

changes as will assist in giving better service to those in need of it and at the same time improve the standard of your own profession. It is a big problem and the many factors entering into it will no doubt be considered very carefully by you before reaching a final decision. At this distance, we can only suggest.

The whole health problem is an intricate one. The patient makes many contacts during an illness: the physician, the nurse, the many collateral agencies that are called upon, both for diagnosis and for treatment, the social service organisation, the public health department with its corps of workers in the varied field of prophylaxis. All this and more shows how complicated has become the question of maintaining health or of regaining it, once it has been lost. In your discussions, you should keep this composite picture before you as a guide in determining how best the trained nurse can fit in with the other factors.

A serious point emphasized everywhere today is the increasing cost of sickness. We should bear in mind that a large percentage of our population is made up of those earning a daily or weekly wage—the laborer, the artisan, and the man upon a moderate or small salary. If sickness comes into the home of such a one a serious crisis is at once precipitated. If the illness is prolonged, or if the breadwinner is the patient, a few days or weeks may bring the home face to face with difficult economic problems. Canadian statistics show that a large proportion of our families, after providing for the ordinary expenses of living—such as rent, fuel, food, clothing, etc.—can afford little or nothing for sickness. In the face of such facts, how can these citizens maintain the present accepted standards of living and at the same time pay for modern medical services unless they receive

assistance from some source outside themselves? On the other hand, it is well to remember that great strides have been made in the science of medicine. Diagnosis and treatment include today many costly features that were not dreamed of a generation or more ago. So, while it is readily admitted that the cost has been increased, the service rendered has, we believe, outdistanced the added expense. At no time in the world's history have the poor—those whom fortune has placed in our public wards—been so splendidly cared for, not only while they are residents of the hospitals, but afterwards during convalescence in their homes, or in institutions specially set apart for that purpose.

Our joint professions share in these splendid achievements. The practice of medicine—using the term in its widest sense—can never be a purely business arrangement. It must always carry with it the philanthropic side. In ministering to sick humanity, we must always minister first and at some later day seek that remuneration to which we feel our services are entitled. If compensation is not forthcoming because of an empty purse, we must be content with the knowledge that we have endeavoured to render some little service to a distressed member of our race. Such is the tradition of our calling, and may the day never come when the thought of departing from this tradition could receive the slightest consideration in our ranks. The patient, be he rich or poor, must ever remain the first thought in any plan of health service.

In conclusion, may we say that, notwithstanding the many vicissitudes through which your profession may pass, keep your ideal of service nothing less than the ideal given by the Master Himself, when He said, "Inasmuch as ye have done it unto the least of these, my brethren, ye have done it unto Me."