

is your Report. The success or failure of it largely rests in the hands of the nursing profession of Canada. May we say, at this moment, that you must not be disappointed if you do not have your requests granted at once? Reform is often a slow process. It takes time for the public to become educated to the necessity of the course of action which you are advocating, even though that course may be in the very best interests of that same public. Most of us are impatient to see action. We desire to achieve reforms affecting large masses of people in our own short day. We forget the teachings of history that the present state of our social life is the result of the contributions made by the generations who have gone before.

The Victorian Order of Nurses is very favourably commented upon in the Survey: not because it is a body of super-nurses, but because the selection, supervision and distribution of the nurses are bringing very gratifying results. The argument is advanced that if this is satisfactory for a small group, speaking relatively, why should not similar organisation and distribution of nursing services be carried out successfully on a much wider scale?

In the development of a service that will be adaptable to all, it is quite obvious that no plan can make possible the employment of Private Duty nurses only. That being the case, some other means of providing the necessary care will have to be found.

Our population can be divided into three classes. There is a small group at one end who, because of their wealth, can command any service they desire when ill. At the other end, a fairly permanent class who are always the wards of public and private beneficence. In between these extremes is a great body of our citizens who have not the financial resources, on the one hand, nor the desire to be the recipients of charity, on the other hand, but who do need very careful consideration in all future plans of health service. It is not always pos-

sible or necessary for them to be sent to hospital, and to engage a private nurse for any considerable time is out of the question. To this body of people the visiting nurse makes a strong appeal. I would like to urge this Association to pursue with all diligence the possibilities of such a service.

It is contrary to the accepted methods of education to have different grades of scholastic attainment in a given profession designated by the same name. For instance, a doctor anywhere in Canada is one who must have completed the required curriculum of study, passed the necessary university examinations, received the degree of Doctor of Medicine, and consequently is entitled to use the term Doctor. The same applies to other professions, and we believe that only those women who have attained the accepted standard of education in their profession should be called nurses. In time, this will be accepted the country over as designating one who has successfully completed her student term, passed the required examinations, and is thus qualified to use the title, nurse. In our opinion, it would be just as unfair and quite as misleading to permit the unqualified women to be called nurse as it would be to allow the medical student of two or three years' standing to use the title doctor.

While we believe the graduate should have this unquestioned place in our social life, we know we are voicing the opinion of a goodly number of the medical profession when we suggest there is a place in the care of certain classes of the sick for the trained, supervised attendant. They would not be nurses any more than capable ward helpers would be doctors, but they would be trained to perform many necessary duties about the home and the sickroom under the supervision of the visiting nurse. Developed in this way, they would be recognised by both professions as trained helpers or attendants. The general public, in time, would understand the place these aides were de-