

The Story of the Bishop Rowe Hospital in Skagway, Alaska

BY ISABEL M. EMBERLEY



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THE BISHOP ROWE HOSPITAL, SKAGWAY
The Bishop and Miss Carter, head-nurse, stand on the platform

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SKAGWAY is really the entrance port to the vast interior section of Eastern Alaska. It is situated in the southeastern part of Alaska, at the head of the Lynn Canal and the mouth of the Skagway River. There are many legends of the origin of the strange name of the valley—not all pleasant ones; but the one I care most to believe is the story of a beautiful Indian girl named Skagway. Fleeing from her husband, whose anger was aroused by her gentle deeds, she saw, when exhausted and almost overtaken, the mountains open before her for a refuge, and close again when her pursuer would have passed through. The story goes on to tell how she lay down and gave up her spirit in peace. One of our most beautiful mountains bearing on its long summit the roughly indicated outlines of a colossal recumbent figure, with peaceful upturned face and quiet folded hands, is said to be a monument to her goodness and her woes.

Fifteen miles above us, at the summit of the White Pass, are the two flags which mark the boundary between American and Canadian territory. The Skagway Valley is very narrow, and is enfolded among great mountains from 1,000 to 8,000 feet high, which completely shut us in on the east and west. Looking northward up the valley toward the White Pass, one sees rank upon rank of solemn snowy peaks—two and two, two and two, parting to give narrow passage to the turbulent little Skagway River. The mountain walls are extremely steep and rugged, scarred by great landslides and torn by gorges down which snow-fed torrents run. During the winter these cascades are locked in ice, but for several months in the year the air is full of their roaring. Some of these mountains bear great glaciers, and it is even surmised that ages ago the whole valley, from mountain top to mountain top, was filled with ice.

Through this valley, and extending

across the mountain range, is the old Brackett Trail, the first road built over the White Pass. A rough and toilsome road it must have been to those who, lured by the lust of gold, crowded by thousands toward the new Eldorado, when, in 1897, the world wondered at the stories of the fabulous riches of the Klondike region. Before the White Pass was known, the only trail over the mountains crossed the Chilcoot Pass, a shorter, but much more hazardous journey. At the time of the Klondike stampede, however, some Indians told of the existence of the White Pass, and very shortly travel was directed to the new route. So Skagway came to be. Adventurers coming by thousands from the south bought their outfit and provisions here, and the dogs or horses by which they transported them over the mountains to the great highway of the Yukon. This was called "packing over the trail," and weary work it must have been. When sickness broke out among

the stampeders, no aid was at hand, and many never reached the golden land toward which their faces were set.

The history of our Church mission in Skagway is almost coincident with that of the town itself. In 1897, the Rev. James L. Campbell, M.D., under the appointment of Bishop Rowe, began holding services. In the following year the Rev. L. J. H. Wooden took charge. Early in 1900, the Rev. James G. Cameron was appointed to the mission, and has served it continuously since then. The Church property is admirably located, and during the term of Mr. Cameron's service a good church and a modest clergy house have been erected at a cost of about \$4,000. The mission now has about forty communicants and takes pride in endeavoring to help on the work of missions elsewhere. The change in the character of the town and the consequent loss of population has, of course, affected the mission; but its work goes on, and both congregation and Sunday-



THE TOWN OF SKAGWAY IS LIKE THE PALM OF ONE'S HAND, WITH THE LONG WHARVES REACHING OUT LIKE FINGERS

school make their offerings for general missions. A vested choir, a Junior Auxiliary and a Boys' Guild are among the parish organizations.

In 1899 a railroad was completed across the Alaska range of the Rocky Mountains from Skagway to Whitehorse, forming the connecting link between the waters of the North Pacific Ocean and the head of the Yukon. This is the only railroad of any length in the country, and covers 112 miles. Traversing a country wild and rocky beyond description, winding in and out among great mountains, and reaching an elevation of 3,000 feet in the first fifteen miles, its construction was considered a remarkable feat in railroad building. This road completely changed the situation regarding transportation, and marked the waning of Skagway's prosperity. The miner no longer lingers here to purchase his supplies and the dogs or horses to "pack" them over the great divide, but brings everything up from the States or Vancouver, and only stops over between the arrival of his steamer and the departure of the train.

At the entrance to the Chilcoot Pass, the old route, a town, Dyea, had sprung up and prospered. When the new trail was opened, and miners no longer passed through Dyea on their way to the gold-fields it declined, and now is altogether deserted, its tenantless houses and ownerless hotels open to anyone who will enter. So towns are born, and so they die in Alaska—their prosperity depending altogether upon their relation to the richest "strikes" of gold. A certain sort of permanency is assured Skagway, as the terminus of the railroad and steamer lines, but it is extremely doubtful if it will grow much beyond its present state. In 1898 there were 6,000 or 7,000 inhabitants; now they number about 1,200.

The establishment of saloons and gambling houses was the first care of the settlers, and these, needless to say, have thriven while other lines of business have declined. Together with the houses of prostitution, which I believe are not only countenanced but licensed, these are

the greatest powers for evil that the Church has to fight here.

A town like this has of necessity a shifting population, and as someone has said, we minister not so much to a community as to a procession. A considerable part of the population is composed of isolated individuals—either those of the reckless and vagrant type, who have long since been lost track of by their families and are wanderers upon the earth, or those, who, with families in the States or Canada, have come here hoping to make a fortune for them. A good many of the patients cared for at this hospital, especially in its early days, have been those of the first sort, and I know that through the influence of the devoted workers here in the past two years—Miss Carter and Miss Langdon—more than one has been persuaded to take a different course, and has at least tried to communicate with his relatives. The second class, from their very loneliness, and perhaps, too, because disappointment waits so many of them, too often fall a prey to the dissipations offered. Not long ago a young man who had accumulated \$7,000 in Dawson and was on his way out of the country to visit his home, went into one of the gambling houses here, and lost every penny in one afternoon. This is no uncommon experience. Sometimes men bring their families here, and then proceed alone to the gold-fields of the interior, to new and unopened country where means of communication are altogether cut off, and are not heard of for months, perhaps never. The hardships and dangers of the trail and the new camps claim many victims.

There is still another element in the population, composed of the officials of the transportation companies, the army men, and those engaged in business here, but they, too, are constantly changing. No one thinks of making a permanent home here or of staying for any longer period than will suffice to accumulate the money they desire. There are three mission churches here beside our own—Roman Catholic, Methodist and Presby-

terian. A hospital is maintained by the railroad and its employees for the care of their own. The only manufacturing interest is a brewery.

Our Church hospital, now known as the Bishop Rowe Hospital, was founded by a group of the townspeople on February 19th, 1898, to meet the emergency of the great epidemic of spinal meningitis which then swept the region. The largest log cabin in town—sixteen by twenty-four feet—was purchased with funds raised by subscription, a nurse secured, and the venture started bravely under the name of the Skagway Union

records refer occasionally to the "annex" which we take to have been a near-by cabin secured for temporary use when there were too many patients to be crowded into this building. The records of those early days are very meagre and disconnected. It has been a work of great difficulty to piece them together into anything like a connected history of the hospital. One wonders how, in the space of only six years, things should have passed out of memory; but very few people can be found now who were here in 1898, and fewer who can tell us anything about the hospital.



ST. SAVIOUR'S CHURCH AND CLERGY HOUSE

Hospital. So great was the emergency that not even beds were provided, and patients were cared for lying side by side on the floor. Men died unknown and uncared for in their tents and cabins. Primitive as the hospital arrangements were, it proved an incalculable good in that time of scourge. The cabin was a story-and-a-half structure of rough logs, consisting of two rooms, the lower six feet five inches high (which, by the way, still serves as our men's ward), connected by a rude stairway in one corner with an upper chamber under the sloping roof. So far as we can ascertain, there was no room besides these two—not even a kitchen—though the old

On April 6th, 1898, when the hospital was hardly more than six weeks old, those who controlled it asked Bishop Rowe to assume charge and ownership. They made over to him the cabin and the lot on which it stood, stipulating that he should make an immediate outlay of \$1,000 in building. The old books show that in the first year the Bishop paid into the hospital funds for building and running expenses the sum of \$3,000. A frame building of a story and a half was added close to the south wall of the log cabin, and this was enlarged as need demanded and funds allowed, till it presents, architecturally, a strange and wonderful appearance.

From February 19th, 1898, when the hospital was started, till the end of that year, the number of patients cared for was 97; from February 19th, 1898, to January 1st, 1904, the total number was 360. Something over sixty per cent. of the work has been charity. Under the Union Hospital management Miss Anna Dickey was matron, and she remained under Bishop Rowe till May, 1899, when Miss Hildur Lidstrom was appointed by the Board of Managers, and took charge with Mrs. Mary Bow as her assistant. In June, 1900, Miss Lidstrom resigned, and as there was no volunteer to fill her place the Bishop retained Mrs. Bow, who was not under the Board, as matron. In July, 1902, Miss Clara M. Carter, deaconess, of Massachusetts, came out, bringing with her as assistant Miss Florence G. Langdon, from the same state.

At first the patients were largely cases of spinal meningitis, and the death rate was very large. Later, when the epidemic subsided, and during the most prosperous days of the town, they were mostly men brought in from the trail, cases of accident or frost-bite or of pneumonia or some of the other diseases resulting from hardship and exposure. At one time—in 1899, I think—there was a succession of cases of typhoid fever. That has changed a good deal. We get some accident cases now, but the work is largely medical, such cases as would be found anywhere in a small town. We usually have three or four patients, sometimes as many as six or seven, and occasionally for short periods have had only one or two. Since there have been three workers here, we have been able to do some outside nursing.

The hospital stands a little

apart from and to the north of the town, in the full sweep of the bitter wind that all winter long blows over the White Pass. It faces the eastern mountains, and only the width of the river separates it from the western bluffs. From our front door and windows we look directly across and up to the splendid snow-crowned peaks of Dewey, McKinley and Gnome Mountains, standing out sharp and clear against the sky or veiled in misty cloud.

Including the two buildings—which are connected—we have on the lower floor an entrance hall, which also serves as our sitting room, with the men's ward of four beds opening off on one side and the little office and two small rooms for patients on the other; a tiny dining room which we can rarely use in winter on account of the cold; a little drug room, and

a fairly good-sized kitchen.

Upstairs is the women's ward of two beds—impossible to heat, and therefore uninhabitable most of the year—an obstetrical room, linen closet and operating room, my small 'edroom, which used to be the lumber room, and the sloping-roofed chamber over the men's ward which Miss Carter and Miss Langdon have occupied together. The whole building is in very bad condition, and, if the work is to continue, the problem of suitable housing is one we shall have to meet at once. The great north winds come through our very walls, so that it is absolutely impossible to keep comfortably warm in winter. During the coldest weather in January, 1904, we were obliged to draw the bed of our one patient in the men's ward as close to the stove as possible. Yet, between his bed and the huge fire we kept constantly going, a glass of water froze solidly, and



AN INDIAN
TOTEM POLE



BASIL SAWYER WOULD BE GLAD TO TELL
WHAT HE THINKS OF THE GOOD A
MISSIONARY HOSPITAL DOES

this occurred repeatedly. We, who were well, got along fairly comfortably, but the patients suffered severely.

There has been no lack of work here to keep the nurses busy—especially as we rarely have a servant, and have to divide all the duties of the household amongst us. Our housekeeping problem is much complicated by the lack of plumbing in the house and the fact that we have no running water; the care of the stoves by which the house is heated is no small item in the daily tasks. We take turn about on night duty as a rule, the one who is to take the watch trying to get an hour or two of sleep during the day, but this is not always possible, and one often has to take busy nights for long periods with little opportunity for daytime naps. We try to get to one service apiece on Sundays, and when there are few patients get out as much as possible. On Sunday afternoons, Mr. Cameron, the rector of Our Saviour's Church, says evensong at the hospital. Sometimes

some of the choristers come, too, and the patients always especially enjoy the singing. On Wednesdays and Fridays, at noon, Mr. Cameron comes to hold the little service of intercession for missions, and for that we four, who are trying to uphold the Church's standard here, always try to get together.

A few typical instances will help to give some idea of the work the hospital is doing:

Shortly before Christmas a young Indian woman, dying of tuberculosis, was brought to us from a wretched cabin where her whole family lived in one room in a state of unspeakable filth. Such a pathetic little figure she was, and so dirty! She was very happy in her clean white bed, and touchingly grateful for the little we could do to make her comfortable. Though she had had Christian teaching, she had not been baptized, and a few days before Christmas the rite was administered. Fannie spoke very little English and I, who cared for her, knew no Chinook, but we managed to carry on long conversations. I tried to tell her what Christmas meant. She knew who Christ was, but of the manner of His coming and of His life she was altogether ignorant. When I told her that Christmas was kept as the time when He came to earth, she was greatly alarmed, thinking He would come this Christmas Day. So I told her the Story as simply as I could, one day while I braided her beautiful hair, and it was cheering to see her face brighten as she understood. I taught her the words "Merry Christmas" to say to all who came to see her on Christmas Day, but she didn't catch the meaning. Every time I entered her room for days her weak little voice piped up its "Mer-ry Christ-a-mas," and she never said it to anyone else. Dear little soul, how she did enjoy the Day! Ill and dying as she was, we carried her to the ward where the tree stood. *There* was something she *could* understand, lights and gay decorations and loving good-fellowship. And when the gifts were distributed, she

hugged hers to her heart, and only thanked us with shining eyes. She could not be persuaded to part with them even for a moment, and when, a week later on the Feast of the Circumcision, she fell asleep, I took the crumpled treasures from under her pillow. The light had gone out of her eyes then, but as I closed them the beautiful words of the Hebrew prophet came into my thoughts, "Thine eyes shall see the King in His beauty; they shall behold the land that is very far off."

Late last fall a young woman came to us, ill and almost friendless. Her husband, if he really was her husband, was in prison for a heinous crime, and she had fled from him. We kept her with us and she did what she could in the house till her little one came. Such a lovely baby, a black-eyed, black-haired, plump darling, who slept and grew and gladdened his mother's heart just as he ought, and looked like a little bird in a nest as he lay in his clothes basket among big Alaska blankets. We had no crib then, but since the Junior G. F. S. of St. Mark's Church, Southboro, Mass., has provided one. In January, the mother, now strong and well and happy with her baby, went from us and took up work by which she can support herself and child. It was good to be able to help her in her sore need. The Sunday after Christmas the baby was baptized at the hospital. The Baptismal Office was said in the ward, for we like to bring the beautiful services of the Church as near to our people as possible.

Again, a short time ago I was sent to the home of a woman who was too ill to be brought over the rough roads to the hospital, and for two terrible weeks fought death with her, only to be defeated in the end. After the last things

were done for her, I returned to the hospital, bringing her little ten-months-old baby with me to remain while the father took the mother's body to her eastern home for burial, and made arrangements for the care of his child.

One patient has been cared for in the hospital—gratuitously—for a year and a half. He is dying of consumption. For twenty years he prospected this country for gold, and the fact that now, helpless and dying, he is homeless and penniless, tells a story that many lives have repeated in this sad land. He was sent to the hospital with an acute attack of pneumonia one bitterly cold day in the winter of 1902. As Miss Langdon was helping to undress him she peeled off shirt after shirt, and thought she should never get to the man. At the fifth she asked him how many there were. "Oh, I don't know, ma'am," he gasped, for he had hardly any breath; "every time I tuk a leetle more cold I put another one on." There were nine, and less corpulent but surely more comfortable, he was put into a clean, warm bed. Bob has been quite happy and contented with us, and has endured a good deal more than he thought was necessary in the way of baths, etc., rather than hurt our feelings by complaints. He is very weak now, and may pass from all his pain and disappointment any day.

Our work is accomplished under difficult conditions, but we can adjust ourselves to them. Perhaps the hardest thing to bear is the intellectual starvation in a place like this. We must always be giving out of ourselves and there is little opportunity for replenishment. But on the spiritual side there are many compensations, for we are conscious of the presence of the King in a far land and rejoice in doing His work.

When this article was written the staff at Skagway consisted of the Rev. J. G. Cameron, in charge of St. Saviour's Church, and Miss Clara M. Carter, Miss Florence Langdon, and Miss Isabel M. Emberley, nurses. Within a few weeks there have been many changes. Mr. Cameron has come East on leave of absence, and his place is filled by the Rev. C. E. Rice, formerly of Circle City; Miss Carter has been sent to take charge of the new St. Matthew's Hospital at Fairbanks, and ill health has compelled Miss Emberley to retire temporarily. Miss Langdon is now alone at the hospital. Bishop Rowe is anxious to send her an assistant without delay. The cost of maintaining the Skagway work in both church and hospital with the present staff is \$1,700 a year.