

intelligent presentation of your cause in proper quarters may accomplish this; on the other hand, premature demands for a change will run the risk of defeating the ends which you so earnestly desire.

The patient, after all, is the central figure in this complex health scheme. To minister to him, either prophylactically or therapeutically, this social organisation which we call Medical Care has been developed. The nurse is a part of this system, but she can only function provided she is brought into proper relationship with the individual, be he sick or well. Does our present social organisation accomplish this? I am sorry to say it does not. The Survey points to the wide gap that exists between so many nurses desiring work and so many patients requiring the attention of a nurse. In Canada, 40 per cent. of the graduate nurses are continuously unemployed, while 60 per cent. of our people, acutely ill, can not get graduate nursing care when they most urgently need it. Obviously, there is something wrong in the distribution of this part of our medical service.

The tendency all over Canada is for the nurse to seek a practice in the more populous centres. She can hardly be blamed for this, because it is the spirit of the age—the urge to leave the rural and village districts for the supposedly more alluring possibilities of the city. In times of great prosperity, the practice may prove successful, but in times of adversity the nurse is one of the first to feel the pinch, and if she can not find assistance in her home, or in some other employment, the majority have practically nothing between them and very real hardships.

Only 30 per cent. of private duty nurses save any money for the rainy day. They are not wholly responsible for this because our statistics show that, due to the overcrowding of the profession, four out of every ten are always unemployed, and thus pre-

vented from earning a living, let alone acquiring a surplus.

These periods of depression have come and gone in varying degrees of severity as long as history has kept records, and so far as one can see they will probably continue to do so. It behooves us to make such changes in the present arrangement as will secure a more even balance between the supply and the demand, having regard to urban and rural needs, thus reducing, as far as possible, the distress attendant upon periods such as the present.

Is this change possible? In our opinion it is. The economic principle involved is simple, but its application is often fraught with difficulty. It is to adjust the number entering our nursing schools so that the number graduating will more nearly meet the needs of our population. This is not a new idea. Some years ago, many of the universities in Canada placed a limit on the number of students entering the Faculty of Medicine each year, and some of our Arts colleges apply restrictions upon those who would proceed to an Arts degree. I do not wish the inference to be made that over-crowding, in the respective professions, was the primary reason for this action. Doubtless, it was one of a number of factors that brought about the change. However, there is precedent and that from high places, educationally speaking, for you seriously to explore the possibilities of the plan in its application to your profession.

It is not my intention to deal with the various classes of nurse, such as Private Duty, Public Health, and so on. A great deal of time was given by Dr. Weir to acquire the ascertainable facts concerning all classes. Having done so, he presented the whole matter in the Survey, with what he believed to be workable suggestions for the improvement of the general situation. We hope careful consideration will be given to the Report by the classes interested. Remember that it