

signed to fill, and would not call them nurses nor confuse their position with that of the Registered Nurse. In the working out of your plans for the future, the non-professional aide could very well receive your attention.

As mentioned before, the necessity of bringing nurses and patients together is one of the most important problems you will have to solve. In securing this much-desired change, the present system of nursing may require to be recast or abandoned altogether. New living conditions require new methods of caring for the sick. The advent of the modern hospital, the motor car, improved highways, the concentration of large numbers of people in apartment houses, and many other present-day conditions have brought people together in a way not dreamed of three or four decades ago. Today, in most parts of Canada, acute illness is rarely treated in the private house. Indeed, much of our armamentarium against acute disease can be used efficiently only in a hospital; hence the generally accepted view that hospitalisation of the sick is in the best interests of the patient in all acute illnesses. As a result of this view, much of the nursing service, both private duty and institutional, is centred about the hospitals. Under our present ideas of practice, all this has increased the cost of sickness to the public, until today there is a growing demand that something be done to lessen this burden upon the shoulders of the citizens of this country. We believe it is the history of such disturbances in our social life that drastic remedies are often suggested by those least informed of the intricacies of the situation. To avoid difficulty of this kind, it is the desire of the Survey that all plans for giving nursing service to those in need of it should be sympathetically and thoroughly explored. For example, is the visiting nurse to become a necessary part of our community life in the same way as the school teacher, the clergyman and the physician are now? Prejudice should have no place

in this study. Present-day conditions must be studied and met, untrammelled by the customs of yesterday. While we should adhere to fundamental principles that experience has perpetuated, we must be prepared to apply these in the light of the requirements of present-day needs. The fact should not be forgotten that, while Canada is of wide extent, geographically speaking, her population is relatively small. Oftentimes long distances separate communities, while others, due to poor transportation, are almost inaccessible. In consequence of all this, it is highly improbable that any one plan of bringing nursing service to those who need it will be found applicable in all cases. These problems will prove difficult at times, but are not beyond the resources of those responsible for providing leadership for the nursing profession in Canada.

It will be found that several plans are reviewed in the Report. All of these embrace, in a greater or lesser degree, the idea of socialisation of the nurse. Coupled with this, the adoption of some form of State Health Insurance is recommended for your consideration. That the discussion may be clarified in our minds, may we attempt to explain what is meant by the socialisation of the nurse?

Socialisation could be undertaken in two ways: First, by the nurses themselves organising their profession so as to provide a nursing service that would be adjustable to the needs of all classes of the community. Supervision would be provided and registration of all those approved for the work, whether Registered Nurses or attendants, would be obligatory. By some such plan, the hope is cherished that nurses would be permanently employed at reasonable salaries. The cost of such a scheme would have to be borne by fees from patients where this was possible, benefits from health insurance, and municipal grants. This income in time might be supplemented by endowments provided by private contributions.