Divided into four principal sectors, French, Japanese, White Russian, and, of course, Chinese, the city has the atmosphere of four countries in one. The Chinese and Japanese sectors, with their tea shops and restaurants, are quite similar. However, the Chinese lack the occidental flair the Japanese have acquired. The White Russians, as the Russian displaced aristocracy is called, have filled their sector with the grandeur of bygone days. Huge dining rooms with soft string music for atmosphere are extravagantly appointed. Carpeted floors, crystal chandeliers, and crisp, clean linens are standard equipment. The French sector with its sidewalk cafes and sidewalk artists is a bit of Paris. But no matter where you go, the mode of transportation is strictly Oriental, for the jinrikisha is everywhere.

Besides these main sectors, there are other smaller ones housing groups such as German, Jewish, and Mongolian, each observing the customs of his particular background. Strangely enough they do not attempt to sit in judgment on the actions or beliefs of their neighbors. They are, for the most part, content to live and let live. Thus, their cultures remain separate and distinct.

I feel that if I could spend a year with these people, living, studying, and trading, I could understand them better. Where but in Tientsin could one find such an interesting cross-section of humanity? Perhaps one could even discover the secret that nations of the world have sought for so long—the formula of living in harmony.

The Noble Profession

Marilyn Mills

When I was nearing the middle of my junior year in high school, I began to think seriously about what plans I should make for the future. For quite some time, nursing had interested me; so one afternoon I went to one of the hospitals in town and secured the position of a “ward helper.” The following Monday I started on my new job.

My purpose in doing this work was to make sure that I was really interested in nursing as a profession. My job was very simple in itself: I helped the floor nurses with their general chores, helped feed those patients who were unable to do so themselves, and ran various errands for both patients and nurses. I had a great deal of spare time, and after several weeks, having gained admittance to any room on the floor, I learned to know many of the hospital routines.

When I first started to work on Main Fourth, the nurses were very skeptical as to whether I would be of any help. Since I had had no training whatsoever and could not, therefore, be classed as a Nurses’ Aid, they doubted my usefulness. I was aware of their skepticism immediately and was determined to overcome it. I easily
gained the confidence of the nurses by doing my duties to the best of my limited ability and volunteering for as many extra tasks as possible, despite the fact that some of them were not at all to my liking. By the end of my first month of work, I felt I was capable of doing something really important, and my opportunity finally arrived.

It was seven o’clock in the evening, and I was just about ready to go off duty. I was putting the last prescription of penicillin into the large refrigerator in the ward kitchen when the night supervisor came in and asked me if I would mind staying to help with some emergency cases. I was thrilled to have such evidence of having won this faith in my ability. My job was to stay with a middle-aged man who had just undergone an emergency appendectomy.

The nurse took me to his room where he appeared to be sleeping peacefully, still under anesthesia. A long rubber hose ran from his arm to a large bottle suspended over the foot of the bed. This was an intravenous-feeding apparatus. The nurse showed me how to regulate the flow of the liquid from the bottle, and told me to take his pulse every fifteen minutes and record it on a chart. Then she left the room.

For the next hour my patient did not even move. Another half-hour passed, and the man on the bed began to be restless as his anesthesia wore off. He opened his eyes and attempted to pull from his mouth the brace which was holding his tongue in position. In doing so, he jarred the intravenous needle loose from his arm, and the blood ran freely from this tiny wound. This sight frightened him, and he tried to get up, tearing in panic at the bed clothes and the brace in his mouth. I was frightened and didn’t know what to do with him, but was afraid to leave him long enough to find a nurse. I tried in vain to make him lie down again, but he only became more violent. I loosened the brace in his mouth, and finally he lay down and closed his eyes.

When I thought he was again asleep, I started to re-insert the needle in his arm. But I was too hasty, for he was not really asleep. Seeing what I was doing, he jerked his arm away, reached for a glass of water on his bedside table, and threw it at me. I ducked, but not quickly enough to escape a shower of water down my back. Now I was both frightened and angry. I went over to his bed, pushed him back down on it, straightened out his arm, and sitting on his hand, I jabbed the needle into his arm. We remained in this position for the next twenty minutes, glaring at each other the whole time.

Finally the nurse returned to relieve me and asked how I was getting along. She noticed my peculiar bedside procedure and grinned. “It’s all in a day’s work, and it’s all for the good of humanity.” I returned her smile, and left the room with a very happy and proud feeling inside.