequently to see me On one of our rambles he idly pulled at some vines on a stone wall, and then, with his hands, tilted my face for a kiss The next morning, to my mortification, four telltale finger marks were outlined on my cheek by poison ivy blisters The day after that, my face was swollen so that my eyes were tight shut, and I was sick for two months, since my training was finished, I was sent home to convalesce