

# ◆ HISTORY OF NURSING NEWS ◆

Volume 9, Issue 3

February, 1999

## From The President's Pen

A temporary nursing history "museum" is being set up in one office at the UBC School of Nursing. This room, and the display case in the RNABC Board Room, represent the current status of the History of Nursing Group's gradual move towards establishing a small nursing museum to celebrate the 100th anniversary of the RNABC by the year 2012.

Prized historical objects are being brought to this temporary location by History of Nursing members who have been caring for

these treasures in their homes. The Archives Committee members (on a steep learning curve) are beginning to catalogue and store a whole range of objects. For example, we have biographies and photographs of nurses, old and "classic" textbooks, display board posters, and a stone pig from *Esther Paulsen*. The History of Nursing note cards will also be stored here.

A few days ago we received an unexpected and welcome donation from the UBC



**IT'S TIME TO RENEW YOUR  
1999 MEMBERSHIP!**

School of Nursing. Several historical pictures of British nurses, once belonging to *Evelyn Malloy*, former UBC School Director, were given to the History Group.

More information about the fund-raising drive and further plans will be presented at the Annual General Meeting of the HNPPG to be held on the morning of April 15th at the Hyatt Regency Hotel. Hope to see you then.

*President, Helen Shore*

## Membership For 1999 is Due!!

A bright pink membership renewal form is enclosed with this mailing. Please take a few minutes to fill it out and return it with your check to our Treasurer, *Don Ransom*.

A few words of clarification to assist you in decid-

## Contents

<i>March Program Meeting</i>	2
<i>Tuberculosis Care</i>	5
<i>Book Review</i>	8
<i>Nursing Caps</i>	10

ing which type of membership category is appropriate: full members must be paid-up practicing or paid-up non-practicing members of RNABC. Interested individuals not paying RNABC practicing or non-practicing fees may join as affiliate members. If you are enrolled in a nursing education program or are a registered nurse enrolled in a graduate program, you may join as a student member.

The History Group has two new full members. A sincere welcome is extended to:

*Irene Day*

2416 McBain Avenue  
Vancouver, B.C. V6L 2C4  
and

*Sally Butling Maclean*  
20009-15th Avenue West  
Vancouver B.C. V6J 2L4  
604-731-6713 (H)  
604-739-5655 (W)  
604-731-6703 (fax)

E-mail: [macleam@rnabc.bc.ca](mailto:macleam@rnabc.bc.ca)

As of January 1999, we had a total of 81 members (5 Honorary, 52 Full, and 24 Affiliate). This is slightly higher than last year and we appreciate your continuing support. A strong membership gives us the resources to move forward to accomplish our goals.

### March Program Meeting

*Technological Changes in Renal Care: An Historical Review*, will be the topic for the next History of Nursing program meeting. The meeting will take place on Saturday, March 13th at 2

PM. at St. Paul's Hospital in dining room 3. *Shirley Holzman* and *Ruth McIlrath* will give an illustrated talk on technology's impact on the nursing care of patients with end-stage renal disease. Directional signs will be posted and paid parking is available in the St. Paul's Hospital parkade. Refreshments will be served. Invite a friend and join us!

### History of Nursing Annual General Meeting

The ninth Annual General Meeting (AGM) of the History of Nursing group will be held on Thursday, April 15th, 1999 at the Hyatt Regency Hotel in downtown Vancouver. Keeping with tradition, the meeting is held in conjunction with the Registered Nurses Association of British Columbia's (RNABC) annual meeting. Our meeting will be from 8:30 - 10:30 where a continental breakfast of coffee, juice and muffins will be served. Past president *Ethel Warbinek*, is contacting members for the vacant executive positions. If you are willing to let your name stand for a position, please contact *Ethel* (538-5066). Although plans are not yet finalized, there will likely be a display table containing items of historical interest, brief reports from the various committees, and perhaps some surprises.



### Resolutions to RNABC AGM

The History Group will present two resolutions for consideration at the RNABC AGM, one concerning the CNA Library and Archives and the other focusing on the RNABC archives. (For more information on the resolutions see [www.rnabc.bc.ca](http://www.rnabc.bc.ca) or the current issue of Nursing B.C.) History members who are not voting delegates can attend the RNABC AGM as observers and are encouraged to lobby for the support of these resolutions.

There will also be a display table to promote our Archives Project and fund-raising efforts.

### Did You Know That.....

*Sheila Zerr* will be receiving an Award of Distinction in Nursing at the RNABC Awards presentation on the evening of Thursday, April 15, 1999. Congratulations to *Sheila* for her many and distinguished contributions to the nursing profession.

*Beverley Leipert* has received the Izaak Walton Killam Memorial Scholarship from the University of Alberta where she is a PhD student. The award is given to a graduate student who is likely to contribute to the advancement of learning or win distinction in their profession.

*Anna Tremere* gave a presentation on the **History of Mental Health Nursing** in British Columbia at the Coquitlam Public library in early December. *Ethel Warbinek* and

*Glennis Zilm* attended and reported that the presentation was excellent and very well received.

*Brenda Flynn* gave an illustrated talk on the **Vancouver Monuments to Nurses** to the New Westminster Chapter of the RNABC. The presentation was very well done and inspired a great deal of interest from many of the New Westminster nurses.

*Beverly Du Gas* recently returned from 6 weeks in **Northern India** where she was a consultant to the Guru Nanak College of Nursing. The college is part of a project funded by the Canada-India Guru Nanak Medical and Educational Society, a non-profit organization established in Vancouver. The project, started in the early 1980's includes a hospital of 180 beds and a nursing school which this year, initiated a 'twinning' liaison with the UBC School of Nursing. *Beverly* helped their faculty with curriculum development for their newly established baccalaureate program and other related issues. She was also guest lecturer at the University of Hong Kong School of Nursing where she spoke on the integration of Primary Health Care into the nursing curriculum from a global perspective.

*Lyle Creelman* recently donated two items to the Archives. The first is a made in Denmark figurine of a **Danish nurse**, 9 inches tall wearing a blue uniform with a white collar,

cuffs, and a white cap. Her uniform is covered with a long white apron and small white bib. She is wearing white stockings, only visible at the ankles, and light brown shoes. The nurse is pouring a medication from a white bottle into a medicine cup. The second item is a **brass lamp** similar to the ones used by nurses in the Crimea. It folds into a compact disc, and when opened, the shade is made of white fabric, accordion pleated. Inside there is a holder for a candle and the lamp has a metal handle. Both of these items are currently in the display cabinets in the RNABC Board Room.

**Revelstoke Hospital** has a display cabinet in their lobby which contains various medical and nursing items. *Susan Janett RN*, in a letter to *Sheila Zerr*, describes these artifacts as medical instruments, an infant weighing scale used by public health nurses, a picture of a graduating class and a nurse's uniform. Apparently the cabinet was originally located in Revelstoke's first hospital. The town will be celebrating its 100th anniversary next year.

The UBC School of Nursing will be celebrating its **80th Anniversary** this year. *Ethel Warbinek* is our representative on the planning committee.

#### **Local History Buffs Take Notice**

A symposium on the role of First Nations, women and fur traders in B. C.

will bring together many descendants of **Fort Langley's** early settlers and reveal the truth behind the trading post. **Fur Trade Days** on the Lower Fraser will take place on Saturday, March 20 at the Vancouver Museum at 1100 Chestnut St. in Vancouver from 10:30 a.m. to 3:30 p.m. (no charge) and continue on Saturday, April 3 from 10:30 a.m. to 3:30 p.m. at Fort Langley Historic Site, 23433 Mavis Ave. in Fort Langley for the regular admission price.

Fur Trade Days on the Lower Fraser will showcase the soft-cover publication of the Fort Langley Journals, 1827-1830, the first recorded history of the Lower Mainland, by local historian, *Morag Maclachlan*. Other symposium topics include Northwest Coast art, the experience of women and children during the Fur Trade era and profiles of prominent traders. Interpretative displays of artifacts, reproductions of original manuscripts and a surprise "Gentleman Trader" from Fort Langley will also be on hand to bring the spirit of the era to life.

This event is co-sponsored by the Vancouver Historical Society, the Vancouver Museum and the Fort Langley National Historic Site. Copies of the book (published by UBC Press) and related historical works will be available on both days. Contact the Vancouver Historical Society at 878-9140 or visit the VHS website at [www.vcn.bc.ca/vhs](http://www.vcn.bc.ca/vhs) for more information.

*Submitted by Helen Shore*

(Editor's note: *The Historical Aspects of Tuberculosis Nursing* was the focus of a special program meeting, jointly sponsored last October, by the History Group and the B.C. Lung Association. *Ethel Warbinek* chaired the panel discussion and was joined by *Esther Paulson, Nan McFarland and Joan Doree*. *Joan* kindly gave us permission to share her recollections with our readers.)

### **Tuberculosis Care in the Community**

As both my grandmother's died of tuberculosis (TB) I have always had a special interest in this terrible disease. My maternal grandmother died at age 40 after a short bout of illness, leaving 10 children. My paternal grandmother died at age 24 and left two toddlers. At the time of their deaths the tubercule bacillus had not been discovered. It was discovered by Robert Koch in 1890.

The discovery of that wonderful diagnostic tool, the x-ray, was still in the future – discovered by **Wilhelm Roentgen** in November 1895. TB was nearly always diagnosed in the last stages of the illness, was referred to as "consumption", and was usually fatal. It has been said that old serious illnesses cast long shadows and TB has certainly proven that.

I had been a registered nurse for nine years before I became a public health nurse in 1949. Then, when I joined the Vancouver Health Department, I was assigned to a downtown east side district which included part of the poorest area in the city with Chinatown in its midst.

As a generalized public health nurse, I was responsible for part of the Strathcona School health service, a child health center for babies, toddlers and parents, three small church kindergarten's, the infant and child immunization program, and the care and follow-up of TB patients in the area. Because of time restrictions the TB care I gave was limited and I often relied on people in the area to let me know about serious problems.

Basic care for our TB patients included working with newly diagnosed people to discuss their illness, recommended treatment, care of sputum, dish washing, and how to cope with their illness. Also at this time it was necessary to get names and addresses of home and work contacts to arrange for their chest x-rays. Patients were encouraged to advise their contacts themselves and then we checked to see the outcome. It was a tough time for the patients. Follow-up work usually included notifying the patients of their appointments at the Willow Chest center, giving them the results and recommendations of their latest x-ray exam, and so on. The latter was essential as patients were not seen on a regular basis by the doctors at the Chest center.

In thinking about TB, the disease cannot be separated from the life and living conditions of individual patients and their relatives. In this downtown area the living conditions and poverty were appalling. Most of my

patients were single men living in single rooms in old dilapidated rooming houses or hotels. Families with children lived in these buildings too and shared bathroom facilities. Some of these rooms were called "light housekeeping" which usually meant they had an electric hot plate or more often a gas ring. These gas rings were very dangerous and the accidental death rate from escaping gas was unbelievably high in Vancouver. Because of this, a notice appeared in the Vancouver Sun newspaper in September 1953 saying "A complete ban on new installations of gas appliances in Vancouver's 18,000 sleeping rooms was approved today by Vancouver city council to curb the toll of accidental deaths from gas poisoning".

Most of the patients in my district were on welfare or social assistance, unemployment insurance benefits, or war veteran's pensions called the "burnout" pension. The welfare allowance was pitifully small—48 dollars a month plus five dollars for "TB extras". You couldn't claim the "TB extras" if you signed yourself out of hospital, missed too many appointments or had been thrown out of hospital for drinking alcohol. As room rents were 28 dollars to 30 dollars a month, not much was left for clothes, car fare or nourishing food. Unemployment insurance benefits and "burnout" pension payments were slightly higher.

At this time the incidence and death rates from TB in British Columbia were very high (higher than the national

average) and especially amongst the Chinese and native populations where the rates were excessively high. Crowded and poor living quarters, poor nutrition and poverty caused as much harm as the bacillus itself. Patients with active TB were classified as minimal active, moderately advanced active and far advanced active. Because there were many more active cases of TB than hospital beds available, a very large number of patients lived in the community. My district averaged 40 to 50 active TB patients at any time with 15 to 20 of these people having sputum or stomach washing's active for tubercle bacillus. Patients with minimal disease usually had priority for hospital admission as their chances of cure were greater; but even so, there was often a three to six month waiting period for a bed. Also, care in TB hospitals in B.C. was not free as it was in many other provinces. The patient or relative had to go to the courthouse to see an official about who would pay for the hospitalization and when. I don't remember anyone being hounded about payment but it was one more problem to be faced.

There was one category of patient labeled maximum benefit. This meant "we can do no more for you and we need your bed for someone else". So these patients were discharged to the community often with very positive sputum.

One of my nursing colleagues wrote to the provincial government about the gravity of the situation but with no immediate results. However, many years later due to new anti-TB drugs when there was no

longer a great need for so many hospital beds, a new TB hospital was opened in Vancouver. Later it was converted into a hospital for chronic disease patients

The coming of the wonder TB drugs—streptomycin, para-amino salicylic acid (P.A.S.) and isoniazid (I.N.H.) was a great boon for TB patients. In the early days (1940) these anti-TB drugs were used only in TB hospitals but in a couple of years became available for patients in the community. Now many patients could stay at home on medication and many did not have to give up their jobs, as they quickly became sputum negative. These people were healing their disease without hospitalization, pneumothorax treatments, or surgery. The new treatment regime was not easy – twice weekly intra-muscular injections of streptomycin, plus huge daily doses of P.A.S and I.N.H. The P. A. S. pills were like “horse pills” (so named by a patient) and hard to swallow.

Originally we gave the streptomycin in the patient's homes but the added workload became impossible. Finally an extra nurse was hired to carry out this part of the program and anyone who could walk or totter to the health unit and climb a long flight of stairs to get their injections of streptomycin was encouraged to do so. Because our health unit was downtown many worker-patients from other areas were allowed to come here for their injections during their coffee breaks or lunchtime. The 'non-workers' always kindly allowed the workers to jump the queue.

Because many patients and their contacts were inclined to be a bit transient, contact follow-up was sometimes sketchy. But there's one situation I remember vividly. A very old Chinese man with newly diagnosed far advanced active TB with a very positive sputum was living in a communal Chinese house with 20 or 30 other elderly single Chinese men. There were quite a few of these houses at the time – old storefronts divided into tiny cubicles made up of boards halfway up (about four feet) and chicken wire for another four feet. This allowed for ventilation of each cubicle. There was one kitchen across the back in the building with a stove and sink. Here each man made his own meals. The reason for this type of living was because of earlier immigration laws which banned wives and children of early immigrants from entering Canada.

No one in this building spoke more than a few words of English, but one kind soul gave me the name and address of a man to see. I contacted this man who spoke fluent English and appeared very well to do, perhaps the owner of the building. He accompanied me on my next visit where he spoke very firmly (or harshly) to everyone. I really had no idea what he said. However in a few days all the contacts, all with the same family name, arrived en masse at the cramped one-staff x-ray department in the health unit. I wasn't there at the time but was told later

in the day of the pandemonium that broke out—people talking, shouting, writing and milling about. In desperation some of the clerical staff were commandeered to assist the x-ray technician hoping that the right name was attached to the right x-ray. The result was that several people had x-rays showing old healed TB scars on their lungs and one person was an active case of TB. We may have missed someone but by all standards this was successful “TB contact follow-up”.

The dreadful TB scourge has finally diminished in B.C. but still rages in other parts of the world. In 1844, Frederick Hebbel, in writing about poverty said “one need only be human to have a fate and in certain circumstances a terrible fate”. Still true today.

*(Editor's note: Joan concluded her presentation with stories about some of the TB patients she cared for and who, in her words “often lived such sad and desperate lives.” Space considerations precluded including those stories at this time.)*



### Book Review

Bongard, Ella Mae. (Edited by Eric Scott). Nobody Ever wins a War: The World War I Diaries of Ella Mae Bongard, R.N. Ottawa: Janeric Enterprises, 1997. (May be ordered for \$23, inc. taxes, from Janeric Enterprises, 1483 Edgecliffe Ave., Ottawa, ON K1Z 8G2)

*Ella Mae Bongard* was a young Canadian who had received her four year nursing training at Presbyterian Hospital in New York, graduating in 1915. After two years nursing in and around New York, she volunteered for overseas duty in World War I with the U.S. Army Nursing Corps. She was sent to France for duty in a British Hospital at Etretat, near Dieppe. From August 1917 until January 1919, when she returned to New York, she kept a daily diary, and this book contains those entries. Although most are brief, and few contain much description of the nursing duties, the diary provides an insightful view of both the routine days (and occasional holidays) of a real war, interspersed with descriptions of the busy, horrid days following the nearby battles.

The diaries and an excellent collection of photographs were found in 1995, after her death, by her son *Eric Scott*, who had served overseas in World War 2. After typing out the entries to preserve them for the family, he recognized what an excellent contribution this would be to the preservation of history and arranged for their printing. The highly professional result is a slim, moving, well-illustrated volume that gives a tantalizing glimpse of a charming young

nurse seeing first-hand the grizzly horrors of war.

The apt title is taken from a perspicacious untitled poem by *Ella Mae Bongard* that ends:

Such is the life of a Red Cross nurse  
When the curse of war descends on earth.  
But men never learn from years before  
That nobody ever wins a war.

For any nurse with even a passing interest in biography or the history of nursing during World War I, this is a "must read."

*Submitted by Glennis Zilm*

*(Editor's note: This unique book, now in its second printing, has just been honored by the office of Scholarly Resources at Columbia University Health Sciences Division in New York City by being added to their archives. The cover of the book will be used as the cover of the September issue of The Alumni Magazine of the School of Nursing Alumni Association at Columbia University.)*

#### Web Site Dedicated to Nursing Sisters

At the 1998 biennial conference of the Nursing Sisters' Association of Canada, a special Veterans Affairs Web site feature was dedicated to Canadian Nursing Sisters. This is believed to be the only one of its kind in the world. The site includes links featuring history, Nursing Sister's recol-

lections, the Nursing Sister's memorial, Nursing Sister's war dead, a photo album and video interviews. The address is [www.vac-acc.gc.ca/historical/other/nursing/nursing/htm](http://www.vac-acc.gc.ca/historical/other/nursing/nursing/htm).

The biennial conference was held in Charlottetown, Prince Edward Island, the location of Veterans Affairs, Canada. The Deputy Minister, *David Nicholson*, unveiled a permanent display, housed in the Atrium, which includes wartime and medical artifacts contributed by various former Nursing Sisters or their families. In addition Veterans Affairs employees produced a commemorative pamphlet and a special edition of the national departmental newsletter (*Carillon*, June, 1998) which pays tribute to the nursing Sisters of Canada. Further information on the pamphlet or newsletter can be obtained from *Nina Rumen* (733-7529).



### Nursing Caps

The nurse's cap is an almost forgotten symbol of another era, but retired nurse *Gloria Kay* wasn't about to let the nursing cap be consigned to oblivion.

Caps and uniforms were worn when nursing was more regimented and strictly controlled. Nursing caps disappeared in the 1970's as a result of changes in technology and the movement of student training away from hospitals to educational institutions. The cap was originally part of the nursing uniform and was designed to hold hair in place, but it also was viewed as a mark of professionalism. "This was particularly true in the difference between the caps worn by undergraduate nursing students which were often little more than a parlour maid's cap of net and lace, and the caps worn by graduate nurses whose caps were more austere and sensible" *Kay* notes.

To preserve some of Canada's nursing history, *Kay* began to collect and restore old nurses' caps in 1974. To date she has 90 caps, some from former nursing school graduates at Canadian hospitals and others from infirmaries in India, Scotland and England. *Kay's* ultimate wish is to see as many caps as possible representing Canada's RN's on display as a testament to the thousands of women who served both in this country and abroad.

Most of the caps *Kay* has

collected have come from graduates of Canadian nursing schools in the 1940's, '50's and '60's. *Kay* would like to expand her collection, then eventually find it a permanent home with curatorial services. "I think we were so proud to wear a nursing cap because it was a symbol of our commitment to our chose profession" says *Kay*, who was a career nurse and also served as a supervisor in several Ontario hospitals.

*Kay* can be contacted at 272 Golf Course Road, Conestoga, Ontario, NOB 1N0.

(Editor's note: The information on nursing caps was taken from an article written by *Judy Creighton*, from The Canadian Press, and appeared in the London Free Press, December 28, 1998. It was sent to us from *Glennis Zilm* who received it from *Shirley Stinson*. Both *Glennis* and *Shirley* have written to *Ms. Kay*, congratulating her on her wonderful collection and her work in preserving this aspect of the history of the nursing profession.)



### Collecting Cherry Ames Books....

"Cherry stood up unsteadily in the train aisle and pulled her luggage down from the overhead rack. She straightened her khaki hat on her black curls, straightened her Army Nurse's jacket, drew on her leather gloves. Then she sat on the very edge of her plush chair. The train was slowing down now. Johnson's big barn and the outskirts of Hilton skidded past. Cherry's cheeks were very red, her dark eyes brilliant.

'New York—London—Panama—the Pacific—I've seen them all—I've flown over Europe—' Cherry thought 'but—well, Hilton, Illinois, I'm coming home!' For this was the destination and the day she had been dreaming of."

From *Cherry Ames, Veterans' Nurse, Chapter 1, Homecoming*, by Helen Wells.

The Cherry Ames series was a popular girls nursing series from the 1940's and 50's. The books are about a dedicated, quick-witted nurse who frequently becomes involved in mysteries. Like most heroines, she is very pretty; she has black hair and cherry-red cheeks. Of course, her favorite color is red. Cherry's hometown is Hilton, Illinois, but once she enters training to become a nurse, she spends very little time at home.

Written by *Helen Wells* and *Julie Tatham* between 1943 and 1968, these delightful books are now considered to be collectable.

The twenty-seven books in the Cherry Ames series were published in hardcover by Grossset & Dunlap and appeared in many different formats, from dust-jacketed copies to pictorial copies to

paperbacks. In 1972 and 1978, Grossset & Dunlap reissued some of the Cherry Ames books in paperback under the Tempo imprint, renumbered and retitled. All the Cherry Ames books are out of print, and are available only on the secondary market.

The Cherry Ames' Nursing Game, a board game from Parker Brothers was issued in 1959, and had six wooden playing pieces. A later version substituted plastic playing pieces for the wooden ones. A Canadian version was also issued, which included instructions in French. Reportedly, one of the playing cards in the original edition of the game included a reference to obstetrics that was deemed inappropriate, and the card was removed from subsequent editions of the game.

The B.C. History of Nursing Archives has recently received a donation of six Cherry Ames books and would like to add to their collection. For further information, please contact *Beth Fitzpatrick*, editor.



## MARK YOUR CALENDARS!

March 4, 1999, Executive meeting, 4 PM, RNABC Building, Arbutus Street, Vancouver, B.C.

March 13, 1999, Program Meeting: Technological Changes in Renal Care: An Historical Review, 2 PM, St. Paul's Hospital, Dining Room 3, Vancouver, B.C.

April 15th, 1999 Annual General Meeting (AGM) of the History of Nursing group, 8:30 to 10:30 AM, Hyatt Regency Hotel, Vancouver, B.C.

June 18-20, 1999 Canadian Association for the History of Nursing 12th Annual Conference, Edmonton, Alberta

### HISTORY OF NURSING PROFESSIONAL PRACTICE GROUP OF THE REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA

The History of Nursing Professional Practice Group provides a forum for those interested in the history of nursing to exchange ideas and information. The Group, formed in 1990, strives to stimulate interest in history of nursing and promotes study of and research into history of nursing in British Columbia. The Group also encourages the teaching of nursing history in educational programs and can assist in the preservation of historical nursing materials.

Membership categories are honorary, full, affiliate and student. Full members must be paid-up practicing or paid-up non-practicing members of RNABC. Interested individuals not paying RNABC practicing or non-practicing fees may join as affiliate members. If you are enrolled in a nursing education program or are a registered nurse enrolled in a graduate program, you may join as a student member. Please get in touch with any member of the executive if you are interested in membership.

Dues for 1999 are: Full and Affiliate \$20; Students \$5. Membership year is January 1 to December 31. Send name, address, telephone number, or name of the educational program. Make checks to "History of Nursing Group" and send to: D. G. Ransom, Treasurer, 1200 West Georgia Street, Apt. #908 Vancouver, B.C. V6E 4R2.

R.N.A.B.C.  
NURSING HISTORY



Web site

<http://members.xoom.com/bchn/>

#### THE HISTORY GROUP'S NEWSLETTER

The History of Nursing News is published irregularly four times a year by the History of Nursing Professional Practice Group of the Registered Nurses Association of British Columbia. Unsolicited material is welcome, but the Editor reserves the right to shorten, reject, or edit materials in consultation with the author(s). APA style preferred. Editor Beth Fitzpatrick, Box 444, Brackendale, B.C. V0N 1H0 1-604-898-3156

E-mail address: [fitzpat@mountain-inter.net](mailto:fitzpat@mountain-inter.net)