

The Link



THE LINK

Published by the
Alumnae Association
of
Providence Hospital
Seattle

To
Sister Callista
Directress of Nurses, whose
careful guidance during training days
has brought honor to the graduates of her school,
we, the Alumnae Association of Providence Hospital, lovingly
dedicate this book.

An Appreciation

The Business Manager desires in this way to acknowledge her appreciation of the efforts of all those who have assisted in making this publication a success. In this respect she is indebted to many, especially to the members of the Alumnae and Staff of Providence Hospital for their hearty co-operation to the Metropolitan Press, the Cress-Dale Co., the Seattle Engraving Co. and the Grady Studio, all of whom have given their assistance unreservedly and have secured for us what we believe to be the finest work obtainable.



MISS DOROTHY BIRD, R. N., EDITOR

MISS KATHERINE SULLIVAN, R. N., ADVERTISING MANAGER

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ASS'T. BUSINESS MGR.

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ASS'T. ADVERTISING MGR.

MISS HELEN DELFELD, R. N.,
ASS'T. EDITOR

MISS ELEANOR SCHMITT, R. N.,
BUSINESS MGR.



During the past few years many changes have taken place in Providence. Additional space has been acquired for patients, improvements have been made throughout the institution, a Staff has been organized to aid the management in promoting the efficiency of Hospital and training school, a new department has been added to care for the clinical records of the patients. While these changes were in progress the Alumnae Association increased rapidly in membership and advanced its activities accordingly.

North, South, East and West our Alumnae are scattered throughout the country in the various branches of the nursing profession. As its name implies, it is the desire of the Editor that this publication bring them back to Providence through its pages and that it may serve as an inspiration in drawing the graduates closer together in loyalty to their training school and to their Alumnae Association.

So here's to Providence! her Management and Staff! her Training School and Graduates!



PROVIDENCE HOSPITAL

FOUNDED IN 1877

MOTHER VINCENT FERRIER, SUPERIOR

Electronic publication by Providence Archives, Seattle, Washington

History of Providence Hospital

Looking backward over forty-four years of existence of Providence Hospital, years fraught with sorrows, sufferings and privations of every kind, we cannot but extol the divine Providence which has watched over the progress of the good work begun nearly half a century ago. At that far distant time three humble daughters of charity, servants of the poor, planted the seed on the barren hillside. To-day we gaze upon the mighty oak whose branches spread far and wide and 'neath whose grateful shade thousands annually find comfort, health and strength.

In the year 1877 the contract for the care of the poor of King County was awarded to Father Kauten, who called on Mother Praxedes of the Sisters of Providence, at Vancouver, Washington, for help to carry on the work. Two sisters, Sister Blandine and Sister Peter Claver, responded to the call and arrived on the steamer Alida at the Mill street (now called Yesler Way) wharf. They were welcomed with a coal oil lantern to direct their path over the slab and sawdust-filled tide flats as far as Occidental Avenue.

These sisters immediately began the preparation of linen for the need of the county patients. The County Farm was situated on the Duwamish River, the now Georgetown of Seattle. Some of the old buildings first erected there and on which Father Kauten labored with his own hands are still standing. In the work on these buildings he was assisted by a bright little lad named George Horton, now one of our famous surgeons, and president of the staff of Providence Hospital.

A week after their arrival these two sisters were joined by Sister Bernardine and Sister Aegidius and on the 11th of May 1877 the County Hospital was placed in their care and the first patient was admitted. During the first year, thirty-one patients were cared for, twenty-five of whom were County charges and six were private patients. Considerable stress is laid on the fact that two operations were performed during the year.



On July 27th, 1878, three sisters and four patients abandoned their temporary hospital in Georgetown to occupy the new hospital in the city. This structure boasted of seven rooms and creditable equipment. Overcoming many obstacles their noble work progressed favorably and in the year 1881 an addition was built which made it possible to accommodate thirty-five patients. This house still stands on 7th and Seneca Streets.



In February 1882 the contract was given for a new and much larger hospital to be built on 5th and Madison Streets. This was occupied a year later and provided accommodations for seventy-five patients. As the number of patients increased improvements and additions were made to meet the demands. It soon became necessary, however, to plan for even more commodious housing.

Plans were completed for the present building in 1906 and the cornerstone was laid on May 10th, 1910. On September 8th in the year 1911 the patients were transferred to the splendidly equipped and magnificent institution which bears the name of Providence Hospital to-day.

The untiring work of the sisters has never ceased and years have added to the success of the Hospital, while the names of many dear and devoted Sisters who have labored within its walls are lost to memory.



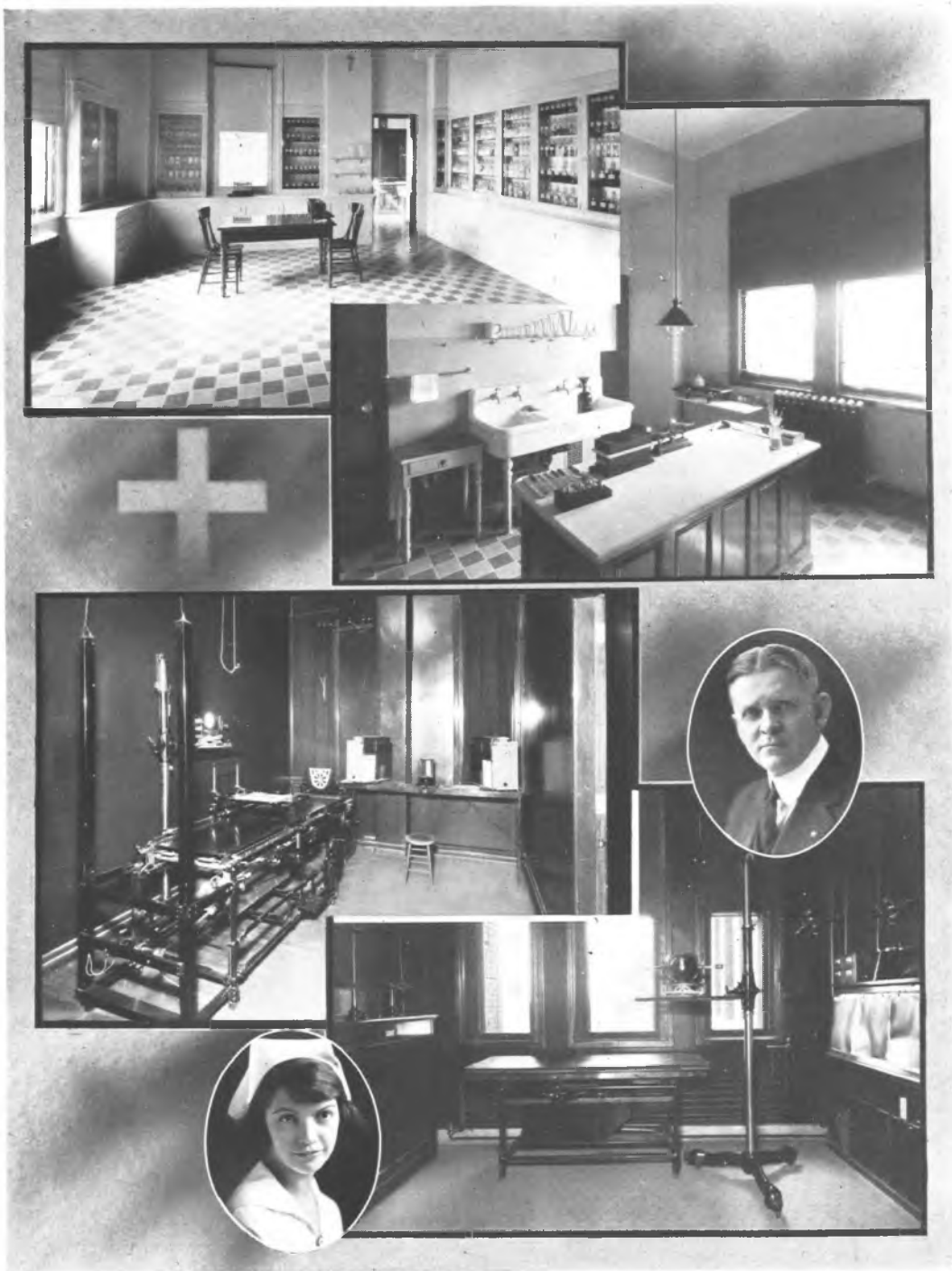
Social Service

"My poor are my best patients—God pays for them"—Boerheve.

A social worker has been maintained in connection with Providence Hospital since the institution was first established in Seattle. A Sister has always had charge of this work and devotes her time entirely to its interests.

In this work she visits the poor in their homes and ministers to their needs, caring for those who are ill and supplying worthy families with the necessities of life. She assists men and women in securing employment, visits the city and county prisoners, the Almshouse and the County Hospital. Not the least of her duties is securing homes for foundlings. Under her direction many women assemble at the hospital weekly and sew for the needy. Infant layettes and clothing of all kinds are prepared for distribution.

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PHARMACY AND PRESCRIPTION ROOM

INSERT. DR. JOHN T. DAWSON
ROENTGENOLOGIST

X-RAY LABORATORY

MISS RUTH RUSH, R. N., TECHNICIAN

Standardization at Providence Hospital

By S. J. G.

Hospital Standardization, as defined by the American College of Surgeons, "means thinking alike on the part of the doctors, hospital trustees, hospital superintendents, laboratory workers and the public, upon the aim and utility of hospitals. It means that every patient in a hospital is entitled to the most efficient care known to the medical profession, and that every hospital believes itself morally obligated either to render such services to its patients, or to state frankly to the patients that it cannot do so."

Hospital Standardization grows out of the need of the patient and the patient in the standardized hospital has the right to expect that his case will be studied with care in the light of every possible experiment available; that orders will be written with thought and carried out with accuracy; that mistakes will be acknowledged and profit drawn therefrom; that every effort will be put forth to give him the best possible service regardless of time, money or energy required; that the hospital be one round higher each year on the ladder of service to suffering humanity; that its educational value will be increased for the staff, the nurses, and the management; that the number of incompetent doctors caring for patients will be decreased; in a word, that a higher point of perfection in the care of the sick will be reached.

The hospital management, desiring to cooperate with those who had done so much for the betterment of hospitals in the previous years, adopted the plan of organization put forth by the American College of Surgeons in the spring of 1920. On the evening of the second Tuesday of May, 1920, the management met a selected number of medical men and announced to them that it was their desire to resolve them into an organization that would be hence-

forth known as the Staff of Providence Hospital. All present accepted and there followed the presentation of by-laws for amendment and discussion. After thorough deliberation by-laws were adopted. Permanent officers were then elected as well as an executive committee of seven men, a record committee of three members and a program committee composed of three members.

The subject of records was discussed and forms were presented. It was decided that a meeting be called of all visiting physicians and surgeons, for the purpose of announ-

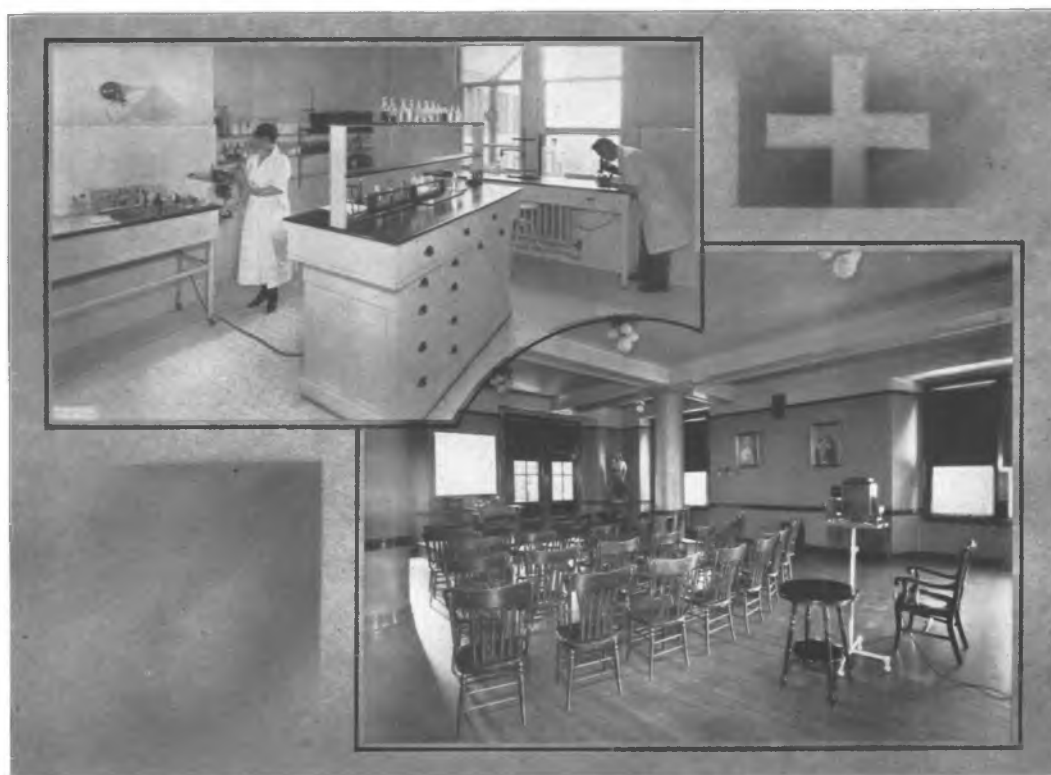
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RECORD ROOM

ing to them what had taken place and explaining in detail the records, informing each one what might be asked of him in the future. This meeting was held several days later and each man present was asked to fill out a registration card. This card to be approved by the hospital management and the executive committee and if favorably passed upon to be filed in the record room and this man to be privileged to carry on his work in this hospital.

A system of case records being the chief requirement of the standardized hospital, attention was given this point from the first. Forms had been selected and printed and space given for the preservation of these records. A record keeper was installed and the morning following the organization of the Staff, the Record Department was opened and much to the credit of the medical profession practicing at Providence Hospital, each man undertook his own records realizing the importance of complete records in



LABORATORY

STAFF MEETING ROOM

connection with each case. These records include, besides the nurses clinical record, a personal history, clinical and laboratory reports, operative record if the case be surgical, progress sheet, physician's order sheet, special history sheets for the obstetrical and the eye, ear, nose and throat cases. These records are simple and do not cover pages of non-essentials, but in every case an intelligent report of the condition, treatment and progress together with the condition on discharge may be summarized from these forms.

The records are the property of the hospital and no one has access to them but the keeper of the records and the physician in charge of the case. The committee on records, however, meets once each month, previous to the staff meeting, and considers cases presented by the record keeper, selecting septic cases or faulty summary cards. These cards are made by the record keeper on discharge of the patient and are a

complete summary of each case. No name appears on the card, merely a file number, so that professional secrecy is not violated. The committee may select cards to present to the staff for discussion or to the executive committee for consideration. The record room is equipped with filing cabinets, typewriters, a standard nomenclature and a record keeper with her assistant. The record keeper is instructed as to what constitutes a complete record and every effort is made to obtain such, physicians being notified of any records found wanting and requested to complete the same.

The staff of this institution is composed of men not only of high professional ability but possessing unselfishness to the degree that they come forth regardless of their own interests to contribute their share towards making this institution as efficient as possible, and to promote the progress and keep up the standards of the institution. The management is aware that the success of any hospital depends largely upon the personnel of the staff working in harmony with them. The splendid service of the doctors affiliated with this institution and the excellent teamwork carried on between them and the institution is made evident by the growth of the hospital and the increasing number of patients seeking admittance. These men have been to the hospital management a staff in every sense of the word; a support at all times; loyal under all circumstances; co-operative in all undertakings; and the management feels that it is largely through the efforts of the staff that this hospital passed the inspection of the American College of Surgeons with special mention the first year it attempted to meet the requirements (1920).

The Executive Committee, composed of seven men, meet immediately after the regular staff meeting once a month. This committee considers the registration cards submitted by those men of the profession desiring to bring their patients here. They approve or disapprove any work presented to them by the management and consider subjects presented by the record committee. They give advice to the sisters in any problems or difficulties that may have come up since the last meeting. This committee works in harmony with the institution and the sisters feel that they may always look to their executive committee for loyalty and support in any circumstance.

The success of the modern hospital from the point of view of correct and careful diagnosis and, in many instances, intelligent therapeutics, lies in a fully equipped laboratory; the Providence Hospital has a well organized laboratory in charge of a competent pathologist who, while he is not a resident of the hospital is, nevertheless in the laboratory with an assistant the entire morning and sometimes late in the afternoon; apart from this he is on call whenever needed.

This arrangement makes it possible for the surgeons to avail themselves of the knowledge of the pathologist in making a hasty diagnosis from material removed during the course of an operation. More routine examinations are being done because of the requirements of the American College of Surgeons and consequently the hospital has a well established routine work in connection with the laboratory. Every specimen from an operation, all fluid and a smear from all pus becomes the property of the hospital and is sent as a matter of routine to the laboratory. In a great many instances diagnoses have been determined which would have been lost had not this routine examination been done. Under hospital standardization this laboratory service is without charge to the patient and the doctor is invited and, in fact urged, to make use of it for all diagnostic purposes.

The X-ray department is in charge of a visiting roentgenologist and a nurse technician. This department has grown by leaps and bounds since the hospital has been standardized. It occupies four rooms, one being used for developing, another for radiograph and treatments, a fluoroscopic room and a diagnostic room.

The necessary outcome of all this organization and the result of any well organized standardized hospital is better service for the sick. The welfare of the patient is the principal object gained by the standardization of a hospital. With this fact in mind no one can deny either the necessity for standardization or the value of the results.

The Staff



DR. GEORGE M. HORTON, President
Chairman of Executive Committee
"And what he greatly thought he
nobly dared."—Homer



DR. SHERALD F. WILTSIE,
Sec.-Treas.
Member of Faculty—Subject: Phy-
siology
"It is in men as in soils where some-
times there is a vein of gold which
the owner knows not of."—Swift



DR. HARRY A. SHAW
Member Executive Committee
Member of Faculty—Subject: Sur-
gery
"For his bounty there was no reap-
ing in it; an autumn 'twas that
grew the more by reaping."—
Shakespeare

DR. U. C. BATES
Member Executive Committee
"If anything in his conversation
merited your regard, I think it
must be the openness and free-
dom with which he commonly ex-
presses his sentiments."—Burke.



DR. JOHN T. DAWSON, Roentgenolo-
gist
Member Record Committee
"His honesty gains strength by use."
—Tillotson

DR. DANIEL BUCKLEY
Member Executive Committee
Member Program Committee
"He who deserves well needs not
another's praise."



DR. WILLIAM A. SHANNON
'Let me if not by birth, have fame
by wit.'

DR. JOHN HUNT
Member Faculty—Subject: Basal
Metabolism—Nursing of Surgical
Goiter.
"Gentle in method, resolute in ac-
tion."—From the Latin

DR. JAY I. DURAND
Member of Faculty—Subject: Pedi-
atrics
"His brain is well furnished and his
tongue well taught."



DR. FRANK M. CARROL, Vice-Pres.
"His heart was in his work and the
heart giveth grace unto every art."
—Longfellow





DR. WILLIAM H. ANDERSON
 Chairman of Record Committee
 Member of Faculty—Subject: Frac-
 tures and Dislocations
 "The precious porcelain of human
 clay."

DR. E. FRANK CHASE
 "His eye and manner bespeak am-
 bition."

DR. IRVIN A. WEICHBRODT
 Member of Faculty—Subject: Ma-
 teria Medica
 "Discretion in speech is his more
 than eloquence."—Bacon

DR. E. T. HANLEY
 "Hang sorrow! care will kill a cat—
 therefore let's be merry."

DR. J. WARREN RICHARDSON
 "By diligence he wins his way."

DR. WILLIAM O'KEEFE COPPS
 Member Record Committee
 Member of Faculty—Subject: Gyne-
 cology
 "His words are trusty heralds to his
 mind."

DR. J. WILSON MITCHELL
 "A moral, sensible and well bred
 man."—Cowper

DR. F. R. UNDERWOOD
 "A man he seems of cheerful yester-
 days and confident tomorrows."

DR. P. C. IRWIN
 Member of Faculty—Subject: Ana-
 tomy
 "A merry heart is the best of medi-
 cine."—Anon

DR. PHILIP V. von PHUL
 Member Executive Committee
 Chairman Program Committee
 "Most of the eminent men in history
 have been diminutive of stature."





DR. ROY C. BAUMGARTEN
"He is the very pink of courtesy."

DR. J. S. THOMAS
"Banish plump Jack and banish all
the world!"—Shakespeare

DR AUGUST J. GHIGLIONE
Member Program Committee
Member Faculty—Subject: Physi-
ology
"Not on the roll of common men."

DR. J. A. BENSHOOF
"To God, his neighbor and himself
most true."—Herbert

DR. JAMES SHANNON
"I have no ambition to see a good-
lier man."

DR. ALLISON T. WANAMAKER
"Proclaim him good and great."

DR. J. THOMAS DOWLING
Member Faculty—Subject: Diseases
of the Eye, Ear, Nose and Throat.
"There's nothing ill can dwell in
such a temple."

DR. GEORGE C. MILLER
Member Faculty—Subject: Conta-
gious Diseases and Hygiene
"His modest demeanor's the jewel
o'a."

DR. W. C. WOODWARD
"Satire's my weapon, but I'm too
discreet to run amuck and tilt at
all I meet."

DR. JOHN GRIFFIN
"Every man has his fault and hones-
ty is his."—Shakespeare





DR. C. E. HAGYARD

"His life is gentle and the elements
so mixed in him, that nature
might stand up and say to all the
world; this is a man."—Shakes-
peare

DR. J. M. OSBORNE

"Thy modesty's a candle to thy
merit."—Anon.

DR. HOMER D. DUDLEY

Secretary Executive Committee
"A trained, clear seeing, unbiased
intellect, whose one search is for
truth."—Selected.

DR. GEORGE A. DOWLING

"I will lay trust upon him."

DR. DAVID H. HOUSTON

Member Faculty—Subject: Obstet-
rics
"An old bachelor is like a shepherd
without a flock."—Meader

DR. S. STUSSER

Member Faculty—Subject: Medical
Nursing
"I never knew so young a body with
so old a head."—Shakespeare

DR. MONTGOMERY RUSSELL

"And of all men who ever lived he'll
do the proper thing."

DR. J. TATE MASON

"Nature hath framed good fellows in
her time."

DR. H. S. HILL

"Nature made him, then she broke
the mould."

DR. ALEXANDER H. PEACOCK

"Fine manners are the mantle of
fair minds."—Alcott





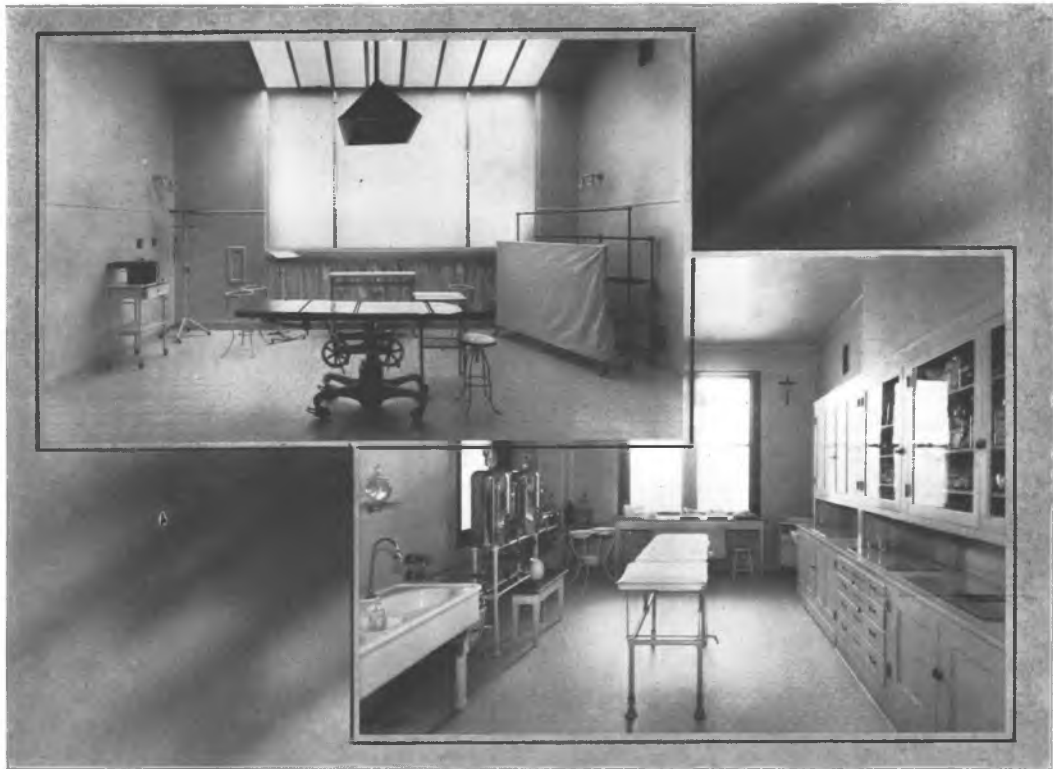
DR. MANCH N. GARHART, Pathologist

"One single positive weighs more
you know, than negatives a score."
—Prior

DR. H. EUGENE ALLEN

Member Executive Committee
Member Faculty—Subject: Bacteriology
and Clinical Diagnosis.

"A cheerful spirit is one of the most
valuable gifts ever bestowed upon
humanity by a kind creator."
—Aughey



ONE OF THE SURGERIES

4TH FLOOR DRESSING ROOM

Providence Hospital Alumnae Association



MISS ELIZABETH SULLIVAN, R. N.
SECRETARY ALUMNAE ASSOCIATION

The graduate nurses of Providence Hospital organized their Alumnae Association in the year 1914. Notices were sent to absent graduates with the result that the nurses attended in very satisfactory numbers for the purpose of electing officers and drawing up and adopting a constitution and set of by-laws. The first officers to serve the newly formed organization were: President, Miss McCormack, Vice President, Miss Brennan, Secretary, Miss De Launay, Treasurer, Miss Conly. These officers were elected for a term of one year.

The object of this organization is defined clearly in their constitution: "This Alumnae Association is formed for the purpose of intellectual and liberal culture and inquiry, particularly on all subjects pertaining to our professional work, and for the bringing together of our graduates engaged in either private or institutional work, with a view to rendering them useful to each other, and to aid physicians and the public generally in obtaining competent and reliable nurses.

Nurses are eligible for membership in this organization immediately after graduation from Providence Hospital and are thereafter retained as members unless guilty of conduct unbecoming a nurse (any action which may bring discredit upon the nursing profession, the training school or the individual nurse).

Regular meetings were held every two months during the first four years of the existence of this association. During this time business matters and social activities were planned and executed. However, in the year 1918 it was found necessary to suspend meetings on account of the demand made upon the nurses during the war and the influenza epidemic.

On May 1st 1920, with the return of many nurses from service abroad and from camps throughout the country, the association resumed its activities. At this time a change in registration took place. All Providence graduates had previously registered at the hospital, Sister Callista acting as registrar. Acting upon her advice, the nurses transferred their registration to a central registry established by the King County Graduate Nurses Association, this action being recognized as decidedly progressive. Graduates of all hospitals of the city and nurses from other cities who were residing here placed their names with this registry, thus enabling physicians, hospitals and the public to secure nurses with less confusion.

Since the organization of this association it has been readily observed that much has been gained by each nurse in her participation in the activities of the Alumnae body. Many subjects of importance to the profession have been discussed, measures adopted and various social functions were enjoyed. In a word, this organization has accomplished thus far the purpose for which it was established and with the increased membership and the continued interest of the members we look forward to greater achievements.

Present Officers of Alumnae Association

President

Miss Dorothy Bird, R. N.

Vice President

Miss Bernice Desmond, R. N.

Secretary-Treasurer

Miss Elizabeth Sullivan, R. N.

Executive Committee

Sister Callista, R. N.

Miss Charlotte Gandolfo, R. N.

Miss Elizabeth Sullivan, R. N.

Miss Louise Finn, R. N.

Miss Bernice Desmond, R. N.

Mrs. Harry Reynolds, R. N.

Miss Dorothy Bird, R. N.

Social Committee

Miss Etta M. Ernst, R. N.

Miss Katherine Murtha, R. N.

Miss May Sheedy, R. N.

Mrs. Edward Dorr, R. N.

Visiting Committee

(Appointed to visit sick members)

Miss Margaret Felton, R. N.

Miss Fredericka Johnson, R. N.

Mrs. Louis Birch, R. N.

Time of Meeting: 7:30 p. m., 2nd Tuesday of every month.

Place of Meeting: Nurse's Hall, Providence Hospital.

Members

As we know them		As they are known	Most recent address
Kathleen Hilse	1910	Mrs. H. Reynolds	415-30th Ave. Seattle, Wash.
Augusta Costello	1910	Mrs. L. Savage	521-5th Avenue, West Seattle, Wash.
Rhoda Ray	1910	Rhoda Ray	2608-46th Avenue, S. W. Seattle, Wash.
Eldra Ray	1910	Mrs. Dr. Wood	Manila, P. I.
Nellie Bagley	1910	Mrs. Albers	Chehalis, Wash.
Margaret Shaughnessy	1910	Mrs. Cleary	Butte, Montana
Ruby Carmen	1910	Mrs. J. Griffiths	Marysville, Wash.
Mary Courtney	1910	Mary Courtney	Kent, Wash.
Mary Sandgathe	1910	Mrs. McSherry	9902 Birch Street Oakland, Calif.
Helen McCormack	1910	Mrs. P. P. Murphy	4718-4th Avenue, N. E. Seattle, Wash.
Albertina Johnson	1910	Deceased	
Emily Wangerin	1910	Mrs. Ray Bullis	9902 Birch Street Oakland, Calif.
Christine Krogh	1911	Mrs. J. Hansen	753 Bellevue Place Seattle, Wash.
Pearl McLeod	1911	Mrs. P. Menzimer	123-W. 36th Street Seattle, Wash.
Mayme Dean	1911	Mrs. Egginton	3843 Albion Place Seattle, Wash.

As we know them		As they are known	Most recent address
Almira Brennan	1911	Almira Brennan	1713 Boylston Avenue Seattle, Wash.
Mary G. Walsh	1912	Mrs. Paul Murphy	New Westminster, B. C.
Anna Morrissey	1912	Anna Morrissey	Everett, Wash.
Agnes O'Sullivan	1912	Agnes O'Sullivan	St. Vincent's Hospital Portland, Ore.
Katherine M. Walsh	1912	Katherine M. Walsh	524½ Broadway Seattle, Wash.
Ellen Sharkey	1912	Ellen Sharkey	Kent, Wash.
Kathleen Dougherty	1912	Sr. M. Enda	St. Vincent's Hospital Portland, Ore.
Sarah Ann McLellan	1912	Madam McLellan	3940 Pine Grove Avenue Chicago, Ill.
Kathryn Murtha	1912	Kathryn Murtha	1807 E. Alder Street Seattle, Wash.
Elizabeth Baker	1912	Elizabeth Baker	1461 Jackson St. San Francisco, Calif.
Agnes Schanno	1912	Agnes Schanno	6022½-12th Avenue, So. Seattle, Wash.
Ruby Kelly	1913	Mrs. Edward Dore	914 E. Denny Way Seattle, Wash.
Nelle Greenside	1913	Nelle Greenside	305 W. Carlisle Street Spokane, Wash.
Ruth Marshall	1913	Mrs. John B. Costello	c/o Nurses Reg. San Francisco, Calif.
Mary Costello	1913	Mrs. Publer	4747-2nd N. E. Seattle, Wash.
Ellen Waldron	1913	Mrs. W. J. Haines	1617-1st Avenue, West Seattle, Wash.
Madalene Meagher	1913	Mrs. Pat Welsh	3839 W. 35th Street Seattle, Wash.
A. De Launay	1913	Mrs. B. Morgan	c/o Bon Marche Seattle, Wash.
May Sheedy	1913	May Sheedy	524½ Broadway Seattle, Wash.
Mayme Conley	1913	Mayme Conley	Metlakatla, Alaska.
Elizabeth Howard	1913	Elizabeth Howard	1610 Howard Street San Francisco, Calif.
Clara Kyrage	1913	Clara Kyrage	Normandy Apartments Seattle, Wash.
Ellen Anderson	1914	Mrs. Carl Knudson	South Bend, Wash.
Emma Lee	1914	Mrs. Arthur West- berg	Mason, Wis.
Celia Robb	1914	Celia Robb	513-26th Avenue, South Seattle, Wash.
Grace McMonagle	1914	Grace McMonagle	513-26th Avenue, South Seattle, Wash.
Marguerite White	1914	Mrs. Young	2814-1st Avenue, West Seattle, Wash.
Edith Knowles	1914	Mrs. Louis Birch	2615 Warren Street Seattle, Wash.
Anna Bartholet	1914	Mrs. John Brady	1223-50th North Seattle, Wash.
Margaret Bagley	1914	Mrs. Jack Lewis	Roslyn, Wash.
Matilda Vogt	1914	Matilda Vogt	406-20th Avenue, North

As we know them		As they are known	Most recent address
Marion Sorensen	1914	Mrs. Neil Parsons	420 Highland Drive Seattle, Wash.
Brownie Cherry	1914	Brownie Cherry	Los Angeles, Calif. General Delivery
Georgie Beyers	1914	Mrs. Clarence Kidwell	Everett, Wash. Gen. Del.
May Schmidt	1914	Mrs. McCullough	c/o Mrs. Fred Beyers 779 Marshall Street Portland, Ore.
Helen Goldbach	1914	Mrs. Royal McClure	159 Hayes Street Seattle, Wash.
Myrtle McCorkindale	1914	Mrs. J. Mullane	34th & E Thomas, Seattle
Eva Astley	1914	Mrs. McPherson	Aldethia Apartments 1224-5th Avenue, West Seattle, Wash.
Ellen Hinchy	1914	Mrs. J. Naughton	1225-18th Avenue, North Seattle, Wash.
Emma Vandenburg	1914	Mrs. Carl Charles	Ellensburg, Wash.
Helen Breen	1914	Helen Breen	Glen Falls, New York.
Esther C. Wirth	1914	Mrs. A. Kreidel	Ellensburg, Wash.
Albertina Mayrhofer	1914	Albertina Mayrhofer	Virginia-Mason Hospital Seattle, Wash.
Louisa Darity	1914	Deceased	
Nora Friar	1914	Nora Friar	1522 E. Jefferson Street Seattle, Wash.
Eva Walsh	1914	Eva Walsh	Firlands Sanitarium Seattle, Wash.
Agnes MacDonald	1914	Mrs. Delaney	Port Townsend, Wash.
Teresa Kearns	1914	Teresa Kearns	510 Broadway Seattle, Wash.
Emma Burke	1915	Mrs. Alva Miller	Sultan, Wash. R. F. D. No. 2.
Anna Maloney	1915	Anna Maloney	Auburn, Wash. c/o Dr. Taylors Hospital
Ann O'Brien	1915	Ann O'Brien	Port Townsend, Wash. Marine Hospital
Marie Kofer	1915	Mrs. Bird	Boulevard Park, R. F. D.3 Seattle, Wash.
Minnie Dulin	1915	Minnie Dulin	349-17th Avenue Seattle, Wash.
Veronica Uebelacker	1915	Veronica Uebelacker	Firlands Sanitarium Seattle, Wash.
Frances Dwyer	1915	Mrs. Jas. Malloy	2065 Senator Avenue Detroit, Mich.
Frances Kennedy	1915	Mrs. Feger	1192 Turk Street San Francisco, Calif.
Gertrude Loomis	1915	Gertrude Loomis	4663 Eastern Ave. Seattle, Wash.
Hazel Smith	1915	Hazel Smith	1814 E. Pike Street Seattle, Wash.
Gertrude Monahan	1915	Gertrude Monahan	Firlands Sanitarium Seattle, Wash.
Lois Jones	1916	Lois Jones	Firlands Sanitarium Seattle, Wash.
Ellen Pedersen	1916	Mrs. C. G. Vernon	619 Minor Avenue Seattle, Wash.

As we know them		As they are known	Most recent address
Ellen Joyce	1916	Ellen Joyce	303 Public Safety Bldg. Seattle, Wash.
Borgheld Olsen	1916	Deceased	
Esther Grindstaff	1916	Mrs. Leggit	c/o Mrs. Paul Murphy New Westminster, B. C. 2517-2nd West Seattle, Wash.
Ruth Callahan	1916	Ruth Callahan	Snoqualmie Hospital Snoqualmie, Wash.
Margaret Pare	1916	Margaret Pare	Cor. of 16th & Union St. Seattle, Wash.
Elizabeth Young	1916	Mrs. Boughton	Leavenworth Hospital Leavenworth, Wash.
Georgie Buell	1916	Georgie Buell	1232 E. Vine Street Seattle, Wash.
Hilda Bartholet	1916	Mrs. O'Connell	1405 Queen Anne Ave. Seattle, Wash.
Elizabeth Brady	1916	Elizabeth Brady	532 South Elwood Oak Park, Ill.
Ethel Lavin	1916	Mrs. Savage	c/o Mrs. Leggit New Westminster, B. C.
Adeline Curtis	1916	Adeline Curtis	308 Prospect Street Seattle, Wash.
Myrtle Olsen	1916	Mrs. Nagle	Sitka, Alaska
Freda Bristol	1916	Mrs. Johnston	Firlands Sanitarium Seattle, Wash.
Emelie Gonnason	1916	Emelie Gonnason	Sacred Heart Hospital Medford, Ore.
Catherine Shaughnessy	1916	Sr. Catherine-of-the Cross	890 Grove Street San Francisco, Calif.
Nora Cavanaugh	1916	Nora Cavanaugh	2325 Fairview Avenue Seattle, Wash.
Mary Toner	1916	Mrs. Howard	Gibbon, Oregon
Rena Bergevin	1916	Rena Bergevin	823 E. Sinto Avenue Spokane, Wash.
Geraldine MacDonald	1916	Geraldine MacDon- ald	2903 Yesler Way Seattle, Wash.
Charlotte Gandolfo	1916	Charlotte Gandolfo	628 Park Row Los Angeles, Calif.
Pearl Buss	1917	Mrs. Merriam	38th & Whitman Seattle, Wash.
Vivian Beck	1917	Mrs. Eldridge Allan	Honolulu
Zylpha Carson	1917	Mrs. Otis Vanderford	1717-12th Avenue Seattle, Wash.
Grace VanWell	1917	Mrs. Harry Miles	1411 Madison Seattle, Wash.
Corren Warn	1917	Mrs. Doran	
Freda Vanderberg	1917	Mrs. Ralph McDer- ment	Ellensburg, Wash.
Elizabeth Sullivan	1917	Elizabeth Sullivan	Providence Hospital
Isabel Barry	1917	Deceased	
Mary Riff	1917	Mary Riff	Firlands Sanitarium Seattle, Wash.
Amelia Aspen	1917	Amelia Aspen	537-16th Ave. Seattle, Wash.

As we know them		As they are known	Most recent address
Johanna Wellman	1917	Johanna Wellman	349-17th Avenue Seattle, Wash.
Helen Gardiner	1917	Mrs. Montgomery	4161 Front Street San Diego, Calif.
Maude Amon	1917	Mrs. James Bruce	1817-52nd North Seattle, Wash.
Violet Quirk	1917	Violet Quirk	1801 E. Jefferson Street Seattle, Wash.
Edna Sebring	1917	Edna Sebring	1481 Eddy St. Apt. 220 San Francisco, Calif.
Ruth Negard	1917	Ruth Negard	1028 So. Hope Street Los Angeles, Calif.
Alice Butler	1917	Alice Butler	625-5th Avenue, West Seattle, Wash.
Catherine Miller	1917	Catherine Miller	1415 E. Olive Street Seattle, Wash.
Gertrude Reis	1917	Mrs. Moore	152-9th Street Seattle, Wash.
Norine Wilson	1918	Mrs. Hawkins	Tacoma, Wash.
Helena Maher	1918	Helena Maher	2028 Eddy Street Seattle, Wash.
Eleanor Gockel	1918	Eleanor Gockel	4226-7th Avenue Seattle, Wash.
Eva Mansur	1918	Eva Mansur	524½ Broadway Seattle, Wash.
Agnes Zelinski	1918	Agnes Zelinski	515 W. Ray Street Seattle, Wash.
Rose Hoffman	1918	Rose Hoffman	1415 E. Olive Street Seattle, Wash.
Olwen Pearce	1918	Deceased	
Grace Hughes	1918	Mrs. Elnef	526-18th Avenue Seattle, Wash.
Mary Calley	1918	Mrs. Haines	810-15th Avenue Seattle, Wash.
Bertha Trudeau	1918	Bertha Trudeau	1504 E. Alder Street Seattle, Wash.
Catherine Graisy	1918	Mrs. Whitlow	2443 E. Aloha Street Seattle, Wash.
Eleanor Schmitt	1918	Eleanor Schmitt	2443 E. Aloha Street Seattle, Wash.
Mary Faekner	1918	Mary Faekner	Aberdeen, Wash. Box 139.
Frances Wakefield	1918	Mrs. Castello	5324 Ballard Avenue Seattle, Wash.
Marie Reganold	1918	Marie Reganold	Mountain View Sanitarium Lake View, Washington
Margaret Felton	1918	Margaret Felton	1025 Donovan Street Seattle, Wash.
Irene Schnabel	1918	Irene Schnabel	1019 Ridgewood Place Hollywood, Los Angeles
Mata Steffen	1918	Mata Steffen	1505 E. Jefferson Street Seattle, Wash.
Alice Howard	1918	Alice Howard	6743-14th Avenue N. W. Seattle, Wash.

As we know them		As they are known	Most recent address
Etta Ernst	1918	Etta Ernst	934-18th Avenue Seattle, Wash.
Ruth Rush	1918	Ruth Rush	538-16th Avenue Seattle, Wash.
Gwen Morgan	1919	Gwen Morgan	721-17th Avenue Seattle, Wash.
Inez Burris	1919	Inez Burris	Providence Hospital Seattle, Wash.
Mary O'Day	1919	Mary O'Day	1732-15th Avenue Seattle, Wash.
Louise Finn	1919	Lousie Finn	959-22nd Avenue Seattle, Wash.
Millie Madison	1919	Millie Madison	1119-10th Avenue, North Seattle, Wash.
Grace McHugh	1919	Grace McHugh	2349 Boylston North Seattle, Wash.
Mary Ebding	1919	Mary Ebding	331 Myrtle Street Walla Walla, Wash.
Ruth Dean	1919	Ruth Dean	Angelus Hotel Long Beach, Calif.
Dorothy Bird	1919	Dorothy Bird	Providence Hospital Seattle, Wash.
Lillian Honin	1919	Lillian Honin	Snoqualmie Falls Hospital Snoqualmie Falls, Wn.
Margaret Egan	1919	Margaret Egan	Snoqualmie Falls
Margaret Hall	1919	Mrs. Clement	e/o Hospital Port Townsend, Wash.
Margaret Smith	1919	Margaret Smith	1924-50th North Seattle, Wash.
Hilda Delfeld	1919	Hilda Delfeld	Bridgeport, Wash.
Doris McGoran	1919	Doris McGoran	206 W. 106 Street - New York
Bertha Schwarz	1919	Bertha Schwarz	508-49th North Seattle, Wash.
Teresa McCusker	1919	Teresa McCusker	1120-15th Avenue Seattle, Wash.
Bernice Desmond	1919	Bernice Desmond	70 Cobb Building Seattle, Wash.
Esther Donnelly	1919	Mrs. Roland Daniels	1702 Broadway Seattle, Wash.
Audery Ristine	1919	Mrs. H. Ellis	Davis Apts., 6th & Cherry Seattle, Wash.
Anna-Marie Mihalcik	1919	Mrs. Chester Mc- Spadden	Kent, Wash.
Kathleen Coulter	1919	Kathleen Coulter	518 Chestnut St. Terre Haute, Ind.
Fredericka Johnson	1919	Fredericka Johnson	721-17th Avenue Seattle, Wash.
Josephine Thornton	1919	Josephine Thornton	9658-51st Avenue, South Seattle, Wash.
Blanche Uebelacker	1919	Blanche Uebelacker	Ellensburg, Wash.
Jeanette Borchers	1919	Mrs. Lile King	Friday Harbor, Wash.
Zeta Walsh	1920	Zeta Walsh	Firlands Sanitarium Seattle, Wash.

As we know them		As they are known	Most recent address
Ruth Embree	1920	Ruth Embree	Oregon City, R. F. D. 5.
Mary Gilbert	1920	Mrs. Fraatz	5845 Virmar Avenue Oakland, Calif.
Serena Negard	1920	Serena Negard	1028 S. Hope Street Los Angeles, Calif.
Maude Holtine	1920	Maude Holtine	St. Vincents Hospital Portland, Ore.
Edna Tobin	1920	Mrs. T. J. Carmody	1614 E. Marion Street Seattle, Wash.
Emma Heerman	1920	Emma Heerman	946-20th Avenue Seattle, Wash.
Mildred Parks	1920	Mrs. Swanson	1151 E. Lincoln St. Portland, Ore.
Louise Cahill	1920	Louise Cahill	306 Logan Street Pendleton, Ore.
Ellen Murdock	1920	Ellen Murdock	728 Concord Avenue Seattle, Wash.
Doris Philipp	1920	Doris Philipp	Sacred Heart Hospital Spokane, Wash.
Alice Turcotte	1920	Alice Turcotte	3107 E. Madison Street Seattle, Wash.
Loretta Leitner	1920	Loretta Leitner	c/o J. W. Lynn Rochester, Wash.
Ella Sutherland	1920	Ella Sutherland	1120-15th Avenue Seattle, Wash.
Lillian Lowndes	1920	Lillian Lowndes	923-14th Avenue, North Seattle, Wash.
Bridget Gilmore	1920	Bridget Gilmore	4706 Fremont Avenue Seattle, Wash.
Gertrude Probach	1920	Gertrude Probach	Firlands Sanitarium Seattle, Wash.
Katherine Sullivan	1920	Katherine Sullivan	127-16th Avenue, North Seattle, Wash.
Bertha Andrews	1921	Bertha Andrews	Providence Hospital Seattle, Wash.
Vincent Cowan	1921	Vincent Cowan	Providence Hospital Seattle, Wash.
Iva Skeen	1921	Iva Skeen	Providence Hospital Seattle, Wash.
Caroline Andrews	1921	Caroline Andrews	Providence Hospital Seattle, Wash.
Alta Slater	1921	Alta Slater	Providence Hospital Seattle, Wash.
Rose Christle	1921	Rose Christle	Providence Hospital Seattle, Wash.
Alma Lindberg	1921	Alma Lindberg	721-17th Avenue Seattle, Wash.
Hilda Nelson	1921	Hilda Nelson	Providence Hospital Seattle, Wash.
Constance Preda	1921	Constance Preda	Providence Hospital Seattle, Wash.
Marie Martini	1921	Marie Martini	Providence Hospital Seattle, Wash.
Elsie Skeen	1921	Elsie Skeen	Providence Hospital Seattle, Wash.

As we know them		As they are known	Most recent address
Edmere Branshaw	1921	Edmere Branshaw	c/o House of Providence Vancouver, Wash.
Jane Oversby	1921	Jane Oversby	Providence Hospital Seattle, Wash.
Ena Erickson	1921	Ena Erickson	Providence Hospital Seattle, Wash.
Isabelle Miller	1921	Isabelle Miller	Providence Hospital Seattle, Wash.
Katherine Small	1921	Katherine Small	Providence Hospital Seattle, Wash.
Mary Raab	1921	Mary Raab	Providence Hospital Seattle, Wash.
June Carpenter	1921	June Carpenter	Providence Hospital Seattle, Wash.
Jennie Erickson	1921	Mrs. Wm. Matheos	c/o 103 Prefontaine Place Seattle, Wash.



RECREATION ROOM

Recent Activities of the Alumnae

E. Ernst, Chairman Social Committee.

Our Alumnae Association is no exception to the rule that organizations, as well as individuals, have their "red letter" days. One of the most memorable of these, was the Hard Times party which was given on the night of December 2nd, 1920 in the nurses hall at the hospital. On this night the Alumnae members entertained their friends, by the way, when I say "friends" I exclude the sterner sex, as not one of the lords of creation was present. Yet, remarkable to relate, despite their absence, everything went smoothly.

Upon arriving at the scene of the revels we were confronted by a queer looking box office where, as usual, the almighty dollar was in demand; but in this case, the dollar had diminished to a dime. Adorning the said box office were clever posters reading: "Don't Crowd," "Keep Moving," "No Minors Allowed" "Park Cars Outside" etc. The warning to keep moving was quite necessary to prevent excessive crowding and, as an additional precaution, there was on duty at the door a would-be Victoria policeman who seemed to think that he was in British Columbia instead of a free country.

Anyone of the guests who happened to be wearing too gorgeous finery or excessive adornment was at once arrested and made to pay a war tax and duty besides; but these cases were infrequent; most of the costumes were real "hard times" clothes so much so that often the fair reveler was so completely disguised that her own family might have passed her by unrecognized.

There were many collateral features of mirth and hilarity such as fortune telling, dice throwing, and an airplane ride could be enjoyed in the spacious recreation hall by anyone brave enough to trust herself to the skill of the pilot. Although the student nurses were honor guests and enjoying themselves vastly, they also contributed, in no small measure, to the success of the evening. Special feature dances were rendered by several students and by a talented member of the Alumnae, and these were heartily applauded. Following this all joined hands and circled to the left to the inspiring music furnished by various members, after which they devoted themselves to the usual modern dances with the greatest enthusiasm until a late hour.

Last, but not least, were the refreshments of cider and doughnuts, Salvation Army doughnuts were never known to disappear with such magical celerity. The cider was kept on tap from a good old fashioned keg and, as everyone knows it always tastes more delicious when drawn from the keg.

* * *

A brilliant social event was the post lenten dance given by the Alumnae in the Knights of Columbus hall on the evening of March 31st. It was the most successful affair ever given in the history of the Providence Alumnae and if any members had been doubtful as to our ability to give such a party their doubts were thoroughly dispelled by that wonderful evening. Our girls attended in numbers far beyond our expectations, and among them were many who had long since left us to assume the responsibilities of a home.

Many members of the hospital staff were present and contributed much to the enjoyment of the occasion. The arrangements and dispositions of the dance had been planned and executed with such skill by the various committees that a spirit of wonderful camaraderie was evident during the whole evening.

The music, rendered by an excellent orchestra, was most inspiring. Many were prompted to join the mazes of the dance who had imagined that they had long since lost all fondness for the terpsichorean art. In a word, it was a most delightful evening and many and insistent were the requests for a repetition of it in the near future. This was the first of the annual dances to be given by the Alumnae and the next is impatiently awaited.

* * *

As to the precise form that our next social event will take, there is a vast amount of earnest surmise and speculation, and rumor is abroad, which seems to be taking definite

form, to the effect that the coming event will be a rustic festival, in plain English, a picnic. Perhaps it would be well to institute a search for that much used, or discarded, bathing suit, as the case may be, because you will certainly have use for it; forewarned is forearmed, you will be duly informed as to the place and the time, so come prepared!

* * *

Many of our graduates who are not engaged in private duty and those of our girls who have assumed the duties of a home realized that much pleasure might be had in a social club organized within the Alumnae Association and to include any members who were free to join in the activities of this little circle.

Following the suggestions of many, this social club was organized in February 1921, and the time of future meetings set for the 2nd Thursday of each month, to take place at the homes of the various married members.

Mrs. Helen McCormack Murphy was chosen as President, Mrs. Edith Knowles Birch as Secretary, Mrs. Marguerite White Young as treasurer. The meetings are purely social and thus far have been accorded the warmest enthusiasm. A cordial invitation is extended to any members of Providence Alumnae whose duties will permit them to join, and most particularly to those graduates of the earlier days of our training school.



THE SENIORS' NIGHTMARE

History of The School of Nursing

Sister Callista, R. N., Directress Providence Training School.

Prior to July 16th, 1907, the nursing of the sick in Providence Hospital was done exclusively by the Sisters of Charity of Providence. But by that time it was found that the accommodations for patients were inadequate, and it became evident that a new and larger hospital was necessary.

This being decided upon, it was manifest that a school of nursing must be established in connection with it as a sufficient number of Sister nurses was not available; to meet this requirement our School of Nursing was opened on July 16, 1907, with four students enrolled. The first student to be admitted was Miss Kathleen Hilse and she was also the only one of the four who remained to complete the course. In December of the same year, the number of students had increased to twenty-four.

At that time the educational requirements for admission were not so advanced as at present when the applicant must have a high school diploma or its equivalent. The probation period was fixed at four weeks and the course of study at three years. The former has since been increased to six weeks but the latter has remained unchanged.

In January, 1908, the Sister Superior of Providence Hospital at Everett requested Mother Melanie, Superior of our hospital to send student nurses to the Everett hospital to assist her sisters in caring for patients. The request was granted, and three nurses were sent for periods of three months each until 1911, when the practice was discontinued on account of the increased number of patients in the Seattle hospital.

In the winter of 1908 and the spring of 1909 an epidemic of typhoid fever (due to extensive street grading) occurred, in which five of our student nurses of the class of 1911 were victims, leaving only four to complete the course. The first class was graduated in September, 1910.

The corner stone of our new hospital was laid on May 10th, 1910, and after many delays, which often caused us to fear that our dream of a new home would never be realized, on September 8th, 1911, we moved into it with a class of forty-nine students. They occupied the entire East Wing, which had accommodations for eighty students. The home is equipped with all facilities for making training as pleasant as possible: a large recreation hall, a library with books of reference, fiction and classical literature, a sewing room and a well equipped private laundry.

In September, 1913, the school curriculum was re-organized. Dr. Harry A. Shaw devoted many hours to assisting the instructress in re-arranging and classifying the subjects into first, second and third year periods conforming as nearly as possible to the National Curriculum for Schools of Nursing. This change made it necessary to request the aid of an increased number of the physicians and surgeons to lecture to the student body. They gladly acceded to this request.

In the fall of 1918, occurred the well remembered epidemic of Spanish Influenza which lasted well into the spring of 1919.

The devotion and self-sacrificing spirit of every member of the student body was admirable. On account of the absence of so many nurses who were ill, and the shortage of graduate nurses due to the fact that so many were absent in the military service, the duties of the student nurses became heavier and longer hours of duty were exacted.

The care of influenza patients was added to their already heavy responsibilities, but each one accepted her arduous task courageously, endeavoring to answer the demands made on her time and strength. Although the days seemed dark they retained their hopeful spirit and their confidence that the future would dawn brighter. To each and every one, the faculty and hospital management expresses its thanks and appreciation of the excellent services rendered by the student nurses.

Three years have passed since that time and we are only now experiencing the peaceful days that we enjoyed before the war and the influenza scourge. The number of applicants for admission fell off greatly; young women took up work that men in the army were obliged to leave, so that schools of nursing were deprived of a number of excellent women who would otherwise have turned to them for an education and training that could not be obtained elsewhere.



KATHERINE SMALL

FRANCES RAAB

JANE Owersby

BERTHA ANDREWS

ALMA LINDBERG

ISABELLE MILLER

CAROLINE ANDREWS

VINCENT COWAN

ENA ERICKSON

CLASS OF 1921

Class of 1921

MOTTO—*“Forget self in the service of others”*.

CLASS COLORS—*Pink and Silver*

CLASS FLOWER—*Pink Rose*

Officers

PRESIDENT—KATHERINE SMALL.

VICE-PRESIDENT—JUNE CARPENTER. SECRETARY—VINCENT COWAN.

TREASURER—ALTA SLATER.

History

Three years in some ways very long, in others very short, have passed since the individual members of this class entered the portals of Providence Hospital as green, wild-eyed recruits, probationers,—“Probies. .” Some of us had seen a hospital before—from the outside—these few were lucky.

Our first few months were characterized by individuality rather than unity, our one end and aim in existence being “to be accepted.” Beyond this all was a wonderful mystifying haze of snow white uniforms, Sisters and numerous M. Ds. not to mention thoughts of martyrdom, philanthropy, and possibly honor. Promptly, our vision became more acute and we beheld the stern reality of trays, medicine and treatment lists, order books and I may even add the scrub brush and sapolio. But we had not long to ponder over our new surroundings and strange duties. We plunged headlong into a very strenuous year owing to the outbreak of Spanish Influenza. At this time we found the real material of our class and are proud of the spirit of service and unselfishness manifested among the girls. Our work was heavy but our hearts were light.

Perhaps the greatest factor in our determination to continue in our chosen profession was the perfect understanding and the motherly spirit of our Directress, Sister Callista, who kept before us the higher ideals of nursing and for which we acknowledge at this time our most sincere appreciation.

In our Junior year dignity we may have lacked but Class Spirit we had in plenty which took the shape of many class spreads and riotous jingles of popular airs with which we twitted and entertained our Seniors both in and out of season. Simultaneously with this enthusiasm there broke out in our midst an inordinate thirst for knowledge which led us to classes and duty. We numbered 32 in all. But during this year we lost many of our class mates some, “Wearied of well doing” while others were pierced by Cupid’s darts and there were a few whose physical condition deprived them of the privilege of finishing the course, leaving 19 to complete the three years.

Our Senior year was an interesting one both in regard to our practical work and our course of study not omitting to mention, by the way, the various social events. The examinations finishing one by one, the State Board passed and with many Social fetes realized, the day of Graduation quickly approached.

And now that the time has come when we can no longer pose for future classes as a bright and shining example, we trust to be remembered tenderly by those who love and worked for us as truly as they and Providence shall be revered in the hearts and minds of the Class of 1921.

K. SMALL, '21.



ROSE CHRYSLE

MARIE MARTIN

JUNE CARPENTER

EDMERE BRANSHAW

ELSIE SKEEN

ALTA SLATEX

IVA SKEEN

HILDA NELSON

CONSTANCE PREDA

Excerpts from Graduation Address delivered before the Class of 1921

Harry A. Shaw, M. D., F. A. C. S.

Florence Nightingale aptly stated that the two essentials for a nurse's training were first, that she be technically trained in a hospital organized properly for that purpose; second, that the environment during her training should be fit to form her moral life and discipline. The nurse graduating from Providence Hospital can point with pride to the full realization that the institution has more than lived up to this standard.

The management has carefully chosen those men to lecture to you who are especially fitted and sincerely interested in their particular branches.

The moral environment and discipline you have been subjected to are far above the standard usually rated as efficient. Unquestionably this discipline has, at times, seemed a little more strict than you thought necessary in your particular case and, in many instances, apparently caused useless individual inconveniences and hardship. However, we must remember that rules and regulations governing any institution which accepts the responsibility of training young women are as vital and necessary as the laws which govern our city, or our state. These rules and regulations are, in a sense an obligation demanded from the institution by the parents or guardian before placing their daughters in training.

It has been my good fortune to observe a number of hospitals in various cities and to come in contact in a practical way with their graduates. The invariable rule has been that the more lax the discipline, the poorer the quality of the graduate.

One of the bright spots in all your training will be the remembrance of the equal justice and kindly consideration that your superintendent, Sister Callista, has at all times endeavored to administer and, I am sure, that most of you will miss her kindly advice and good fellowship, but of this you may be sure, that in the future the mere fact you have graduated and, in a certain sense set your own standards will never lessen her interest in your welfare and when you are in need of advice from a true friend, it will always be her pleasure to take the same sincere, motherly interest in your welfare as she has in the past.

It would not take a great stretch of memory upon the part of any of the nurses present to look back upon some of the little midnight suppers, when all of the lights were supposed to be extinguished and each nurse carefully tucked away in her trundle bed, when the tell-tale odor of fresh-brewed coffee would waft down the hall and give the little party away, and then would your good superintendent seemingly have eyes that saw not and ears that heard not, and in the fullness of her subtle understanding differentiate between a real or a figurative infraction of the rule. This ability to distinguish between the innocent and the harmful breach of discipline, coupled with her sincere endeavors for the individual happiness and success and for the welfare of every nurse under her care, has undoubtedly been a big factor in bringing out the best and subduing the worst that each of you have had to offer.

When you step out from this institution into private practice, will come the test of strength and character. It now rests with you. You are no longer under the constant and watchful eyes of the Sisters of this institution, saving you from errors of judgment that might possibly bring trouble and sorrow. You are commencing to enter into direct competition with graduates of all other institutions, and deal with a sometimes ungrateful public, where the kindly advice and constructive criticism of your instructors in the past, may often be replaced by bitter condemnation and sarcasm of the competitor and stranger. Therefore, in these few critical months immediately before you it behooves you

all to remember full well the necessity of constant endeavor and sincerity of purpose.

The fair name of this institution to a great extent is in the keeping of those who graduate from it, and you would be thoughtless indeed if, out of sheer gratitude, you did not resolve to always conduct yourselves in such a manner as to reflect credit not only on yourself, but upon the institution that gave you the opportunity.

The three years of faithful service you have rendered in this hospital, has been appreciated by those that have had a share in your instruction, more especially by the Sisters who have had the pleasure of daily contact with you, learning gradually to appreciate the nobler qualities in your various characters, and assisting you to develop the same. The kindly good wishes and, no doubt, the prayers of all the Sisters will always follow you, and your success will mean much to them.

Faith is one of the most important items of success in the life of a trained nurse. Without faith in the practical good of the daily application of these principles of nursing as taught you in the progress of your training your life's vocation would become a hypothesis, and the years of time consumed would be worse than wasted. Faith begets confidence and often in the dark and uncertain hours when life and death seem to run an even race, the serene faith and consequent confidence of the nurse, a faith gained by past experience with parallel cases and training under similar circumstances, will often soothe the way and grasp victory from defeat.

Without faith on the part of the nurse, it is impossible to expect the same on the part of the patient. I can not imagine anything more humiliating or unsatisfactory than the daily contact of either nurse or physician with a patient who lacks either faith in their integrity, or their professional ability. Therefore, we should lend every effort to establish faith by our own reflection, by faith and confidence in the sincerity of our own efforts and value of our own precepts and teachings.

What a world of regrets we could obviate in any pathway of life if we all lived up to the golden rule, "Do unto others as you would have them do unto you." If this is true in every walk of life, how multifold and forceful it becomes when applied to the relation between the trained nurse and the sick, or helpless. It has been gradually brought home to you, that sick people are hyper-critical, and that their oft-times unreasonable and seemingly unkind remarks must be overlooked. This essential fact has perhaps been one of the hardest of all lessons, and no doubt the development of this strength of character has sorely tried your temper at times. But, by exhibiting tact and self control, how often you have cultivated lasting and beautiful friendships with those that in the hours of sickness have at times been most unbearable.

If there is any one thing in life that spells character it is loyalty, loyalty to God, loyalty to your patient, loyalty to your alma mater, loyalty to the institutions and physicians for whom you work, loyalty to your sister nurses and last, but not least, loyalty to yourselves.

Loyalty to your patient will go a long way towards circumventing neglect, either intentional or unintentional, and in the end may create lasting and profitable friendships with your patient, with pleasing after-memories of the case.

Loyalty to your alma mater will oft-times act as a beacon light when you are tempted to lower the high ideals and standards inculcated by three years of training.

Loyalty to the institution and physicians for whom you practice is not only dictated by the most ordinary sense of common honor, but will be the stepping stone of greater personal influence and insure the pleasant thought of a continued welcome in the institution and future demand upon your services by the physician.

Loyalty to your sister nurses is no less imperative than loyalty to the physician.

How can you better hope to elevate the respect and dignity of your own profession among the laity than by loyally standing up for your sister nurses; especially when the unjust or unfounded breath of scandal is called to your notice? In what manner could you better serve your profession than to absolutely refuse to be your sister's judge, and who among you is so perfect or guiltless but sooner or later in the performance of your duty, or in the adherence to principle, you will be placed in that peculiar position in which others will be called upon to judge? Many of the bitter tears and disappointments that are more or less the heritage of both the nursing and the medical profession are the direct result of disloyalty among ourselves.

* * *

In return for all favors you have received, I wish to assure you on behalf of the sisters and the staff of this institution that all feel we have received measure for measure, that the contract has been paid in full by your more than faithful service and self-sacrifice. No doubt, each and every one of you has been sorely tempted to give it up and seek some pathway of less resistance. However, the fact remains that you are here receiving your diplomas, proving that you are made of better metal. Your diplomas speak not so much that you have passed the technical examinations but that in future emergencies, whenever your country, your community, or possibly your families need a strong hand and a trained mind, if past performance be any criterion, they will be yours to give.

* * *

Perhaps as you leave here, having received your diploma, which virtually severs your actual contact as an integral part of this school, the pride and joy of possession may possibly be tintured with a few tears of regret. I believe that the most lonesome time in my life was that period shortly after receiving my Medical Diploma, when it suddenly dawned, that it was up to to me to "paddle my own canoe." In the language of Briggs, the cartoonist, that was the time "when a feller needs a friend." There is just one system to overcome that feeling, and that is encompassed in one short word, WORK.





A GROUP OF STUDENT NURSES

Festivities Attending Graduation

Graduation time of each year has always been the occasion for festivities in the training school, at which the seniors are the honor guests. But this year they were entertained in even a more sumptuous fashion than usual, particularly in the number of events planned for their pleasure.

* * *

The annual picnic which had been the joy of each senior class, and abandoned during the time of the war, was resumed this year much to the delight of the nineteen candidates for graduation. May 19th found the class, with a number of the sisters and several doctors and their wives, in a tiny green valley at the foot of stately, wooded hills near Granite Falls. Contrary to the usual custom of carrying with them a prepared luncheon, with perhaps a pot of coffee made over the fire camp-style, this group of merry-makers was fortunate enough to have a farm house turned over to them. The spot chosen was the farm belonging to a friend of one of our nurses and this nurse with two others to assist her arrived at the farm the night before the picnic. In this spacious home, built in the rustic style of a log cabin but having every modern convenience and possessing a huge fireplace which bespoke a true hospitality, these girls set about to make preparations for the rest of the party who were to arrive the following morning. The result of their work was well evidenced when all were called to dinner at noon the next day. No sandwiches and pickles for these folks! Fried chicken, hot biscuits, deliciously cooked vegetables, freshly prepared, appetizing salad and pie that would do credit to a French pastry cook.

During the afternoon, which passed all too quickly, various groups wandered about the valley, some energetically clambered up the hillsides or followed tempting trails, others with line and bait sought the near-by stream, while those less apt at angling and climbing found pleasure exploring the nooks and crannies of the farm, or engaged in games of various sorts.

With the approach of late afternoon a call for luncheon was sounded which brought all into the farmhouse once more, the invigorating air of a crisp early summer day and the somewhat strenuous exercise indulged in by most of the group had sharpened their appetites but again the table was laden in a manner to satisfy the keenest appetite and the most fastidious taste.

It was with ill-concealed reluctance that they all took their places in the cars for the return drive to Seattle. The memory of the splendid and generous hospitality of our hostess will not fade with the passing of time, for truly we realize that such a spirit of friendliness and giving is seldom met with in our daily life.

* * *

The Juniors chose as their form of entertainment for the Seniors a "kid" party and on the evening of May 30th all attended garbed in the dresses long since abandoned in their childhood days and indulged in the games and contest that had given them the greatest pleasure in their school days. The large recreation hall was gaily decorated but no less attractive were the vari-colored, dainty costumes supplemented with bright hair-bows.

Deviating somewhat from the usual custom of reading the class prophecy these Junior hostesses acted each part as it was read, thus picturing plainly the Senior's future and this being done with considerable cleverness the feature added greatly to the merriment of the evening.

As the witching hour approached, the pungent fragrance of coffee was wafted toward the scene of the revels and it demanded no great urging to bring all to the dining room where a bountiful supper was served. The table decorations, favors and place cards gave evidence that care and study had been applied in their preparation and not the smallest detail escaped the eye of the Senior, each and every one declaring that the Juniors were surely past master of the art of entertaining.

The graduation exercises took place as usual at the hour of four in the afternoon and following a long-established custom the graduates of the previous year entertained the graduating class with a dinner and theater party. This year the Washington Annex was chosen and the two girls of the class of '20 who represented their class as hostesses are to be highly commended indeed for their originality in table decorations and favors as well as a carefully selected menu.

Orpheum vaudeville was selected as the most pleasing offering of the theatres at this time and the curtain lifted to especially entertaining features on this particular evening.

* * *

On the Sunday following graduation Mother Vincent Ferrier, Superior tenders a dinner to the graduates at which Sister Callista, Directress of Nurses, presides assisted by first year nurses who wait upon the Seniors most assiduously. Here the dining room of training days is vastly changed, transformed, as it were, into a banquet hall, but retaining enough of the atmosphere of former days to lend that "at home" feeling to the girls who are the guests on this occasion. Mother Superior waved her magic wand and lo! They were served the choicest viands!

Most of the nurses had some time to make up and for this reason were on duty, returning to their posts when the last course had been served, but this only added to their enjoyment. It was as if they had rubbed Aladdin's wonderful lamp so quickly were they transferred from the scenes of three years' duties and again returned to them, having stepped into an Arabian Night's banquet hall in the meantime.

* * *

On the evening of June the 8th Dr. and Mrs. Shaw received the nurses of the graduating class at their home. Here a beautifully appointed dinner was served, the girls being placed at small tables arranged to seat four. During the dinner they were favored by selections from accomplished musicians and a soloist of rare ability. With games, music and dancing the hours sped swiftly and they soon found themselves bidding good night to their charming hostess and jolly host, and realizing that the pleasure of this evening could not be surpassed.

* * *

Responding to the invitation of the King County Graduate Nurses Association, the graduating classes of the various hospitals of the city hied themselves to Lincoln Beach on the evening of July 14th. Various games and races, in which enviable prizes were awarded the winners, provided rollicking fun and a delicious beach supper was served as the shadows of dusk approached after which all joined in singing round a huge camp fire.



The Spell of Old P. T. S.

D. and D. '19.

I wanted the medal, I sought it.
I studied and strove with a might.
Was it night or day duty I fought it—
I hurled my youth into the fight.
I wanted the medal and got it,
Came out with with diploma in June.
Yet some how life's not what I thought it.
And somehow its still out of tune!

Those training days! none sweeter ever!
Though each day brought its worry and strife.
We vowed we would give it up never
And agreed, one and all, 'twas the life.
There were hardships that nobody reckoned,
There were duties unpleasant not few.
Yet the sick and the suffering beckoned
And we to our purpose were true.

We came to get knowledge, good reason.
We all felt like dunces at first.
Disliked it like sin for a season
And then we were worse than the worst.
For the training was just what we made it;
Though some thought it a good work to shun.
Maybe; but there's some that would trade it
For no work on earth and I'm one!

And night duty—the green lights that bind you;
The “emergency” bell you hear ring
Sends you off with a jump lest they find you
Not preparing that bed on the wing.
But even the night duty trying,
Long hallways unpeopled and still—
There's a voice in my heart and its crying
“I want to go back and I will!”

For there's the school, have you seen it?
Its the finest place that I know
From the surgery windows atop it
To the lawn and the gardens below.
It's the big brick building on the corner,
It's the ground where work has the lease.
It fills me with joy and with wonder.
There's a feeling that fills me with peace.



Fashion Degrading Our American Womanhood

Sister Gabriel, Supervisor of Schools of Nursing.

WHILE she is learning the principles and practice of her profession, the student nurse can illy afford to worship at the shrine of fashion. Yet, it is astonishing how quickly the calm, composed, self-controlled, neatly and sensibly dressed young woman attending the sick can be, during her hours of rest, entirely transformed into the frivolous butterfly of fashion.

Our graduate nurses too; possessed as they are of a strong moral courage leading up to an appreciation of their greater and higher obligations to themselves to their profession, and to suffering humanity, seem to lose all in the face of this false goddess and humbly offer sacrifice on the altar of fashion.

No heathen god or goddess has ever had more zealous devotees than fashion, or more absurd and humiliating ritual, or more mortifying and cruel penances.

Her laws, like those of the Medes and Persians, must be implicitly obeyed; but unlike them change as certainly as the moon. They are rarely founded on reason, usually violate common sense, sometimes common decency and uniformly common comfort. Fashion rules the world, and a most tyrannical mistress she is—compelling people to submit to the most inconvenient things imaginable for her sake.

She pinches our feet with tight shoes, or makes acrobats out of us with high heels. If she requires oblations from the four quarters of the globe, they must be had, if even health, wealth and happiness are the price. If she fancies comparative nakedness for winter or five thicknesses of woolen for the month of August—she speaks and it is done. If she orders the purple current of life and the organs of respiration retarded—it is done.

Fashion taxes without reason and collects without mercy. She first infatuates the court and aristocracy, and then ridicules the poor if they do not follow in the wake, although they die in the ditch. This was exemplified in the reign of Richard the Third who was hump-backed. His court, at the dictum of fashion all mounted a bustle back and the whole nation became hump-backed—a crooked generation from the peasant to the king!

Fashion is degrading our American womanhood. It has come to pass that the cut of a collar, the length of a skirt, the style of a hat is of more importance than the strength of virtue, the form of mind or the life. She speaks of fashion oftener than of virtue and follows it closer than she does her God. Genius is dying on thy luxurious altar, and what a sacrifice! Talent is withering, and virtue gives up the ghost at thy smile. Disease laughs and Death grins at the folly of the goddess and the zeal of the worshippers.

Friendship—its links must be forged on fashion's anvil, or it is good for nothing. How shocking to be friendly with an unfashionable lady! No matter if her mind is a treasury of gems and her heart a flower garden of love, and her life a hymn of grace and praise, it will not do to walk on the streets with her or intimate to anyone that you know her—no, one's intimate friend must be "à la mode."

Crushed and care-worn women generally outlive fashionable ones; they see the pampered daughters of fashion wither and die around them, and wonder why death in kindness does not come to take them away instead. The reason is plain—fashion kills more women than toil and sorrow. Obedience to fashion is a greater transgression of the laws of woman's nature, a greater injury to her physical and mental constitution, than the hardships of poverty and neglect.

The love of beauty and refinement belongs to every woman. She ought to desire in moderation pretty dresses, and delight in beautiful colors and graceful fabrics. She ought to take a certain, not too expensive, pride in herself and be solicitous to have all belonging to her well chosen and in good taste.

She ought to make herself conspicuous only by the perfection of her taste; by the grace and harmony of her dress, and unobtrusive good breeding of her manners. She ought to set the seal of gentlewoman on every square inch of her life, and shed the radiance of her own beauty and refinement on every material object about her. But in her costume she should have higher ideals than mere fashion. To love dress is not to be a slave of fashion; to love dress only is the test of such homage. To transact business in a becoming dress of fine material and to go in a carriage to work, injures neither the work nor the worker. Beauty in dress is a good thing but they love dress too much who give it their first thought, their best time or all their money; who for it neglect the culture of mind and heart and the claims of others on their service; who care more for their dress than for their disposition; who are troubled more by an unfashionable bonnet than a neglected duty.

The absence of true taste and refinement cannot be compensated for by the possession of the most princely fortune. Mind measures gold, but gold cannot measure mind. Thru dress the mind may be read. Ruskin has said, "Clothes carefully cared for and rightly worn show a balance of mind and self-respect." A really refined and intelligent woman will bear the marks of careful selection and faultless taste. Compare a well-dressed woman with a well-dressed mind. Compare a taste of dress with a taste for knowledge and culture.

The nurse especially has dedicated her life to a noble purpose. Her powers are rich and strong; She may walk the fields of thought, achieve the victories of mind, spread about her the testimonials of worth and make herself known and felt as man's coworker in whatsoever exalts mind, embellishes life or sanctifies humanity.

Better trust all and be deceived,
And weep that trust and that deceiving,
Than doubt one heart that, if believed,
Had blessed one's life with true believing.
O, in this mocking world too fast
The doubtless fiend o'ertakes our youth;
Better be cheated to the last
Than lose the blessed hope of truth.

Frances Anne Kemble Butler.

Never trust anybody not of sound religion, for he that is false to God can never be true to man.

—Lord Burleigh.

If our school has a good name do we live so that people may never be disappointed in its nurses?

(Florence Nightingale)

A conscientious nurse is the nurse who recognizes the patient as the most important part of the institution, and he that patient who he may she realizes that he is the cause of the existence of the institution and for his benefit she is now training.

(Florence Nightingale)

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CHAPEL—PROVIDENCE HOSPITAL

SYMPATHY is a prime necessity for a nurse who would succeed. The word "Sympathy" comes from two Greek words which mean "to suffer with." The nurse that does not suffer with her patients cannot give them the best help. Her work is cold and mechanical. She carries out the doctor's orders but as an automaton might. Sympathy, on the other hand adds potency to all medicines. It surrounds the patient with health, for love is healing. "We often do more by our sympathy than by our labors," wrote Farrar; he might well have had the nurse in mind when he wrote.

Sympathy is born in the first place of understanding of suffering. The Italian hero, Garibaldi, was once receiving the acclamations of his countrymen in a great public reception when the procession was interrupted by a man carrying a great heavy load who trudged along quite indifferent to the crowd and the hero. Garibaldi's attendants would have driven the poor creature aside but Garibaldi said earnestly: "Respect the burden," and the procession turned aside and went on.

This is the feeling that the nurse should have toward all suffering. It may be poorly borne; with crudeness, fretfulness and anger, but still it is suffering. It is a burden and a grievous one and as such it should be respected.

Mrs. Browning wrote most wisely:

"Being observed, when observation is not sympathy, is just being tortured."

This torture is given by the cold observation of an unsympathetic nurse, temperature taken, pulse, appetite, sleeplessness and all symptoms noted down with strict exactness but with complete detachment. Mrs. Browning was herself an invalid all her life and may have had full experience of being observed when observation was not sympathy.

Observation which is not sympathy is not the keenest observation, someone has said that "The secrets of life are not shown except to sympathy and likeness." One who suffers with her patient knows how he feels when eye and instrument cannot detect it. If sympathy could be cultivated merely as a professional aid it would be taught in all medical schools, but it cannot be taught from text books; it must be learned, if at all, in the school of life.

It is easy to learn it when the patient is attractive, good, grateful and cheery. It is always hard to learn it when the patient is irritable and sometimes unjust. The latter, however, needs the sympathy of a nurse far more than the former and he cannot be helped without it.

St. Francis de Sales wrote, "We can make people bright by our keenness, but we can never accomplish anything toward making people good but by tenderness.

A nurse will sometimes come across patients whose manner of life stands more in the way of their recovery than does their sickness. In such cases whatever can be done toward healing the soul is also done toward healing the body.

The touch of sympathy will work wonders with the sick in body or the sick in soul. Sick people, if they are not too sick to think at all, are always moved by the nurse's readiness to minister to their needs even in matters ordinarily held to be less than menial. To one who knows what a horrible disease leprosy is, the most moving scene in the New Testament is Christ's healing the leper, "And He put forth his hand and touched him, saying 'I will, be thou clean', and immediately the leprosy left him." The laying on of the hands was not to heal, it was just the touch of sympathy. It made Jesus unclean according to the ceremonial law, but it made the leper clean according to the higher law of love.

Cleanliness is second nature to nurses. They are embodiments of health and strength. Yet their work brings them into continual contact with those who are weak and diseased. How can health sympathize with disease? Revolting experiences make up no small part of the hardships of the life of a nurse, and yet hardships are the crown of loving service and the very soil of sympathy. Whittier wrote:

"Prayers of love like raindrops fall,
Tears of pity are cooling dew,
And dear to the Heart of our Lord are all
Who suffer like Him in the good we do."

I wonder if nurses understand what opportunities for culture are afforded them in the practice of sympathy. Hugh Black is perfect in saying that "The horizon of life is broadened chiefly by the enlargement of the heart." Not by travel, though you long to break the close walls of the sick room and fly over the wonderful world; not by reading, though you may long for leisure to study and to explore the enchanting lands of libraries; not by varied experiences, though you may long to break away from the narrow hospital halls and taste the delights of the great outdoors. No, the open vision comes by way of the open heart; broad culture is largely broad sympathy. What college gives a finer opportunity for learning sympathy than yours.

THIS IS MY DUTY

To use what gifts I have as best I may;
 To help some weaker brother where I can;
To win through kindness all that may be won;
 As when the duties of the day began;
To do without complaint what must be done;
 To grant my rival all that may be just;
To win through kindness all that may we won;
 To fight with knightly valor when I must.

S. E. Kiser.



ONE OF THE ROOMS OCCUPIED BY GRADUATE NURSES

The Public Health Nurse

Ellen Joyce R. N. '16.

Time passes very quickly. So many constructive and far reaching changes are taking place in the field of nursing that to keep informed gives one scarcely time for pause. The nursing profession has quite definitely come into its own as a great factor in our scheme of civilization; yet it is good to look back.

Only forty-nine years ago the first trained nurse was introduced into America. Today the President of the United States is planning a Department of Public Welfare, its Chief to be a member of his cabinet. In this Department, Public Health is the most important of the four divisions. It will cover Research Work; Quarantine and Sanitation; and Hospitalization. The other Divisions; namely, Education, which includes all matters pertaining to physical development and Recreation; Social Service, which includes occupational activities, child well being and humanizing agencies (Boy Scout and Red Cross); and Veteran Service Administration—all center about Public Health.



While in training, I think most of us make no really definite plans beyond earning our diplomas and the privilege of writing R. N. to our names. We have vague ideas of many and alluring possibilities, and suddenly we find ourselves out, "On our own". True, whichever we choose,—private duty, institutional or Public Health Nursing, each has its needs and its recompense, but to every one of us there is some one line that appeals most directly to our special temperament, and it is only fair that we should study carefully these three possibilities before committing ourselves to any definite course.

We are all familiar with private duty and institutional work,—perhaps many are more or less familiar with the work of Public Health Nursing, but it is the newer branch. In 1890 there were only 21 groups of nurses engaged in visiting the sick; today there are more than three thousand,—for every patient in a hospital, nine sick people are treated at home. Visiting nursing has been practiced since the dawn of civilization, but in all the past there is no more prominent figure than that of St. Vincent de Paul for his work in Public Health Nursing. Later we find Fliedner with his deaconesses in Germany, who inspired Florence Nightingale in England. With her help William Rathbun founded the first district nursing association, the forerunner of our Public Health Organizations of today.

By Public Health Nurse is meant any graduate nurse engaged in any of the following branches of nursing,—Visiting, Prenatal, Maternity, Personal, School, Tuberculosis, Industrial, Social Hygiene, Social Service, etc. She is under the supervision of and employed by some organization,—private, municipal, County, State, Federal, etc. A post graduate course in Public Health work is most desirable, the aim and scope of hospital and Public Health work being widely different. One serves the individual, the other the community; one nurses the sick, the other teaches the well. In this course, Social Service will widen her vision and understanding, and bring her in contact with all the agencies concerned in the welfare of the race. The University of Washington offers a splendid comprehensive course, and our Health Department, Tuberculosis Division, a course covering all that relates to Tuberculosis and the Contagious Diseases, with the

regular salary of an institutional nurse during the course.

Come with me today on my rounds as a City Child Welfare Nurse, and you will meet with a few of the problems that confront the Public Health Nurse.

After reporting at our Division of the Health Department, at 8 o'clock, and receiving whatever instructions concern the day's work from our supervising nurse, we pack our bags with supplies for the day, and are off. We have a new baby to see at our first stop. The mother was attended by a midwife, and we visit all midwife cases. Fortunately, the mother and baby have been properly cared for, and the baby's birth registered. This is not always the case; in one instance the midwife had used mother's milk to cleanse the baby's eyes, and we were kept busy for some time trying to undo her work.

Our next call takes us into the kitchen, where with sleeves rolled up we demonstrate the preparation of 24 hours' supply of modified certified milk. Baby is showing signs of rickets from his diet of canned milk, and while we have not many utensils to work with, the mother is interested at last, and that is the main thing.

We have just time now to get to the Baby Clinic in this district, one of 7 conducted weekly by the City Health Department. This is far more than the name implies,—it is a meeting place of mothers where they receive not advice but friendly counsel and encouragement, from a doctor who handles the medical end of social questions sympathetically and understandingly. Every child is given careful attention, and where necessary referred to other special City Clinics. Hospital cases from needy families are cared for in our 8 bed ward at the City Hospital, where operative cases,—tonsils, adenoids, circumcisions, etc., are also cared for.

A restful lunch hour, and we are again on our way to give a treatment ordered by the doctor at clinic. We turn in at the gate of this sad family wondering how the roses can bloom so bravely and riotously where sickness holds constant sway. The father has been away for some time. I was there when, half sick, and "Shallow from his liver," he shouldered his pack in search of work in Alaska. There was no work for him here, and feeling somehow that something was all wrong, I turned away while he kissed his little unhealthy brood goodbye, his eyes wet with tears. We finish our treatment, meanwhile keeping a wary eye on the little fellow with a positive Wasserman who stands aloof watching us suspiciously from behind his black glasses. He has a reputation as a stone thrower, and, while the chickens wander idly in at the back door, we decline staying to supper with many thanks. We are not hungry.

One more visit, and we will call it a day. A woman in the district has made application for a permit to board children, and as her references have been found satisfactory, the premises must be inspected. It will take us some time to do this as all data is recorded carefully,—yard and room measurements; sanitation; ventilation, appearance, impressions, etc. If everything is satisfactory, a permit, signed by the Commissioner of Health and the Medical Supervisor of the Child Welfare Division, will be issued her.

Back again when we talk the day's work over with our efficient and understanding supervising nurse, and make out the daily reports. Tomorrow we will meet new problems.

In this District, with the exception of the Visiting Nurse Association (Red Cross), we wear no distinguishing uniform,—usually a neat and servicable street suit, and of course,—our service bag. It is the service bag which really marks one as a visiting nurse. In discouraging a nurse from entering the field of Public Health Nursing, a learned friend used the argument that one was always "Batting around with a bag." One is reminded of Wordsworth's—

"A primrose by the river brim
A yellow primrose was to him,
And it was nothing more."

To our nurse it is nursing in the larger sense. Its slogan, "An equal chance for equal health," is poignantly appealing. Its salary compares favorably with other fields of nursing, but this is the smallest part of its compensation. Child Welfare,—educational, preventive and corrective. It is beginning at the beginning,—the education of parents to a sense of their responsibility.

Or to wage war against our ancient enemy, Tuberculosis—An eminent tuberculosis specialist tells us rather despairingly that the only hopeful method of attack is to educate all the people of every class to all that is known about it,—to go out teaching sympathetically and understandingly, using the language of the street to “Put it across.” If this is the remedy, is it not a challenge to service? And so with school, social hygiene, etc., they are all wide uncrowded beckoning fields.

But let no one think that Public Health Nursing is all work and no play. That made Jack a dull boy,—it would also make Jill a dull nurse. There are plenty of laughs to round out the day’s work. To me each day is as a little adventure out among friends and strangers. Often I find myself apparently in a foreign land, but never do I feel an alien. “An equal chance for equal health.” What do you say?

The Nurse as a Roentgen Technician

Ruth Marie Rush, R. N. ‘18.

IT is rather difficult to outline all the qualifications that are essential to a nurse who would become a successful X-ray technician. However, in my limited experience I have learned a few things that are necessary to any nurse who would become proficient in this work.

While this field or branch of medicine has been taken care of in the past by the physician who has made a study of the X-ray as to its diagnostic and therapeutic value, it has now become, with its many side issues, a physical impossibility for him alone to attend to the technical side.

Due to the course of study required by every training school, a nurse is particularly fitted for this line of work. Her thorough knowledge of anatomy and physiology is one of the first essentials to success; the anatomical landmarks being of the greatest importance in radiography, not only in correct positioning on the plate of the part desired, but also to bring out in detail any physiological condition that may be present.

It should be fully understood, however, that the radiographer need not be a diagnostician, as this work is taken care of by the physician in charge. In fact, an opinion as to any existing pathology should never be given to the patient and seldom to a doctor.

The technician’s entire energies are devoted to the purely mechanical side of developing a technique, so that examinations may be properly made. Her duties consist, briefly, in the exposure and development of the X-ray plate. A certain amount of mechanical ability is necessary to a working knowledge of the X-ray machine. Some understanding of the electrical current and its effects upon the X-ray plate is also indispensable to the production of uniformly good work. Much of this is acquired by daily practice, but any previous study will be of great value.

As to the technique of the darkroom, a general idea of photographic solutions is sufficient for the beginner. Skill can only be acquired by constant careful observation.

Objections to this work have been raised because of the danger involved. It is true that there have been many instances of serious injuries to both patient and operator, due to over-exposure to the rays, or direct contact with such parts of the machine as must necessarily be unprotected. However, a few simple precautions, such as are used in every laboratory, minimize the danger of X-ray burns to the operator. Constant vigilance only, can overcome the danger to the patient.

The advantages of such a position are numerous. Steady employment and short hours will appeal to any nurse, while few branches of the nursing profession offer greater opportunities for advancement. Not only is the X-ray of importance as a diagnostic factor, but used either alone or in conjunction with radium, is of great value from a therapeutic standpoint, thus opening the large and partially unexplored field of therapy. There are also many side issues in the modern laboratory, such as lantern slide making and photography, which help to make the work both varied and interesting. For the efficient radiographer there is always a great demand, especially if she combine with technical skill, her knowledge as a nurse.

The Red Cross Nursing Service

Grace Harrington, R. N. Director of Nursing Service, Northwest Division A. R. C.

After the reorganization of the American Red Cross in 1905, the need for developing a Nursing Service was recognized. Enrollment of nurses directly through the Subdivisions was authorized but as the standards varied greatly in different localities, the Red Cross, at the expiration of four years, decided to ask the co-operation of the National Organizations of Nursing for placing this work on a more satisfactory basis. The American Nurses' Association accepted the offer of affiliation extended by the Red Cross in May, 1909, and undertook to assist in the development of a Nursing Service for this organization. A National Committee on Red Cross Nursing Service, composed of representatives of the leading nursing organizations, and of the Red Cross, was forthwith appointed by the Red Cross.

Regulations were later issued by the Secretary of War making the Red Cross Nursing Service the reserve of the Army Nurse Corps, and a Proclamation issued by the President of the United States in 1911 authorized the Red Cross as the only volunteer relief agency permitted to render aid to the land and naval forces of the Government in time of war. Enrolled Red Cross nurses, therefore, constitute the reserve both of the Army and of the Navy Nurse Corps, and are also available for any activities conducted under the auspices of the American Red Cross.

The National Committee on Red Cross Nursing Service, in order to cover the constantly broadening field of its activities, is now composed of the Surgeon Generals of the Army, the Navy, and the United States Public Health Service; representatives of the Army and Navy Nurse Corps, the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing and of the American Red Cross. This Committee is responsible for the establishment of State and Local Committees and acts in an advisory capacity in all matters relating to Red Cross Nursing Service. The National Committee is also responsible for the development of courses of instruction for women other than nurses, i. e., Home Hygiene and Care of the Sick, and Home Dietetics.

The term "Red Cross Nursing Service" includes, therefore, the National, State and Local Committees on Red Cross Nursing Service; the administrative National and Division Departments of Nursing; Chapter Committees on Nursing Activities, and such other committees as may be necessary; all enrolled Red Cross nurses, including Home Defense Nurses, Red Cross Public Health Nurses, and Red Cross Dietitians; Sisterhoods and all other orders or organizations of women selected and assigned under the Red Cross for service relating to the care of the sick. All nurses employed by Chapters, Branches and Auxiliaries or other Red Cross Organizations, must be enrolled Red Cross nurses and subject to the regulations of the Nursing Service.

The Red Cross Nursing Service has supplied during the recent war over 20,000 graduate nurses to serve with the Army and Navy in this country and overseas; others for foreign relief work directly under Red Cross Commissions to France, England, the Balkan States, Italy, Greece, Russia, Palestine and Siberia; and for the Marine Hospitals, munition plants, and extra-sanitary zones under the United States Public Health Service in this country.

Its enrollment of approximately 37,750 graduate nurses extends to the uttermost parts of the earth—from Alaska to Venezuela; from Egypt to Russia, and from the Samoan Islands to Harbin, Manchuria.

With the return of peace, the Red Cross Nursing Service continues to maintain a reserve for the Army and Navy Nursing Corps; to assign nurses at the request of the Surgeon-General of the United States Public Health Service for duty in its hospitals, and in allied fields of Public Health Nursing; to supply nurses directly under the Red Cross for emergency service in time of national disaster, and for duty with Red Cross Commissions overseas; and to promote higher standards of health in individual and community

life through its Bureaus of Public Health Nursing, Home Hygiene and Care of the Sick, and Home Dietetics.

To become an enrolled Red Cross nurse one must have graduated from an accredited training school such as the Providence Hospital Training School. In States where the law requires registration only registered nurses are accepted by the Red Cross. The application of the nurse for membership in the Red Cross Nursing Service, a physician's report of her physical condition, her training school credentials, and letters of recommendation showing that she is a member of an organization affiliated with the American Nurses' Association, are sent by the local Red Cross Nursing Service Committee to the Division Director of Nursing Service who approves the papers and forwards them to Washington, D. C., for the action of the National Committee.

Approved applicants for enrollment receive an appointment card, and a badge bearing the same number, record of which is kept on file by the local committee on Red Cross Nursing Service, and by the Division and National Headquarters Department of Nursing. The badge and the card remain at all times the property of the American Red Cross, and in case of resignation or annulment of appointment, both the badge and the card are returned by the nurse to the National Headquarters Department of Nursing.

When on active duty a uniform is worn, with which most of you are familiar. The most striking part of this uniform is the historical Red Cross cape, blue with a red lining, the use of which signifies active duty under the Red Cross. It is worn only when the nurse is in full uniform, and under no circumstances at any other time. The wearing of the Red Cross uniform is restricted solely to its own personnel. The cape is issued to Red Cross Nurses in the United States Public Health Service, the Red Cross Public Health Nurses and Instructor Nurses and is to be worn, as stated above, only when in full uniform. The cape, which is Red Cross property and a loan to the nurse while in active service, must be returned to the Division Director of Nursing immediately upon release from service.

It is the duty of each enrolled Red Cross nurse to keep their local committee advised relative to change of address, and change of name by marriage. There are married nurses who are not eligible for general enrollment because they are not available for full time service, and these nurses are enrolled in the Home Defense Group.

In 1918 the Red Cross went into Siberia as a relief unit. Enrolled Red Cross Nurses who were traveling or practicing at the time in China, Japan and Korea were recruited and rushed into the service, and the following spring 150 nurses, recruited from all over the United States, were sent to Vladivostok to make it possible for the Red Cross to operate hospitals, dispensaries, emergency dressing stations and properly carrying on the work of the sanitary trains bringing the wounded from the front; and doing visiting nursing among the refugees.

The Red Cross activities extended from Vladivostok beyond the Ural mountains, a distance greater than from New York to San Francisco and back again to Chicago. As the white armies met their defeat in June and July of that year and the Reds swept down to Omsk the Red Cross lost its far Western hospitals, evacuating the large institutions at Tumen and Cheliabinsk just a few hours ahead of the van-guard of the Reds. Those were tense and crowded days for the American men and women seeking to place their hundreds of patients, hospital equipment, and nurses and doctors, both Russian and American, on adequate freight trains and getting them out of the danger zone. One of the finest achievements of the Red Cross in Siberia, altho it was an achievement of retreat, was to save the entire equipment of the Tumen and Cheliabinsk hospitals and take it eastward out of the danger zone. At least out of the danger zone temporarily. For eight months the situation in Western and Middle Siberia was one of tremendous anxiety for the men and women responsible for the safety and welfare of the American Red Cross personnel. To withdraw the nurses safely out of the danger zone, to reorganize their work farther East and to keep up the morale of the service during month after month of anxiety and uncertainty was no small task. Fighting epidemics of typhus and cholera and caring for the wounded constantly brought from the front, as well as fighting an epidemic of

influenza which occurred among our own troops, was an Herculean effort on the part of the doctors and nurses.

Few supplies had come into the country since the beginning of the revolution, six years before. We found Military Camps with hundreds of patients without supplies of any kind. Patients suffering from typhus, lying on the ground in the same clothes they had worn at the Front for weeks, mud covered and filled with vermin. No linen, no blankets, and almost no medicine of any kind available; and the doctors said, "In case we operate, which we do only in cases of emergency, it is necessary to use a common table knife. Typhus trains with 500 patients ran wild up and down the Trans Siberian railroad until its cargo was exhausted by death. Great trains of refugees, groups of little children separated from their parents, all living on the most meager diet were some of the scenes witnessed by our nurses in service. This is the story of one country only and what the nursing service is doing.

When Miss Noyes, Director of the Nursing Service of the American Red Cross returned from a recent visit to Europe she told of the hardships endured, and sacrifices being made by the nurses—how their work stood out with particular efficiency and that the nursing profession could well be proud of their record in foreign countries.

OLD ROADS.

G.S. B. In New York Tribune.

If you turn west from the sunken river,
And toil through the trees up the mountainside,
You will come upon traces of old roads, fashioned
By folk that long ago lived and died.
Here are the stones of their leaf-choked sluiceways,
And here are the tracks that their wheels have worn,
And the broken spans of their rotted bridges
Amid a tangle of weed and thorn.

They wind on, these roads, past roof-trees fallen;
Past cairnlike chimneys, forsaken and cold,
Past unpruned orchards where yet in August
The harvest apples hang out their gold.
Where by these roads now the tireless fowler,
Seeking for grouse, through the thickets may stray,
Men once went trudging with cumbrous flint-locks,
Bound for a muster or training day.

Along these roads to the springtime sowing
With a whistle men strode in days gone by;
Now the only music amid the stillness
Is the hidden woodbird's grieving cry.
There, round the hearths that were home for some one,
Cling lilacs in riot and matted grass;
There, where the haymakers passed at sundown,
The shy, wild shapes of the forest pass.

My Days in the United States Army Service

Miss May Sheedy, R. N. '13.
Base Hospital No. 50, U. S. Army.

As a nurse in the army my services began on July 17th, 1918, on that date, accompanied by Miss Katherine Walsh, I left my home for Camp Dix, New Jersey but on arriving there, we were surprised to learn that we were not to be placed on duty at that post. A telegraphic order was awaiting us, which directed us to report at Base Hospital No. 50, at New York for mobilization.



We were, therefore, detained only two days at Camp Dix for serum injections and final examination and the third day found us at New York, where we remained six weeks. This period was fully occupied in preparing for our duty over seas. We were provided with our uniforms, various kinds—for the street, a navy blue serge; for dress occasions, a white uniform with cape; for ordinary duty a gray uniform with white apron and cap. Besides these, we were given rubber rain hats, rain coats, ulsters, shoes, etc., and we provided ourselves with small necessities such as tooth brushes and shoe laces in liberal quantities, as we had heard that these indispensable articles were hard to find in France.

While in New York, we received a vast amount of instructions to fit us more completely for our work. Each day we were drilled in true military style at an armory; we were also taught popular songs and instructed in the French language. Although these took up most of our time, we had a little left for seeing the sights of the great metropolis—Chinatown, the Ghetto with its streets swarming with children, the Bronx and Coney Island.

One of the most interesting episodes of these wonderful six weeks, was a luncheon tendered us at the Bankers Club in Wall Street. The bankers entertained us royally and later, took all of us to the Stock Exchange, when we arrived business was at its height but immediately on our appearance the bulls and bears suspended their operations; and gave us an ovation of cheering which lasted a full minute. This was a wonderful and inspiring compliment which we all appreciated to the utmost. For all of it, we had to thank Mr. Kenneth C. Beaton, the god-father of our unit.

New nurses were continually arriving from the different camps and among them were Miss Celia Robb, Miss Grace McMonagle, Miss Hazel Smith and Miss Emelie Gonnason, all graduates of our school.

The six weeks passed quickly; we were sent to Hoboken for our passports, and then came our final inspection (we numbered eight hundred and thirty) in the armory. A

little later, the flag given us by the City of Seattle was dedicated in St. Paul's Chapel in Wall Street. All these events naturally caused us to think that the day of our sailing was close at hand, but such was the secrecy observed by the War Department, that we had not the least idea of its exact date.

But late one evening we saw our trunks taken away, and next day in groups of four or five, we secretly left the Old Judson Hotel, where we had been quartered, and went on board the transport *La France*, full of excitement, as we realized that we were going to serve our boys who were beyond the sea.

The submarine terror which had caused so many precautions and so much secrecy in our movements before sailing, was a governing feature in our daily life on shipboard. Our ship was one of a convoy of three, and three destroyers and a sea plane accompanied us for two days out of New York. When aboard the *La France* we had strict orders not to remove our clothes or even our shoes day and night. All port holes had to be kept closed. No light was allowed on deck and everything was kept in complete darkness all through the night. All these precautions brought to us a realizing sense of our ever present danger and this feeling was heightened by the terrifying drills in abandoning the ship, in case a torpedo should sink it in mid-ocean. They were held twice daily—at four in the morning and seven in the evening, these being considered the most dangerous hours. When the signal was given we all had to hurry on deck and form in squads in front of the life boats. All this hurry and bustle, together with the imminence of the danger amid the fog and gloom, made up an experience which will endure as long as life lasts.

We were eight days zigzagging across the Atlantic and saw no other ships until we were met by the destroyers twenty-four hours before entering the harbor of Brest, although we had one sub-marine scare, during which the guns of all three ships of our convoy were fired vigorously. It was reported that the German sub-marine was hit—at any rate nobody saw it again. The transport *Vernon*, which was one of the ships of our convoy, was torpedoed on her return trip leaving Brest with wounded soldiers. Fortunately all patients were saved, but thirty-five men of the crew were scalded to death as the torpedo exploded the ship's boilers.

In the harbor of Brest we were quarantined twenty-four hours before we were allowed to go ashore, and were then taken in trucks to the Pontanazien Barracks. These barracks were used as an evacuation or rest camp for the American troops, but it proved to be a real work camp rather than one devoted to rest, as hundreds of influenza patients were coming in from each convoy and each nurse had to help on her way thru it.

Twenty-one of us had influenza and were put to bed in an unfinished ward with no conveniences and as the nurses stationed here had hundreds of sick soldiers to attend to we waited upon ourselves as best we could.

Most of the Base Hospital No. 50 nurses had gone on to our camp meeting with many delays. It took four days to go a short distance that could be passed over in a few hours in time of peace, as the nurse trains were always side tracked for troop trains, sometimes even for freight trains. As fast as we were able, we were put on duty in the barracks, awaiting the order to go on to our own camp.

These orders were anticipated with some pleasure, as Katherine Walsh who had preceded us wrote that the camp was equipped with modern conveniences, and we were all eager to go there as soon as possible. Any place would have seemed to us better than Brest, where we had landed so sick and our first impressions of France were certainly not encouraging.

Therefore, when we did finally reach our own camp, we were full of enthusiasm, probably more because we were again with our friends from home than anything else, as our hospital was situated out in the country, five miles from any town. It had rained incessantly and was very muddy—so much so that we were forced to wear rain coats and hats and rubbers most of the time—even when passing between wards and tents when on duty.

We were located at a hospital center of forty-five thousand beds, the largest in France covering an area of about fifty acres, with eighteen individual hospital units.

Each unit consisted of many brick buildings, one story high, viz; the Administration, Surgery, Laboratory, X-ray and Pharmacy, Medical Supply, Red Cross, Main Kitchen, twenty-one wards for patients, Surgical, Medical, Isolation, Mess Halls, Bath Houses, Barracks for officers, enlisted men and quarters for the nurses.

We were equipped for a thousand bed hospital, but during the drives, we cared for at one time, as many as twenty-seven hundred American and French soldiers and German prisoners. The wounded came in on Red Cross trains, usually arriving about dusk, so that the attendants were busy most of the night carrying them into the hospital on litters, while we nurses were employed in bathing them and dressing their wounds. Most of the pneumonia and influenza patients had been wounded also.

We had but three nurses to each ward of one hundred and twenty patients. There was no going "off duty" for the army nurse; we remained until every patient was bathed, his wounds dressed, fed and made as comfortable as was possible with the limited conveniences at our disposal.

The surgical staff remained on duty until all emergency operations and badly wounded cases had been cared for. We nurses felt that our own soldiers and the French soldiers should receive all the care that we could give, but when we saw the sufferings of the poor German prisoners, not one of us hesitated to do our utmost for them, even at the sacrifice of our necessary rest and sleep.

The spirit and cheerfulness of our American soldiers were wonderful. No one, who has not seen them can possibly imagine the condition in which they came back to us. One case I shall always remember—it came to us at a time when the railway had been blown up, and no trains had been able to use it for several days. Consequently, the wounded were in worse condition than usually. This soldier had a shrapnel wound extending from his hip to his knee, open and three inches deep. His first aid dressings had stiffened and when the surgeon removed them, the pain was so great that, although no word escaped his lips, the heroic sufferer fainted. I am pleased to remember that this splendid soldier made a complete recovery.

Some of the wounded upon whom the surgeons operated were so badly gassed that it was impossible to give them an anesthetic and they had to undergo the operation and bear the pain as best they could, usually smoking a cigarette.

One of the most disagreeable conditions to us was the impure water. It was so full of bacteria, that we could not drink it without becoming ill unless it was highly chlorinated—this made it very distasteful to bed patients on liquid diet. They often said "Just wait till we get back to God's country, where we can at least have a good drink of water."

Days passed, heavy with routine work. Patients coming in from the battle fields, and others cured going back to the front. Many "went west" as the soldiers expressed it. With all this we began to hear rumors of the approaching termination of the war; each day we rose with hopes that they were true, only to be disappointed. But one great day, November 11th, 1918, an aeroplane was seen encircling our camp and its appearance aroused great interest and excitement. It landed, and its occupants alighted. They went



to the Administration Building where a meeting was held, and soon after, Major Eagle-son appeared in our ward and said "Men, the war is over."

We could hear no more as the cheers and yells from the soldiers as well as from the nurses drowned all further announcements, and we hurried to break the news to those who could not leave their beds, knowing that these glad tidings would make them feel strong enough to start for home at once.



After the armistice, the work became much less severe and we were permitted to take furloughs of fourteen days in turn, which permitted us to see some of the cities of France, as Paris, Nice, Monte Carlo and others and also to visit some of the battle fronts, where the bodies of the unfortunate soldiers were piled deep in the trenches and in "No Man's Land."

To turn to a more agreeable subject, we found some of the French customs very queer—especially that of washing clothes in ponds and streams and pounding each piece with a stick. The peasant women's dress was a never ceasing wonder to us—the white caps, beautifully made with hand made lace, odd dresses and wooden shoes. Each separate district seemed to have a differently shaped cap to distinguish it from the others. The peasant men who were not married wore long streamers on broad felt hats so that people could know that they were still single.

Returning from our furlough, fifty nurses of our unit were transferred to Evacuation Hospital, No. 31, which we found to be arranged

practically on the same system as that of our former camp. There we treated pneumonia cases and patients with old wounds which generally took several months to heal. We prepared them for the voyage to the United States, and tried to keep them cheerful, while waiting for their orders to go home—this was a difficult task seeing that they were kept in suspense day after day.

Shortly after the last patients were removed orders came for us to go to the Embarkation camp where we joined one thousand nurses who were anxiously awaiting their orders to go to the United States. After two long weeks, our orders came and we bade farewell to France.

We came home on the transport *Imperator*, a former German liner, carrying eleven thousand souls, officers, enlisted men and nurses. And how different was this voyage from our former one! Before, everything was precaution to avoid all danger; one went to sleep not knowing whether his awakening would be in the waves of the ocean, whereas on this return voyage all was cheerfulness and animation, lights, music, dancing, shows and all sorts of amusement with no dreadful thoughts of the German submarine.

After a week's voyage we came in sight of that grand old Statue of Liberty. No words can describe our feelings at being in New York once more, and I really must confess that one of my most pleasing recollections is that of the taste of that first dish of real American ice-cream. After turning in our equipment and undergoing our final physical examination, we were issued transportation to Seattle. We arrived here safely and were met by Miss Loomis of the Red Cross in the wee small hours of the night, one year from the time of our departure.

Then, "bon soir" to Army life.

Roll of Honor

CELIA ROBB, R. N.
EMELIE GONNASON, R. N.
GRACE McMONAGLE, R. N.
NELL GREENSIDE, R. N.
HAZEL SMITH, R. N.
CLARA KYRAGE, R. N.
MAY SHEEDY, R. N.
KATHERINE WALSH, R. N.
ANNIE O'BRIEN, R. N.
GERTRUDE MONOHAN, R. N.
LOIS JONES, R. N.
MARGARET PARE, R. N.
GEORGIA BUELL, R. N.
LORENA BERGEVIN, R. N.
CHARLOTTE GANDOLFO, R. N.
GRACE VAN WELL, R. N.
ELIZABETH SULLIVAN, R. N.
MARY RIFF, R. N.
RUTH NEGARD, R. N.



ONE OF THE PRIVATE ROOMS



HOSPITAL.—BORN

I remember, I remember
The house where I was born,
A thousand windows where the sun
Came blazing in at morn;
He never came a wink too soon,
Nor brought too long a day,
For with him came smart orderlies
And nurses with a tray.

I remember, I remember
A sterilized white tub,
The practised hand that gave to me
A scientific scrub;
The little bracelet on my wrist
To prove that I was me—
I sometimes wonder now if I'm
The one they say I be!



Nurses as Anesthetists

CELIA K. ROBB, R. N. '14.

There has been a growing interest in the study of anesthetics and their administration among nurses for many years, and happily, a deepening of that interest among a greater number during the last decade.

The broadening field had opened to the profession to such an extent, that when war conditions suddenly brought with them the crying need for thousands of anesthetists, the registered nurse who had made a study of the art was in instant demand. With sympathetic understanding she worked with physician and surgeon and was often thrown quite upon her own resources in teaching and training other nurses and the men of the sanitary trains and ambulance corps. It is true that many more were needed and more were allowed the responsibility than were really fitted, either by training or temperament for the important duty, but on the whole, the results were very gratifying.

In the opening chapter of Ochsner's "General Surgery" for 1920 he points out the necessity of special training in the administration of nitrous-oxide-oxygen as used in war surgery. He says: "In adopting nitrous-oxide-oxygen the Allies realized that it was necessary to have anesthetists especially trained to give this anesthetic. It cannot be given on the basis of an M. D. degree—the degree has nothing whatever to do with qualifying one to give nitrous-oxide-oxygen. It can be successfully administered only by those who will spend an adequate time in intensive training. There is no doubt at all that this anesthetic saved an enormous number of lives. The American and British armies officially recognized the nurse anesthetist. In another year practically all anesthetists would have been nurses."

Returning from field and camp, the nurse anesthetist was inspired by the vision of her service and the bigness of its scope and was filled with the desire to delve more deeply into its mysteries. Training schools have been besieged with applicants and the work that many of their graduates are doing is really very fine.

As a rule the surgeon has been more slow to appreciate the necessity for proper training in ether anesthesia than for gas oxygen. Ether, through its very safety, has led to much carelessness and abuse in its administration by unskilled men and women in the medical and nursing ranks. Just why a surgeon or an obstetrician should be willing to tolerate a carelessly given ether anesthetic at the hands of a doctor, a nurse, or an untrained office assistant, is hard to understand, and yet one often witnesses a lack of good technic that seems almost unbelievable. A general anesthetic entails the administration of a drug or gas which is definitely known as a poison. Given without an intelligent and conscientious mental picture of just what effect it is going to have on the human organism, it is subjecting the patient to a great deal of danger.

Much valuable research has been done in animal experimentation for the study of various anesthetic drugs. Laboratory research and collected reports of cases from time to time are adding to knowledge of the subject constantly, either to substantiate agents and methods already in use, to continue the search for something new and better, or to prove why some agents should be relegated to the obsolete or used only in selected cases.

It is very evident even to those not wholly interested in this branch of our profession that there is a steady progress toward the demand for trained anesthetists and a growing popularity of the trained nurse anesthetist. In certain well known eastern clinics the anesthetics are all given by nurse anesthetists with a registered nurse of broad experience and trusted judgment in charge of the department. In others the anesthetic clinic is under the supervision of a physician, often a woman, and the personnel is made up of students who are either internes or graduate nurses. Under either of these systems the smoothness of the work and the fine "tone" of the patients is an inspiring thing to see.

Aside from the knowledge of the physiological effects of the anesthetic upon the patient and the willingness to study its psychic phenomena, the anesthetist must have the ability to grasp quickly the needs of the surgeon and co-operate with him, keeping in mind the importance of the part she plays in making it possible for him to work with ease and sureness. An untrained anesthetist, or one lacking proper conscientiousness may become too greatly interested in the operation or careless through unwarranted self assurance, and thereby risk inconvenient or even serious difficulty.

To have a well grounded knowledge of the subject, a quick sympathetic understanding of its human aspect, an untiring vigilance and a love of the work are essentials that are vitally important and combine the qualities that are most apt to be found among nurses. Many medical men and women have given special study to the work, only to find later that their real interest lay in other branches of the profession, the result being that their interest was divided and they continued giving anesthetics only as a stepping-stone to the opportunity to enter their chosen field. There are, of course, exceptions to this rule, but the number of doctors who are willing to make this specialty their life-work is very small and not sufficient to meet the recognized need of the trained anesthetist.

Research work and investigations are steadily proving the fact that nitrous-oxide-oxygen, used alone, or in combination with local anesthetics or ether vapor as the case requires, is the ideal anesthetic for both surgery and obstetrics. No longer is it looked upon as suitable only for dental surgery and operations of short duration. A proper balance between gases and blood elements having once been secured, the narcosis may be continued throughout major operations of even unusual length. The gases, held in loose combination are eliminated almost instantly upon discontinuing the administration, leaving the patient free from that tedious and exhausting process of ridding the tissue cells of the accumulation of a prolonged ether saturation. Nausea and post-operative backache are reduced to a minimum and both the nurse and the doctor have the cooperation of the patient for the convalescent period almost immediately following the return from the surgery. In septic cases, the blood cells, having undergone no chemical change by the absorption of the gases, are left intact to carry on their fight against the invading bacteria.

To the nurse wishing to devote her entire time to the pursuit of this work, the field offers almost unlimited opportunities for the future. Here we are on the ground floor, as it were, of a comparatively new field of our nursing profession. We have at our disposal the works of such men as Flagg, Gwathmey and Crile; collected papers and reports of the National Anesthesia Research Society, and access to splendid post graduate schools and best clinics. Why then, assume the responsibility of acting as an anesthetist without thorough preparation? Why be content to be practical anesthetists any more than we should be satisfied to be practical nurses?

With a scientific foundation and the desire to perfect our work by keeping constantly on the alert for ways to improve our technic and to guide our patients smoothly into the realm of safe and comfortable narcosis, we can prove that we are a vital part of the scheme of things and help to pave the way for more and better nurse anesthetists.

Do right though pain and anguish be thy lot;
The heart will cheer thee when the pain's forgot;
Do wrong for pleasure's sake—Then count thy gains,
The pleasure soon departs, the sin remains.

—Shuttleworth.

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Combating the "Flu" at Bristol Bay

Katherine Miller, '17.

Many and varied are the experiences, trials and even hardships, which confront the nurse when, after three years of assiduous labor and study, she goes forth into the world to practice her chosen profession. She may be called to remote and desolate regions, into severe climates where life is still primitive, there to minister to the sick and destitute under conditions which prove to the utmost her devotion, strength and skill.

Such an experience, which has left in my memory impressions which time can never efface, occurred during my nursing service in Alaska, in the month of May, 1919; at that time a great epidemic of influenza prevailed in many parts of the world and its ravages were especially severe among the native people of that territory.

At this time I was at Valdez and received a call from Dr. Council, of Cordova to go to the assistance of these poor people; I at once responded, and, in company with Miss Morris, sailed on the Steamer Admiral Watson for Kenai. We arrived there safely and were met by several gentlemen who had been commissioned to accompany us to the scene of our duties, to reach which was no easy task as the following brief description of our wanderings will make evident.

From Kenai we had to cross Cook's Inlet in a small boat, to reach A. C. Point, a hazardous voyage, but we accomplished it without disaster. Thence we "mushed" over a portage of fourteen miles, in the course of which we had to ford four mountain streams swollen with the ice cold waters of the melting snow. This accomplished, we reached the Iliamna River, and found there the native village of the same name with about one hundred inhabitants. But providentially, our services were not needed here, as the disease had not yet appeared among these natives, doubtless as a result of a strict quarantine which had been enforced by the government teacher. I regret to state that, somewhat later, the influenza appeared there and, despite all precautions, a number of the natives were claimed by death.

Lake Iliamna is five miles below the village and, as our route took us across this lake, we were compelled to stay five days in the village, awaiting the coming of a gasoline boat which was to be our means of transportation. After these five days of waiting we finally started down the river in a sail boat, with a couple of natives as guides, and at the entrance to the lake we were met by the gasoline boat or launch. Imagine our dismay when we saw that the long desired launch was only a twenty-foot fishing boat with a top heavy cabin made of a few boards. Into this cabin were crowded seven people, three hundred pounds of baggage and a small cook stove.

After about six hours of prosperous progress disasters befell us—a storm of wind arose and the engine broke down simultaneously; we were compelled to run to the shore for safety. For twelve hours we staid there and it was not until two o'clock in the following morning that we dared to venture out again into the lake. Our progress, however, was uninterrupted, and we reached the head of the Kvichak River, an outlet of Lake Iliamna, without difficulty.

We spent the night there, tied up to the bank, but not sleeping; we were too busy fighting the Alaska mosquitos which were there in vast numbers and of a voracity that effectually precluded any attempt at sleep. So at five o'clock next morning, we were again on our way down the Kvichak which is a tidal river, and therefore of varying depth, according to the stage of the tide. We had unwittingly missed the flood and ran hard and fast aground on the muddy bottom of the river where we had to stay several hours waiting for the returning tide to release us.

After getting off, we went on to a place called Lochinoch, where one of the Libby canneries is located. It was dark when we arrived there and we did not attempt to go farther so we remained there all night, well satisfied to get a little rest and really convinced that our adventures thus far had been sufficiently thrilling to suit the taste of the most fastidious seeker of novel sensations.

We were now on the shore of Bristol Bay, into which the Kvichak and Nushagak

Rivers empty. The surroundings are truly arctic—no vegetation except a few grasses and mosses of the vast swampy plain or tundra which extends limitless on every side. Bristol Bay can be entered only during the summer months and the only industry on its shores is that of salmon canning, in which more than one hundred canneries are employed.

At Lochinoch we first encountered the influenza but the height of the epidemic was past and the only deaths had been among a few natives living there. We did not tarry here but next day went on to Koggiung; here, too, the disease had spent itself, and we decided to cross Bristol Bay in our boat and run up the Nushagak River to Dillingham where there was a government hospital for the natives.

But the tide was once more against us, and at nightfall we were high and dry on a sand bar opposite another cannery at Ekuk. We put ashore in a row boat and proceeded to the Superintendent's home to beg a night's lodging. To our great surprise and delight we found that the Superintendent's wife, Mrs. John Hansen (nee Miss Crow) was a member of Providence Alumnae, and she was most kind, cordial and hospitable to the two storm-tossed, travel-worn wayfarers.

She told us that the Indian village had suffered severely and that she, with the assistance of a couple of cannery hands, had devoted all their efforts to nursing those stricken with the influenza. But, who can hear it without compassion, all proper means and materials were lacking to them; and their treatment of the patients consisted mainly in the use of mustard plasters. It is pleasing, however, to record that through their unselfish and untiring efforts, the fatalities were comparatively few.

The following day about noon we reached Dillingham, and there we separated from the men, and left in the boat for the hospital. We found there two other graduates of Providence, Miss Rhoda Ray and Miss Mayme Connelly, both employed in the hospital under the supervision of Dr. French.

Here, and up the Wood River, the ravages of the influenza were most severe; some villages were completely wiped out. The total of deaths seems to have been about three hundred. The Alaska native, commonly known as the Siwash, is a degenerated type, the result of intermarriage with Japanese, Chinese and Russians. They are shiftless, too improvident and lazy to even lay in a supply of food for the winter months and thus many die of starvation.

Their habitations, too, are most unsanitary; they live in little sod huts, called Barabaras, three and four families sometimes in one hut, and in the midst of indescribable filth and dirt. As a result, they were not physically fit to withstand the severity of the influenza epidemic and besides, they were often so terrified that they

simply gave up to death. Whole families were found by relief parties lying stricken on the floors of their huts and very often some were found to be dying of starvation because they were afraid to leave their dead for the purpose of getting food, although in many cases the cache house was only a stone's throw away. The greatest toll in lives was among the adults, and



ing more than a hundred orphans.

The hospital were still some influenza patients, about fourteen, and relief patients around the bay were bringing in orphan children of all ages from four months to a year. Dr. French, Miss Ray and Miss Connelly had been doing heroic work night and day among the natives going from one village to another with scarcely a rest, but at last, they too, succumbed to the disease. At the time of our arrival, they were just able to be about again. Miss Morris and I took charge of the patients in the hospital and Miss Ray and Miss Connelly took charge of the orphans.

One of our most perplexing problems (to mention one out of many) was that of properly clothing these orphans, many of whom had only the clothes they were wearing and some being without shoes, stockings or underclothing. Many had only clothing made from old flour sacks obtained from trading posts scattered through the vicinity. Again, to mention one more detail, the hospital was entirely without janitor service, nor was there anyone to assist with the scrubbing, cleaning and laundry work. We girls met this emergency by devoting two days of each week to the wash tub. This was really no small matter—to launder the clothing of fifty or more children besides all of the hospital linen.

We continued our work until it became evident that the epidemic was over and as no indications of its recurrence were apparent, we departed from Dillingham during the latter part of August. At that time, the number of orphans had increased from fifty to nearly one hundred and fifty, an appeal for aid was made to the government which resulted in obtaining an appropriation for the building of an orphanage.

Perhaps there is no single community in which this world wide epidemic was so merciless and where the efforts of those combating it seemed, to them, more fruitless. But glad as we were to return to civilization, we felt an even keener pleasure in looking back on our months of hard and repellant duty well and conscientiously performed.

* * *

Let us remember that there are duties which we owe to the extinct friend (who perhaps on some fanciful ground has parted company with us), that we should never speak against her or make use of our knowledge about her. For the memory of a dead friendship is like the memory of a dead friend, not lightly to be spoken of.

(Florence Nightingale)



Impressions of a Probationer

Patricia Honin, R. N., '19.

It was a memorable day in my life when the Superintendent of nurses told me that my application had been accepted and that I was expected to report the following morning.

Armed with a strong determination to be a nurse, a dollar Ingersoll, three blue gingham dresses and stiff white collars that covered three-fourths of my ears and my third chin, I arrived.

The following day I was assigned to third floor north and, having been taken there by a senior who told me to wait for the sister in charge, she promptly forgot all about me.

Never had I experienced such a degree of timidity! I was probably the most scared probationer in the world that morning. A bench in the chart room beckoned me in a rather friendly manner and I responded, seating myself as far behind the door as possible and there I prayed that no one would ever find me. They didn't either until nearly ten o'clock. Every time any one came within ten feet of that chart room I held my breath—but all things must come to an end—if Miss Calley hadn't reached behind the door for the waste basket as she put the chart room in order I might have plucked up courage to make a dash for the front door; as it was, with a nice cheerful smile she dragged me forth and said "Sister I've found a nice fat probationer for you"

The next few hours were somewhat of a jumble trying to clean the medicine cupboard without washing the labels off the bottles and with side glances at those queer green lights that flashed off and on, and trying to distinguish one nurse from the other in their starched caps and aprons—anyway I don't think that medicine chest was ever before so thoroughly cleaned or mixed up.

When I reported for duty the next day I was somewhat braver and even ventured into one of the rooms in response to the little green signal light. Here I found a patient very much distressed with a peculiar sort of drainage tube—as my mission in life was to relieve pain I did my very best. I must omit the harrowing and painful details that accompanied the Surgeon's visit just as I finished what I thought a nice bit of attention to his suffering patient, suffice it to say that there are lots of ways to look and he picked out all the worst ones, and then and there I resolved to keep at a respectful distance from drainage tubes in the future.

Shortly after that I wandered out of the chart room again and couldn't find my way back. The equipment for training should contain a map of the hospital, and compass or else every probationer should be tagged because I spent a precious hour looking for the place I started from.

On one of my explorations of what I thought was the longest hall in the world I wandered into a room containing many little cribs, one of the tiny occupants looked like a mighty sick baby to me. My experience with infants was limited to none at all but there was something decidedly wrong here, of this I was sure! Such a peculiar shade! I called a senior nurse hurriedly and though I claimed a fair degree of modesty I could not help think that my observation in this case might win me distinction. Imagine my utter chagrin when she appeared greatly amused—how was I to know that this was just a peaninny that looked like a chocolate malted milk!

That same afternoon I was elected to show visitors through the hospital and on our way around those halls if they saw some places twice under different names I never knew it but kept bravely on. One of the younger ladies in the party asked me in an envious tone, "Do you have internes here?" and indeed I did not appear cornered at all but replied in the most matter of fact voice, "Oh, yes, we have them but Sister keeps them locked up—they're only for the best rooms." She might have looked astonished but I assumed a very professional manner and she did not question my statement.

While on night duty I was commissioned to call a certain man on the telephone and

deliver a message of great importance. My mind was so occupied with what I was to say that I did not pay strict attention, perhaps, to the operator as she repeated the number I gave and having delivered the message I listened to a volley of indignant words from the other end of the wire. It was several minutes after that receiver was on the hook before I fully realized that I had called a crusty old bachelor at 2:00 A. M. and informed him that he was the father of a nine pound boy!

Taken altogether those were very busy and interesting days, but how I longed for a cap and pin and courage to say "yes, doctor" and "no, doctor," while attending a dressing without dropping my scissors, upsetting the iodine and handing him everything but that which he asked for, and I could only resist the impulse to hide in the linen cupboard whenever an M. D. even looked as if he wanted to change a dressing or find out a patient's temperature.

It was not easy and not always pleasant to be a probationer, but early in my training I learned that tears were a useless weapon for any poor "probie" but that a sense of humor and the ability to laugh at yourself will take you over many rough places with scarcely a bump.

My advice to each and every little "probie" is; "Grin and bear it."



A probie was wrecked on an African coast,
Where a cannibal chief held sway.
And they served up that probie on slices of toast
On the eve of that very day.

But the vengeance of heaven came swift on the act,
'Fore the very next moon was seen.
By the cholera morbus the tribe was attacked,
For that Probie was terribly green .

—Exchange.

The Probationer's Point of View.

D. & D. '19.

R. N.'s we both aspire to be.
Ambitious I should say!
To nurse the ills of king and queen,
We hope to see the day.
Don't think that we are boasting—
Don't judge us harsh we pray;
As wise little "probies" we beg the right
To have our little say.
We're chucked quite full of knowledge
Of the nursing world so vast;
We've studied Dietetics
And we think we're learning fast;
We know about the proteins
And about carbohydrates too.
We can describe their properties quite
easily to you.
We've made up mustard plasters and
we've tasted of them too.
This last is quite a misery, a fact which is
quite true.
We know about the dressing room—for we
pass one every day.
We know all about asepsis and we can each
prepare a tray.
The tourniquet and hemostat their uses we
have learned.
Assistance from senior nurses, proudly
have we spurned.
Of ligaments there are many, of tendons
quite a few,
You'd think them quite confusing
But to us they're nothing new.
We know most every instrument, can call
them all by name,
To tell them easily by sight is just a mod-
est claim!
We can construct a fracture bed which
would suit, we are quite sure,
And we're also safe in saying, the fracture
it would cure.
We've traced the veins and arteries for
ten miles more or less.
The Doctors say we're brilliant, so we
might as well confess.
To name the muscles of the arm, 'tis for
us like A, B, C,
We've learned of every single one from
the hip down to the knee.
Another fact we'll tell you, we think you
ought to know,

That you're sometimes drinking water and
sometimes H₂O.
We also ought to mention about the great
nerve mass
Which we study in Physiology, we're fore-
most in that class.
We'd be head nurses, both of us
But for our modest turn of mind.
So we'll wait for our classmates
In us joy and pride they find.
We know of many other things but this
we wish to say:
We knew we'd be accepted from the very
first day.
The trials of the probationer are many
and severe;
The seniors and the juniors make our
position very clear.
We toil from early morn till night, with
work on every hand,
But wait till our three years are up!
WE'LL BE IN BIG DEMAND!



Blackstones—"You l. ve a very hard
g lot of prisoners. to dispose of this
t, haven't you?" remarked the fas-
social worker to the judge of the
ourt.

"Oh, you are looking at the wrong lot,"
marked that worthy; "those are the law-
ers."
—**Judge.**



"What are the chances of my recovering,
doctor?"

"One hundred per cent. Medical records
show that nine out of every ten die of the
disease you have. Yours is the tenth case
I've treated. Others all died. You're
bound to get well. Statistics are statis-
tics."
—**Medical Pickwick.**

One Drawback.—"Is your husband a
good provider, Dinah?"

"Yessum, he's a good providah all right,
but I'se allus skeered dat niggah's gwine er
git caught at it."
—**Bulletin.**

There Was a Reason

"Why do you turn out for every road
hog that comes along?" said the missus,
rather grossly. "The right of way is ours,
isn't it?"

"Oh, undoubtedly:" answered he, calmly.
"As for our turning out, the reason is plain-
ly suggested in this epitaph which appeared
in a newspaper recently:

"Here lies the body of William Jay.
Who died maintaining his right of way;
He was right, dead right, as he sped along,
But he's just as dead as if he'd been
wrong."
—**Medical Pickwick.**

Such Carelessness

It was visiting day at the jail and the
uplifters were on deck.

"My good man," said one kindly lady,
"I hope that since you have come here you
have had time for meditation and have de-
cided to correct your faults."

"I have that, mum," replied the pris-
oner in heartfelt tones. "Believe me, the
next job I pull, this baby wears gloves."
—**American Legion Weekly.**

Through the Back Door.

The manager of an "Uncle Tom's Cab-
bin" company intentionally forgot to pay
the members of the company their usual
salaries—and "skipped" with all the mo-
ney.

The players, as soon as they discovered
the true situation, unleashed the blood-
hounds used in the play and sent them on
the trail of the missing manager.

The blood-hounds caught up with the
manager, but the latter corralled them and
formed a Number Two company of "Uncle
Tom's Cabin."
—**Theatre Magazine.**

Self-Evident.—A small boy was scrub-
bing the front porch of his house the other
day when a lady called.

"Is your mother in?" she inquired.

"Do you think, I'd be scrubbing the
porch if she wasn't?" was the rather curt
reply.
—**Judge.**

The Wrong Bottle.

The light was always poor in the bath-
room. I had always told Hortense that it
was dangerous to have the medicine chest
in the shadow. It was impossible to tell
the difference between the carbolic acid
and the witch hazel without taking the bot-
tle into the hall.

That night, after we had quarreled bit-
terly, I heard her moving about in the bath-
room, and then the clink of glass as she
moved bottles about in the medicine chest.
I had always predicted that she would get
hold of the wrong bottle some day.

She came out into the hall where I could
see her. She had. In her hand was the
bottle of witch hazel.
—**Life.**

Ode to a Microbe

Oh, little microbe on my arm,
Desist from doing any harm—
Alas! you seem so innocent,
So very small, so pleasure-bent!

But don't you know they're after you?
Ah, yes, my little one, it's true—
They're looking for you everywhere,
They'll try to catch you in a snare!

I should advise you not to stay,
To hurry up, and run away;
Because you'll not last long, I fear
If you persist in staying here.

See that pink stuff in the bowl?
A single drop would eat you whole—
See those tablets in the jar?
A piece of one would send you far.

Smell carbolic, ten per cent?
Don't you know for you it's meant?
And here I see some methylene blue—
I shouldn't wait, if I were you!

There's iodine upon that shelf,
'Twould make you want to kill y,
And silver nitrate on the table,
Can't you read the "poison" label?

Your chance to live is very small—
In fact, you have no chance at all,
For here's the nurse with soap and water,
You'll not survive—prepare for slaughter!



bert has ascertained that the
 take in identification with
 one in seventeen billion.
 heless... is little things like this that
 est to the criminal's otherwise drab
 existence. —Life.

Accuracy

A lady stopped by a roadside to speak
 to a pretty girl who was playing with a
 puppy.

"Is that your little puppy?" asked the
 lady.

"No, Ma'am," said the little girl, point-
 ing to the pup's mother, "that's Queenie's
 puppy."

Transition

She was a pretty baby,
 With such a dainty skin,
 Such elfish eyes, such rosy cheeks,
 And dimples shorn of sin;
 But powder-streaked and painted,
 Face, shoulders, neck and brow,
 And looking every inch a freak.—
 You ought to see her now!

..... **Ralph M. Thomson, M. D.**
 —Medical Pickwick.

Thought It a Joke—When Prof. Walter
 Raleigh was asked to lecture at Princeton
 College, Professor Root went down to the
 station to meet the distinguished visitor.
 Professor Root did not know Professor Ra-
 leigh, but walking up to a man who he
 thought looked like him, he said: "I beg
 your pardon, but am I addressing Walter
 Raleigh?" The man looked at him a mo-
 ment, and, thinking he must be mad, re-
 plied: "No I am Christopher Columbus.
 Walter Raleigh is in the smoking-room with
 Queen Elizabeth." —Life.

Taking No Chances.—The street-faker ex-
 press disgust with the crowd of pikers
 standing around him. "Why," he exclaim-
 ed witheringly, "I'll bet you fellows aren't
 sports enough to offer me 50 cents for this
 bright, new dollar bill."

"I will," piped up a ragged urchin.

"All right," said the faker. "Hand over
 the 50 cents."

"Take it out of the buck an' hand me
 the change," said the urchin, who wasn't
 taking any chances. —Life.

Page Seventy-Two

Pity the Dr.:—Perhaps the reason why
 Drs. are always so fascinating is because
 they **have** to listen while a woman talks
 about her "suffering," instead of sitting
 there with one eye on the clock and the
 other on the campaign news, as though
 they were waiting for a train."

—Journal A. M. A.

Barr: "So you have been cured of your
 insomnia?"

It must be an immense relief."

Carr: "You've said it! Why, I lie awake
 half the night thinking how I used to suffer
 from it."

—Journal Am. Medical Ass'n.

No Shortage—"Why, Willie!" exclaimed
 Ma, "you've been walking too fast for
 grandpa. You must remember that he is
 very short of breath."

"Short of breath, nothin'; he's been
 breathin' a lot more'n I have."

—Medical Pickwick.



"Dinah, do you take Mose for better or
 for worse?"

"Lawsy, Pahson, he can't get no worse
 and they's no hopes of his gettin' any bet-
 ter, so I takes him as he is."

—Literary Digest.

A Psychic Problem—Two powerful colored stevedores, who had had some sort of falling out, were engaged in unloading a vessel at a St. Louis dock. Uncomplimentary remarks and warnings of intended violence were exchanged whenever the two passed each other with their trucks.

"You jest keep on pesticator' around wid me," declared one of the men, "an' you is gwine be able to settle a mighty big question for de sciumtific folks."

"What question dat?" asked the other.
"Kin the dead speak?"

—**Journal Am. Med. Ass'n.**

Insubordination.—Hiking through the small French town, an ignorant chicken, unversed in the appetites of American darkies, crossed the road in front of a colored detachment. With much zeal a soldier broke forth from the ranks and set out in pursuit.

"Halt!" bellowed the officer in charge. Both fowl and negro only accelerated their paces.

"Halt! Halt!" repeated the officer. The dusky doughboy made one plunge, grasped the chicken by the neck and stuffed it, still struggling inside his shirt.

"Dere!" he panted. "Ah'll learn you to halt when de captain says halt!"

—**Journal Am. Med. Ass'n.**

A customer stepped hurriedly into a store and asked of the clerk; "A two ounce bottle of carbolic acid, please."

The clerk looked surprised but anxious to oblige responded pleasantly "Sorry, sir, this is a hardware store but couldn't I sell you a revolver, a razor or a rope?"

—**Literary Digest.**

In Memoriam.—A crowded elevator in a western building was nearing the bottom of its descent when it suddenly dropped a few feet, recovered, and continued its trip at a normal rate.—"Its all right," said the elevator boy reassuringly. "If it had fallen it would only have meant a couple of stories."

"That's all," replied a portly gentleman, casting a solemn eye upward, "Just two—one in the Star and one in the Times."

—**American Legion Weekly.**

As Told By rs. Penr

"Uncle Rastus came to said: "Mrs. Pennybacker, a discussin' which am de smartes', you Pennybacker, so I says to them I'd an ask you."

"Hoping to appear modest, I replied: "Why, Rastus, Mr. Pennybacker is smartest, of course".

"Whereupon Rastus gave a joyous laugh. "Dat's jes what I bin tellin' dem niggers!"

—**A. M. A. Journal.**

Sentry—Who goes there?

Lieutenant—I have answered "Friend" once. Don't you know the rules?

Sentry—Yes. I have to call "Who goes there" three times and then shoot!

—**American Legion Weekly.**

And now comes the rumor that "Madonna" faces are to be the fashion in beauty. Isn't it going a bit far to expect the average woman to paint as well as the Old Masters?

—**Life.**

His Trade Secret

The Court (during bankruptcy proceedings): Kindly inform the court how you managed to keep your credit open.

Defendant: Certainly. But allow me to suggest that I impart this information behind closed doors. There are several of my competitors present and I have no desire to teach them the secret.

—**Life.**

The Toiler

"How is your new hired man?"

"Well," replied Farmer Jones, "he broke two hoe handles yesterday."

"Working so hard?"

"No, leaning on 'em."

A Recommendation—"I saw the doctor you told me to see."

"Did you tell him I sent you."

"Yes, I did."

"What did he say?"

"He asked me to pay in advance."

—**Journal Am. Med. Ass'n.**

"they're always right—the women—though it's no' in the nature o' man to extract much comfort from that thought."

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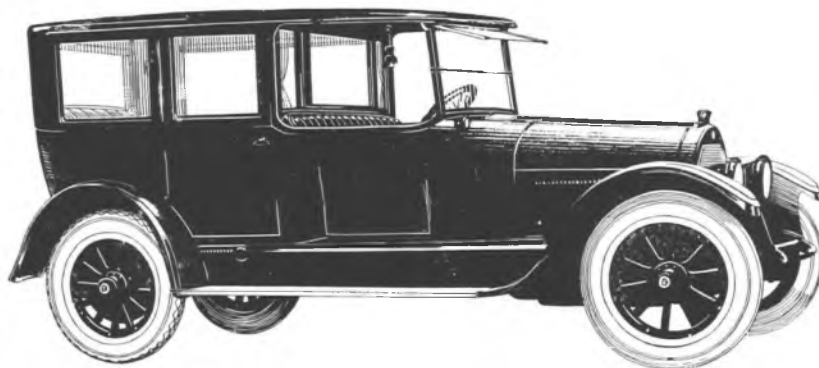
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High heart, and courage for the day,
And strength to live and love and toil,
To think clean thoughts, to love clean play,
To drive clean furrows through the soil:
Let this be mine, and I shall be
The master of my destiny.

High heart, and bravery to meet
The harsher duties with a smile,
To swallow pride and take defeat
And yet be winning all the while:
Let this be mine, and I shall be
A favored son of victory.

High heart, and strong soul to bear
Another's burden as a friend,
To share his whelming load of care
And of my strength to proudly lend:
Let this be mine, and I shall be
Worth while to all humanity.

High heart, and faith's calm voice to still
The doubt that grips my very soul;
To walk with God, to do his will,
And press on ever toward the goal:
Let this be mine, and I shall be
Unconquered through eternity.

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The giving up of home and its delights.
It means exchange of pleasure for hard trial—
Watching through weary days and sleepless nights.

It means sharing suspense and anxious fears.
Witness of pain and suffering all day long,
To check the sigh and dry the falling tears
And say unto the fainting heart "Be strong."

It means no thought of self but of another.
Struggle to keep up courage to the last
Lifting the burden from a weary mother—
Comfort to those who mourn when hope is past.

It means a life of service for the Master,
Following as he did where suffering leads.
It means that willing hands must labor faster
To bind up broken hearts and serve their needs.

Work that brings even here its compensation;
The joy of knowing our lives have been well spent,
The simplest, humblest, lowliest of all service—
Yet fullest, highest, noblest in extent.

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IF

If you can keep pt's in bed, when all about you
They're getting up and walking down the hall;
If you can trust yourself when M. D.s doubt you,
And still help them at their daily call;
If you can wait and not be tired by waiting
For that hypo to still your patient's cries;
Or stay on special when you're going skating,
And yet not let your patients get wise.
If you can give a bath in fifteen minutes,
And in five more sweep and tidy up;
If you always disinfect the buggy linen,
And sterilize each dirty cup.
If you can answer every patient
The minute that he rings his bell;
If you never keep a doctor waiting,
Except at meal times—then not too well.
If you can see the fracture bed you've finished making
Scrambled like Friday evening's eggs;
Or that "cocktail" your patient finished taking
Spread from the bed posts to the legs.
If you can move sixteen patients daily
And at five P. M. move seven back again;
And, missing dinner, keep on smiling gaily,
Watch life ending or beginning—yet keep sane.
If you can play with probies and keep your dignity,
Or walk with Supts. and not get too stuck up;
If you count with Doctors and your patients,
Yet never go with them to sup.
If you read labels thrice, when you've run for twelve straight hours
Dress "buggy" wounds, nor lose the sterile touch;
And then can face a Doctor when he glowers,
And still think you're a nurse, you'll pass as such!

—Exchange.

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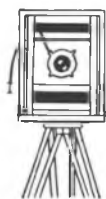
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You're not hard up when your purse is flat
And your clothes are flayed like an old door mat ;
You're not hard up when your bills are due
And you haven't a dollar to see you thru ;
You're not hard up till you see the day
That you haven't a cheerful word to say.

You're not hard up when your coin is gone
And you whistle a tune as you journey along ;
You may walk the streets when others ride
And your pockets have naught but your hands inside ;
That's not being broke you may depend
For you're not hard up while you have a friend.

But you are hard up and in a sorry way
If you haven't a cheerful word to say ;
If nothing on earth appeals to you
And you can't see charm in the skies of blue,
And you are hard up if you've reached the end
And can say in truth that you have no friend!

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