Inter-departiment Correspondence

McGILL UNIVERSITY

To Mr. Glassco:

I was asking Miss Caroline about Miss Harmer's resignation, in connection with the Annual Report.

Miss Caroline says that as the School is not costing us anything we haven't anything more to do with it, and that it was not thought necessary to put Miss Harmer's resignation through in the ordinary way as a resignation accepted by the Board, with notification to Corporation. She says it is now regarded as on a par with the Theological Colleges.

I can see that the School for Social Workers is on a par with the Theological Colleges, because in neither case does the University grant the degree. But the School for Graduate Nurses' degrees are granted by the University and it is therefore academically an integral part of the University, no matter what the financial arrangements may be. There was no idea during last session that it was not part of the University, Don't you think that Miss Harmer's resignation should be officially regarded in the Annual Report, as a resignation of the position she has held here for some years past?

D.McM.

School for Graduate Nurses. Session 1931-32

Expenditure

Salaries & Wages

Miss B Harmer	Director	3000 00	
Mrs J.S. Prince	Asst Director	2000 00	
Miss M. Lindebrigh	Instructor	2000 00	
Miss B. Herman	do	500 00	
Part time Instruction & Lectures.		1106 00	
Miss L. Graedinger	Secretary	495 00	
Other instruction	Dept of Hygiene.	750 00	no
	Physical Education Social Service		
	Arts	730 00	no
	Chemistry.	100 00	?
		10681 00	
Materials & Supplies.		1772	
Equipment.		300	
Equipment Repairs.		830	
Books.		7660	
Printing, Stationery & Postage.		32593	
Travelling Expenses.		9455	
Miscellaneous.		5986	
Advertising		12991	
		1139687	
University Administration		30000	no
Maintenance of Building		40000	no
		1209687	
Income - Fees.		382100	
Deficit		827587	

8276
2480
6096

School for Graduate Nurses Session 1931-32.

Expenditure				
Salaries & Wages.				
Miss B. Hamer	Director.		3000 00	
Mrs J. S. Prince	Asst Director.		2000 00	
Miss M'Lindeburgh	Instructor		2000 00	
Miss B. Herman	do		500 00	
Part Time Instruction & Lectures.			1206 00	
Other Instruction	Dept of Hygiene		750 00	Dr Starkey & Assistant
	Physical Education	say	50 00	None in Session 1931/2
	Social Service	✓	230 00	Introduction to the Study of Society. Social Case Work.
	Arts.	✓	450 00	English, Education & History
Miss L. Graedinger.	Half time Secretary.		495 00	
			10681 00	
Materials & Supplies			17 72	
Equipment			3 00	
Equipment, Repairs & Renewals			8 30	
Books			76 60	
Printing, Stationery & Postage			325 93	
Travelling Expenses			94 55	
Miscellaneous			59 86	
Advertising			129 91	
			1139 687	
University Administration			300 00	
Maintenance of Building			400 00	
Total Expenditure.			1209 687	
Income.				
Fees			382 100	
Deficit.			827 587	

Hospital Economics & Administration - Dr Mackenzie.
Bacteriology — Dr Murray and Assistant.
Child Hygiene — Dr Fleming.
Mental Hygiene & Psychiatry — Dr W. J. A. Mitchell.
Communicable Disease — Dr Lushing
Obstetrics — Dr Goodall.
Tuberculosis — Dr Byers.
Pharmacology — Dr Schwyer.

Journal American Medical Colleges
January, 1933

Report of the Committee on Nursing Education

Advocating a Degree Course.

Summary

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PART II. Nursing Education in University Schools of Nursing
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Nursing education programs
Curriculum of university schools of nursing
Establishment and Function of Permanent Committee

In accordance with the instructions given at the 1931 meeting of the Association, your Committee has given further consideration to the question of the relation of this Association to nursing education. It is obvious that a direct relationship and possible responsibility exist only in the case of nursing schools attached to or affiliated with medical schools which are in membership in this Association. In these schools the type of instruction and general standards of nursing may affect the education of physicians which is our special responsibility. The magnitude of this responsibility in terms of the number of schools of medicine having complete or partial responsibility for schools of nursing will become apparent from statistics to be presented later. But, it is evident also, that medicine and the medical profession have a vital interest in nursing and in the proper education of nurses. It seems to us, further, that this Association is one of the medical organizations from which informed opinion should be expected on this subject.

Following this line of reasoning, the Committee has decided to present its report in three parts: the first is intended to express our understanding of the present situation in nursing and nursing education. If the Association accepts the report, the Committee recommends that it be submitted to the organizations interesed in nursing education, such as the American Nurses Association, the National League of Nursing Education, the Committee on Grading of Nursing Schools, the American,

*Read at the Forty-Third annual meeting of the Association of American Medical Colleges held in Philadelphia, Nov. 14-16, 1932.

Catholic and Protestant Hospital Associations and the Council on Medical Education and Hospitals of the American Medical Association.

The second part will deal with the university schools of nursing, with special reference to the interrelationships between schools of medicine and schools of nursing under university control. The third part of the report will embody the recommendations of this Committee.

It will be noted that our general point of view is that nursing education, on account of its relation to medical practice, is a subject in which medical educators should take an interest. This, again, does not mean that medicine should dominate the situation. Rather, nursing should control its educational machinery with the advice and aid of other educators.

Part I.—The Status of Nursing Education

We believe that the following facts have been amply demonstrated:

1. Nursing is an overcrowded profession. We regard this situation to be inimical to public welfare, because there must be in such excess a lower average of ability and training than in a smaller and more carefully selected group. Over-production in education always tends to lower quality. Perhaps, the worst feature is that the most desirable candidates avoid an overcrowded profession.

2. There are far too many nursing schools, students and graduates. Accepting as fact that there are about 2,000 nurses' training schools, 90,000 students and 22,000 graduates annually, the seriousness of this situation requires neither demonstration nor comment. We have only to hark back to the situation in medical education when there were more than 160 medical colleges and recall our concern with the threatened overproduction and lower standards among doctors, to appreciate the alarm among nurse educators at the present situation. Our opinion is that not only nurse educators but also medical educators and the medical profession have interest in and responsibility for this condition of affairs. There are also implications of public welfare.

3. While aware of difference of opinion among physicians we think it can be demonstrated that the weight of medical opinion is to the effect that the safe nurse in serious situations is the one of good intelligence and considerable scientific attainment. To these qualifications must be added adequate experience and technical training. Of course, the nurse must have outlook and personality. As a profession, nurses need at least the minimum education demanded of public school teachers. From this line of thought we conclude that:

(a) Nursing merits educational advantages, coordinate, in a measure, with those enjoyed by the medical and other professions. Such advantages are not at this time generally available to students of nursing.

(b) The medical profession and the medical colleges have a vital interest in the improvement of educational facilities in nursing and in the strengthening of schools of nursing.

(c) Nursing education should be more generally and more closely integrated with other educational fields. Nursing schools should be made parts of existing universities and colleges, and the curriculum in nursing should be made to conform to college standards with all that is implied in this statement as to requirements for admission, type of teachers engaged, equipment and facilities available, requirements for advancement and graduation.

In support of this opinion we need only recall the effect on medical education when the schools of medicine passed, to so large an extent, under university control. In the field of nursing education, however, the situation is somewhat different. Historically, the hospitals have developed the schools of nursing and they are now, to a very large extent, in command of the field. To dispossess them suddenly of all control would be impossible and unfair. While, eventually, if schools of nursing are to be of college rank, most or all of them must pass under college or university administration, it appears that hospitals must even then continue to have some voice in the matter because instruction of nurses is related to the hospital's own task, that of caring for the sick. But this management factor from the hospial side should not extend to the control of curriculum, teaching, ratio of theory and practice or other educational matters; nor to the determination of hours of duty, beyond securing service commensurate with its educational value to the student and not in excess of the value of maintenance supplied and other costs borne by the hospital in keeping up the school.

(d) Methods should be devised whereby only a high type of student with an aptitude for the work will be admitted to nursing schools.

The usual college entrance qualifications and an aptitude test, similar to that now used by some of the other professional schools, should be required. Such a test is needed in nursing even more than in medicine because high school graduates are a less highly selected group than are students who have had two years of college work. While it is not the duty of this Association to sponsor or develop such a test, it might be a gracious thing for us to offer our experience and assistance to a properly constituted body desiring to undertake this task. It is plain, that having

in mind the future position and responsibilities of nursing educators, too much care cannot be given to the selection of students for the nursing course.

Your Committee fully recognizes that the developments here suggested would tend to elevate standards in nursing and nursing education to a level which, while fully justified in all cases, and perhaps obtainable in university schools, might not prove feasible at an early date in non-affiliated schools. Nevertheless, the future of the non-affiliated school cannot be ignored by us since this school, too, will have an effect on medical education and medical practice. Further, the university school should not, because of the slower progress of the non-affiliated schools, cease its trend toward progressively higher standards in nursing. If those standards entail greater financial support than schools of nursing now receive, and if the hospitals now conducting schools of nursing without educational affiliation would thus be confronted with additional economic problems, it is still our opinion that the benefits for the profession of nursing itself, as well as for the ultimate aid to the hospital in the achieving of its primary purpose, the service to the patient, would fully justify courageous facing of the difficulties and the increased expenditures. In a word, we think that the university nursing schools should adopt the standards outlined as soon as possible and that the other nursing schools should make the same policies effective as soon as conditions permit.

These ideas are respectfully submitted for consideration by this Association, if adopted they should be communicated to those directly responsible for or indirectly interested in the education of nurses. We reiterate that the question is important alike to the profession of nursing, to medical educators and medical men, to hospitals, to patients and to the public welfare.

Part II.—Nursing Education in the University Schools

1. ADMINISTRATION—The administrative control of the School of Nursing should be lodged entirely in the university. The relation of the School of Nursing to the School of Medicine and to the other schools or colleges of the university will depend, in large part, on the general organization of the university. No single plan of relation or organization can be prescribed. It is reasonable to suggest that such a degree of autonomy as will assure ample expression of nurse opinion and initiative should be embodied in any acceptable plan.

In the course of the Committee's work, letters of inquiry were sent to 74 medical colleges (9 of which were Canadian institutions). Copies

of nursing school catalogues were furnished and answers to the letters were returned by all but two of those addressed.

For the purpose of showing the degree of the university's responsibility in nursing education and the relations of the school of medicine to the schools of nursing, we summarize the situation as it presents itself to us from a study of the answers and catalogue statements:

Number of schools of medicine to which Committee sent letters of inquiry 74

Number of schools of medicine from which an answer[1] was received 72

Number of schools of medicine sending answers and catalogue.... 63

Number of schools of medicine associated with universities having both schools of medicine and schools of nursing as separate units in the university organization 27

Number of schools of medicine associated with universities having some form of relation to schools of nursing, the latter, however, not being separate organizational units within the university organization 26

Number of schools having relations with schools of nursing in which there is not complete university organization..... 9

Number of schools of medicine associated with schools of nursing in which the latter is designated as a school of nursing education (without relation to the School of Medicine)..... 1

Total....63

It is, therefore, obvious that there is no uniformity of organization among the colleges reporting that the school of nursing is conducted under the auspices of the university. It is, furthermore, obvious that in at least 53 institutions, the school of medicine is more or less intimately associated with and responsible for the instruction of the nurse; in 26 of these, through the university control of both the school of medicine and the school of nursing, and in 27 of these, through instructional organization. Five of the schools stated that the school of nursing is a distinct autonomous unit of organization, entirely coordinate with other

1. For those interested in the details of these answers, the following may here be recorded:

In reply to the question: "What is the relation to the College of Medicine?", the following answers were returned:

16 (including 1 Canadian school) stated that the schools were a division of the College of Medicine, or under the management of the dean of the medical school.

3 replied that the school was a separate school in the university.

2 stated that there were no relations, except that members of the medical faculty participated in the teaching of student nurses.

2 stated that the dean of the medical school was a member of the Executive Committee of the nurses' school.

2 indicated that there were close relations but no control of management by the medical school.

The remaining replies may be recorded as follows:

1—Members of medical faculty on controlling committee.
1—Close association, advisory rather than directional.
1—Approve appointment of instructors and supervise curriculum.
1—Operates under own director.
1—A department of hospital which, in turn, is a department of the medical college.
1—Under hospital management.
1—Joint control—college and hospital.
1—Curriculum subject to approval of medical faculty.
1—No relation.

schools and colleges in the university.

As stated in our previous report: "Those universities conducting schools of medicine with their associated hospital facilities are in a strategic position to make valuable contributions to the field of nursing." Such universities should take the lead in improving and developing nursing education.

It is, therefore, obvious that different universities have developed relationships for nursing education in widely diverse manners. It is neither desirable nor feasible to interfere with this organizational diversity. Nevertheless, basic principles of organization for the purpose of insuring educational adequacy can certainly be agreed upon. We submit, therefore, that in all university schools of nursing there should be:

(a) A sound form of administrative organization on a university level.

(b) One of the many forms of faculty organization which have proven satisfactory in other schools of the university.

(c) Independence of budgetary control to the same extent as obtains in other schools or colleges of the same university.

(d) Curricular control of both theoretical and practical courses coordinate with the curricular control in other divisions of the same institution.

Another aspect of the situation must here be presented. Summarizing the situation only for those schools which made official statements on this point, the Committee finds that: (1) two schools offer only a five year course leading to the degree of Bachelor of Science in Nursing; (2) two schools give only the conventional three year course; (3) twelve schools give both the conventional three year course and the five year course leading to the degree of Bachelor of Science in Nursing; (4) one school gives the conventional three year course and a four year course leading to the degree of Bachelor of Science in Nursing. It is clear that the university schools have thus far not recognized a specific responsibility in the field of nursing education. This Committee is of the opinion that the university schools have a threefold specific function:

(a) That of developing the educational curricula for such positions as teachers of nursing subjects, school and hospital administrators, public health workers and workers in specialized nursing fields.

(b) That of offering model three year courses in which the best educational practice is illustrated, not merely for the purpose of educating the traditional registered nurse, but also for the purpose of assisting by example and progressive educational experimentation the other schools of nursing.

(c) That of developing to an increasingly higher educational level the five year course leading to the degree of Bachelor of Science.

2. The Double Curriculum.—With the acknowledged shortage of competent instructors in all schools of nursing, the desirability of nurse teacher training seems evident.

We advocate that nurse education be on the college level. This implies that the teachers of anatomy, physiology, etc., be persons who could be recommended by university departments of the respective fields as instructors in colleges of arts and sciences or in similar institutions. The necessary courses in theory and practice may well be arranged through the College of Education.

Two plans for advanced instruction in nursing have thus far been in operation: the first, in which the high school graduate is first given the traditional three year course in nursing and afterward an additional two years of college study; and the second, in which the two years of preparatory collegiate training are demanded as a prerequisite for the three years of the curriculum in nursing. Both these plans are deemed acceptable at present by your Committee but we feel that the university schools should be encouraged to experiment with the view of determining the relative merits of the two plans.

The five year curriculum is longer than the usual curriculum leading to the degree of Bachelor of Arts. It may be that a safe curriculum with less, but adequate, nursing practice could be devised. This, too, should be made a matter of experimentation by the universities. The Committee, however, warns against any abbreviation of study or the formulation of requirements for any degree which could not be favored by the graduate schools and which could not be approved by them as being the equivalent of the Bachelor of Science degree granted by professional schools. In other words, whatever plans are approved, the curriculum should be such as to be acceptable to the graduate schools for registration and for further work toward advanced degrees.

Similar reasoning may be put forward regarding courses in administration and public health. In each case, it would seem reasonable that the mechanism be flexible enough to enable the high school graduate, on the one hand, to proceed directly by a well planned curriculum to her chosen objective, or, on the other hand, to permit the three year graduate to reverse the order and obtain her objective by supplementary studies.

We would not counsel that every university school organize curricula for all lines of nurse specialization. This should be governed by circumstances, particularly by the facilities and the finances available. If a university can do one of these jobs well as matters are at present, it may consider itself fortunate.

3. Curricular Content. We have thus far pointed out the diversity which exists with respect to the organization and administration of schools of nursing. No less a diversity exists with reference to the curricular content and evaluation in different schools, if the catalogues which the Committee has studied can be taken as mirroring actual conditions. It would manifestly be impossible to summarize here adequately all that might be said concerning curricular content and its evaluation. The Committee has studied more intensively seventeen of the university nurses schools selected because for these catalogues and related sources of information were available, and because in these institutions the measure of university influence seems to be pronounced.

In addition to (a) general comments on the curricular content in these seventeen schools, the Committee submits brief comments on (b) basic science courses; (c) medical courses; (d) nursing courses and (e) cultural courses.

(a) General Comment:

In the schools here under review it seems clear that acceptable principles of curricular organization are observed better than they are in a large proportion of the non-university schools. Thus, the general principles of course sequence, course load, time distribution, teaching load per teacher, the relations between theoretical and practical courses and other similar features are observed with some approximation to collegiate standards. On the other hand, with reference to each of these features not only is there considerable diversity in these different schools but in some of them there is a noteworthy falling short in one or more details when the situation in these schools of nursing is compared with the situation in the accredited college.

(b) Basic Science Courses:

The basic science courses are obviously unduly condensed. In a large percentage of the schools studied an effort is made to crowd anatomy, physiology, chemistry, bacteriology and an introductory course in pharmacology into the preparatory four months period. Such an arrangement obviously could not meet standard collegiate requirements, and, as a result, in most of these schools the credit value given is entirely too low to meet the demands of a sound educational quantitative standard. Two credit hours in each of these various subjects are by far the most common credit value assigned, thus falling short of what is generally regarded as a minimal credit value of the collegiate course in the elementary laboratory sciences.

With reference to special subjects, anatomy and physiology are still taught as one course by no fewer than twelve of the seventeen schools. When one bears in mind the fundamental difference in viewpoint in these two sciences, one cannot but doubt the educational success of the procedure here being discussed. The combined course in anatomy and physiology carries a credit value ranging between 3 and 5 semester hours in these twelve schools, and the clock hours devoted to their study vary between 45 and 120 hours. The five schools giving anatomy and physiology as separate subjects vary between 45 and 110 clock hours for anatomy and between 22 and 48 hours for physiology. It seems clear that several schools are teaching these subjects without adequate laboratory work. Only five of the schools make an attempt to spread these subjects over more than one semester.

The situation in chemistry shows a still greater diversity. The clock hour requirements range between 30 and 125 hours and the credit hour requirements between 2 and 8 semester hours.

In bacteriology, the clock hour requirements are fairly uniform, being 45 in all except four schools, but the credit hour evaluation ranges between 1 and 5 semester hours. The introductory course in pharmacology, variously designated "Drugs and Solutions," "Elementary Materia Medica" or "Elementary Therapeutics," is given in the preliminary semester in all except five schools. The clock hour requirements range between 15 and 45 and the credit hour requirements between 1 and 2 semester hours.

By no stretch of academic standards can most of these courses be considered adequate for college credit. One has but to note the description of courses in chemistry, anatomy and physiology required in the curricula for physical education or home economics in the same university to be persuaded of the fact.

(c) Medical Courses:

A brief discussion of courses in medical, surgical, obstetric and pediatric nursing may be taken as fair samples of the educational situation with reference to all clinical courses. In only five schools does a course in disease precede a course in the technique of medical nursing. In all of the other schools the instruction on disease seems to be given simultaneous with instruction on the nursing aspects of these diseases. Some schools give these various courses in the first year, others in the second and still others in the third year. The clock hour requirements range between 8 and 75 hours. It is not clear from catalogue statements to

what extent bedside instruction in these conditions is expected to compensate for the lack of more formal methods of instruction.

What has been said of medical nursing may also be stated concerning surgical, obstetric and pediatric nursing. The range of clock hour requirement is decidedly wide and as far as catalogue statements are concerned little can be learned regarding the total curricular demands in these various schools. It seems likely from a study of the catalogues that the principles of sequence are probably more neglected in this branch of the curriculum than in any other.

(d) Nursing Courses:

It might be expected that in university schools particularly, the professedly nursing courses should be administered with academic precision. In all likelihood, this is the case, but the catalogue statements give relatively little evidence on this point.

In the basic course on the principles and practice of nursing, for example, we find not only a wide divergence in clock hour requirements, giving evidence probably of a lack of clarification regarding the objectives to be obtained, but also what is seemingly a relatively low instructional demand. The requirements in terms of clock hours range between 90 and 210, and only four of the schools have made an effort to evaluate their work in terms of the usual credit hours.

(e) Cultural Courses:

If the nursing curriculum is to be estimated as the equivalent of collegiate training, one would expect the inclusion of some courses of a non-professional character here designated, for lack of a better name, as cultural courses. Thirteen of the schools attempt to give their student nurses such courses. Under this head may be included such courses as those in philosophy, religion, general psychology, modern languages, English, public speaking, history and sociology. The number of hours devoted to such studies show a wide range and only a few of the schools afford catalogue evidence of treating them with a measure of seriousness.

Summary

Summarizing the situation as here presented, the following points seem clear: (a) the basic science courses are given in some university schools without reference to fundamental collegiate requirements;

(b) the instruction on clinical subjects is in some cases not sufficiently differentiated from instruction in nursing in the corresponding

fields, thus probably developing in the student's mind a hazy and inadequate notion regarding disease conditions;

(c) the clarification of objectives for courses in nursing practice seems definitely indicated;

(d) the giving of cultural courses to nurses not only in the preliminary period but throughout the three years is probably highly desirable.

Any serious attempt to make the nursing curriculum conform to college standards demands a reduction of "hours of duty" to what is necessary for the attainment of reasonable technical proficiency and a corresponding increase in the time for study of scientific and cultural subjects.

It is clear that in this brief summary no attempt can be made to suggest the relative stresses which should be laid on these various classes of courses.

Part III.—Recommendations

Your Committee, therefore, makes the following recommendations:

1. That this Association hereby records its deep interest in the developments now taking place in nursing education and that it regards these developments as significant for the future not merely of medical practice but also of medical education.

2. That since nursing is fundamentally a profession auxiliary to medicine in its aims and procedures, nursing education, despite the progress which has already been made, would do well to accept the directive guidance of medical education concerning many of the features of nursing education; and that, therefore, the influence of the School of Medicine should increasingly pervade the development of the School of Nursing.

3. That those universities which are conducting schools of nursing should bend every effort toward the safeguarding of educational standards in these schools by increasing the measure of educational control over these schools and by conducting them on a collegiate level. This means that they should not use their nursing schools as service adjuncts of their hospitals but, if necessary, should use such additional university resources as may be necessary to bring their nursing schools up to the general level of the other colleges.

4. That the university schools of nursing elaborate educational programs not alone for the traditional three year curriculum in nursing, but also and with major emphasis for an adequate curriculum leading to the degree of Bachelor of Science, as well as other advanced curricula in the various fields of specialized nursing endeavor.

5. That the university schools of nursing be encouraged to undertake sound educational experimentation in nursing education with special reference to the solution of existing controversies concerning curricular administration.

6. That universities accept the principle that courses in the curriculum of the school of nursing be formulated and administered with the same seriousness and on the same collegiate levels as are demanded of accredited Colleges of Arts and Sciences, particularly with reference to the curricular content, the diversification of courses, the sequence of courses, the quantitative evaluation and full requirements of courses and a satisfactory equilibrium between theoretical and practical courses; and that, therefore, the form of administrative and instructional control in these schools be organized with the view of safeguarding accepted standards in all of these respects.

The universities can also help raise standards by refusing full credit on their advanced courses to graduates of three year courses which do not maintain reasonable standards.

7. That this Association appoint a committee which will not only offer its services concerning the medical aspects of nursing and nursing education to the other groups interested in the field, but will also initiate under the guidance and with the authority of this Association, such activities in the field of nursing education as may from time to time be found necessary for the safeguarding of the interests of Schools of Medicine in the progressive development of Schools of Nursing.

(Signed) A. M. Schwitalla
E. P. Lyon
A. C. Bachmeyer, Chairman

Canadian Nurses Association

I

The Medical and Nursing Professions and the Survey Report

By G. STEWART CAMERON, M.D., F.R.C.S.(C.)
Chairman, Joint Study Committee, Survey of Nursing Education in Canada

II

Life, Profession and School

By F. CLARKE
Professor of Education, McGill University, Montreal, Que.

III

The Scientist and the Survey Report

By ROY FRASER
Professor of Biology and Bacteriology, Mount Allison University, Sackville, N.B.

approves of nursing degree.
p. 25

Biennial Meeting Canadian
Nurses Association,
Saint John, N.B., June 21-25, 1932

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By G. STEWART CAMERON, M.D., F.R.C.S.(C), Chairman, Joint Study Committee, Survey of Nursing Education in Canada

In the world in which we live, change is the order. It must be progress or retrogression. The human race—notwithstanding many pessimists to the contrary—is steadily moving forward. Measured in days or years, little or no advance is seen, but measured in centuries it is noticeable to all. The evolution of the human race from the primitive life of ancient times is evidence of this. In the process of development, emphasis has been increasingly placed upon the training of the mind. Whatever, therefore, may be the particular calling or profession, individual success can only be attained by having the mind thoroughly trained and equipped. Such training is in line with the principles of all progress. The successful man or woman must learn to think, and to think logically. He must be made familiar with the varied avenues of intellectual activity—science, art, literature—and the standard of excellence in each, so as to determine his own course according to his special aptitudes. At the same time, he must keep abreast of the movements of his own day in order to see his work in its proper perspective. Education is not merely filling the mind with facts; it is training the mind in observation and sound thinking, and in addition, keeping the body healthy and disciplined.

But, you may ask, what has all this to do with training nurses? If we have made ourselves clear, we are sure you will see that the education of nurses can differ in no essential from educational preparation in other professions. The same general principles must govern, or else we flounder about with no accepted compass to guide us, and reach only confusion. May one venture to suggest that part of the chaos in the nursing profession today is due to our failure to apply accepted educational principles to the training of our under-graduates? We must not be surprised at this, because the same confusion has existed in other professions. The desire, however, to find the cause of the dissatisfaction and to remove it, which is everywhere apparent today, is wholly commendable. It is an acknowledgment that things are not right, and that the faults should be corrected if nurses are to take their natural place as properly trained participants in that vast organisation which today ministers to the health and well-being of the human race.

It may be only a coincidence, but a significant one, nevertheless, that throughout the Anglo-Saxon world, at least, those interested have gradually reached the same general conclusions, and while the problems may not be quite the same in Great Britain, the

United States, and Canada, there is a unanimous conviction that the present nursing system, both within and without the hospital, should receive thorough revision.

For generations it has been the custom to speak in terms of veneration of the great service rendered to humanity by such women as Florence Nightingale and our own Jeanne Mance; the one devoting herself to nursing in Great Britain and on the continent of Europe nearly a century ago; the other, two centuries earlier still, accepting the dangers and vicissitudes of the Canadian wilderness that she might bring succor both to the native Indians and to her own fellow-countrymen. The lives of these two women, typify in a remarkable degree the ideal of service—service to suffering men, women and children. There is another side, however, about which we hear little. Florence Nightingale, from her vast experience, saw the inadequacy of the nursing facilities in her own country. Prompted by this knowledge, she devoted some of her time and fortune during the latter years of her life to organising nursing schools, wherein young women could receive training in the care of the sick, in keeping with the medical attainment of the time. This contribution, while it will be always overshadowed by the knowledge of her heroism and her unselfishness, yet from a practical point of view, marked a change in nursing education. So, today, when your profession pauses to consider the many problems which the great advances in medical science have created, and the markedly changed attitude of the public toward the care of the sick, you are simply following the precedent established by an illustrious member of your profession of a bygone day.

Having accepted the broad basis upon which all education must rest, namely, the gradual training of the mind and body along accepted lines, it is necessary to adapt this principle to our present problem, so that the graduate will be, not one whose mind is crammed with fact or fiction, but one who has the resource to form judgments from observation and to think clearly and constructively when occasion arises. Perhaps you will say that this is something everyone knows. However true this may be, it is a fact, brought out in our Report, that all too many probationers reach our wards and class-rooms almost devoid of the power of observation or of reaching conclusions through a process of reasoning based upon common experiences about the sick-room.

In stating this fact, we must, in all fairness to the nurses, say that they are not wholly to blame for this situation. How often do we hear it said that all a nurse needs is a pleasant manner, a disarming smile and a sympathetic touch! We quite agree that these are invaluable natural assets, and would that every nurse possessed them in a superlative degree! This, however, is only one side of the problem.

Wherever we go, we find splendid modern hospitals, and millions of dollars spent in research foundations. Public Health, more and more, occupies the attention of the average citizen and of governments. All this vast social enterprise is created to give effect to the efficiency of modern medicine in the care of the sick. In this complicated structure, the nurse is very properly taking an increasingly important part. Is it logical, then, to believe that she alone can be inadequately trained? Merely to state the facts should dissipate, in the minds of reasonable people, any idea that in the nurse's education the fundamentals may be disregarded. We believe that in principle the nurse should differ in no way, in her preliminary education, from a candidate for any of the other professions.

Where can this preliminary education be obtained? Undoubtedly in our secondary schools, in so far as Canada is concerned. In all the provinces approximately two years in a secondary school is the designated standard of preliminary education. We have

learned, however, that wide deviation has been an all too frequent custom. Many probationers are accepted who have had a scant public school training, supplemented by instruction in a night school, business or correspondence school. Undergraduates are accepted whose scholastic attainments run all the way from this low standard to that of the graduate in Arts. It is obvious that when we accept such wide variety of mental training in the probationers entering our nursing schools, we must expect a variegated product to emerge in our graduating classes. Here, then, reconstruction should begin. It is not that a high standard should be insisted upon now, but rather that a fair standard be adopted, with a curriculum carefully worked out in conjunction with our secondary schools, so that the preliminary training will be that most suited to a young woman about to enter the nursing profession. Having done this, make it the absolute minimum, a minimum from which, as circumstances permit, you can raise your standard of matriculation until it is on a plane comparable with that of other professions. I think I am correct when I say that along such lines education in most Canadian provinces has developed.

When students leave our high schools they do so, either to enter commercial or industrial life, or to pursue their studies in one of our universities. These students can select one of many equally recognised colleges wherein the instruction compares favourably with the best in other countries. But when the potential nurse looks about to decide where she will proceed with her education, she finds a very wide difference in the standards of training maintained by the scores of nursing schools throughout Canada. The Report indicates that at the top of the list are many that compare favourably with the best anywhere. It also points out that we have a great number that are nursing schools in name only. There are hospitals in which a young woman somewhat blindly apprentices herself, and in return for doing all the work is given some doubtful medical and nursing instruction. At the end of three years she receives a diploma showing that she has complied with the educational requirements of her Alma Mater. The tragedy of this is that in my own province, until recently, over 95 per cent. of all these graduates, applying through examination for the seal of official approval, were accepted and permitted to write R.N. after their names. So we have the efficient, well-trained nurse competing, oftentimes at a serious disadvantage, with the very poorly educated one. The public has no way of judging the difference. They are all Registered Nurses. And so the inefficient bring discredit upon the whole profession. Here, then, is a defect that should receive careful remedial treatment. Some plan of uniform curriculum ought to be accepted by all schools. Minimum requirements, at least, should prevail throughout the various provinces respecting the size of the hospital, the average number of beds occupied, and the number and qualifications of the teaching staff, if a uniform standard of excellence in the graduates is to obtain. All these points are fully discussed in the Report. Many helpful suggestions are offered, based upon a careful analysis of the various kinds of hospitals and nursing schools in Canada.

The suggested minimum size of a hospital suitable for teaching purposes is seventy-five beds, with an average occupancy of fifty patients. Ample variety of clinical material is an essential. One might just as well try to instruct a medical student in the science and art of his profession with a few patients as to endeavour to teach nursing without an adequate number of occupied beds.

If the seventy-five bed hospital is accepted as the minimum for a nursing school, it is obvious that many hospitals now training nurses will be compelled to abandon the practice

and staff their wards with graduate nurses. Objection is bound to be offered to this plan until the public is seized with the idea that a graduate nurse is something more than a maid with some knowledge of the care of the sick. In the second place, the management of small hospitals must be shown that they can conduct their institutions with graduate nurses at no increase over their present costs, provided they have been making allowance in their budgets for the maintenance of an approved school. It is quite true that a hospital can keep its costs down if it refuses to recognise that a nursing school is a school for the proper education of its undergraduates in all branches of medical science, in so far as that science is necessary and applicable in the instruction of a graduate nurse, and that such a school must be properly equipped and provided with a teaching staff adequate to the responsibilities assumed. It is probable that many schools throughout Canada will say, on first thought, that if they have to provide instruction along lines such as these they will be forced to close their hospitals because of the added expense—in other words, unless they continue a low-graded school in order to give, as they believe, a cheaper service to their patients, and as a consequence of their belief, graduate nurses of mediocre ability, they must cease to exist. We are of the opinion that, from the educational point of view, such an argument is untenable, and further, that the cost of staffing a small hospital with graduate nurses in place of maintaining a modern school of nursing should be carefully investigated before any hasty conclusions are reached. Expediency is doubtless necessary at times, but it should not be accepted as an ideal and thus become dominant in practice; it tends to mediocrity in the end, and mediocrity can never be the goal toward which our lives should lead, either individually or nationally.

In this connection, I would like to point out that the hospital was originally intended for the care of the poor, more particularly those without homes whose earthly days were drawing to a close. The nursing care was provided largely by Sisters, who voluntarily gave their lives to minister to the needy sick. The development of a training school in connection with a hospital is a modern idea, and doubtless was gradually evolved as a means of providing general care for the inmates at a cost that was of necessity very low. The advance of medical science in the last half century has compelled us to alter our ideas respecting the function of a hospital. Besides providing care for the patients admitted to its wards, it is becoming more and more a factor in health education. As we familiarise ourselves with this general health problem, the more we are led to believe that the small hospital could develop a greater field of usefulness by concentrating its energies in making itself the centre of a well-planned community health scheme, rather than in attempting the maintenance of a nursing school of doubtful educational value. It is not part of this address to elaborate such a scheme, but we offer it to those interested in health work as a field in which much can be done.

The hospital of the future must accept some responsibility for the quality as well as the quantity of its graduates, and not continue to send from its doors, into a vastly overcrowded profession, a procession of young women often very poorly equipped for duty, largely because the hospital believes that by so doing it is maintaining its costs at the minimum. We are not unaware of the high cost of sickness today, but we believe the reduction of these costs involves the solution of a problem much bigger than simply whether it is cheaper to utilise or not to utilise student nurses to do the many jobs about the hospital.

It may interest you to know that already some of the smaller hospitals in the province of Ontario have dis-

continued the employment of student nurses; and, further, that the Department of the Public Health, through its Hospital Section, has begun a standardisation of training schools. A syllabus of minimum requirements has been prepared, and only schools that measure up to this standard are to be approved. At the present time, about 60 per cent. have been accepted. During the past two years, fourteen of the small schools have closed; three more have discontinued the admission of student nurses; while four others have the matter under consideration, and in the meantime are receiving no probationers. Apart from the reduction in schools and the consequent curtailment of graduates, it is highly significant that some provincial governments are interesting themselves in the character of the teaching and the facilities for instruction in our schools.

It has been suggested that in the future there should be some regulation of the size, location and number of hospitals. As the provincial governments provide assistance for the maintenance of the hospitals, they might decide to withhold such assistance unless it could be shown that the proposed hospital was a social or geographical necessity, and that the economic burden would not be disproportionate to the financial resources of the community. If such a programme should be adopted, doubtless schools of nursing would be discouraged unless they were necessary in the public interest.

The same general principles that govern the organisation of a secondary school should be considered in the institution of a school of nursing. The principal ought to be a fully qualified instructress. Her staff should be composed of qualified supervisors on the floors of the hospital, together with such other instructors and technicians as might be necessary or available from the house staff. For the present, the medical staff could give instruction as might be required of them. Doubtless, as time goes on, the number of lecturers selected from the medical staff would diminish, and a few members, specially qualified for their work, could be chosen for instructional purposes. The whole personnel should be so integrated that continuity of teaching would be secured among the class-rooms, the laboratories and the various wards. The necessary equipment for properly teaching and demonstrating the subjects taught should be provided. Suitable class-room accommodation ought to be available, well removed from the general commotion naturally attendant upon a large general hospital.

Early in their training, if it has not been done before, students should be required to give some time to collateral reading. In the beginning of this paper it was stated that an individual developing along accepted educational lines would keep in touch with what is transpiring in the world outside of his own particular field. It has its broadening, cultural influence, and tends to keep in proper perspective the work of the student. Every properly conducted school should have comfortable reading-room and library facilities, where students could be encouraged to make use of the daily papers, current magazines of a wholesome type, and such books as might be available. Someone may say that the nurse in training has no time for such relaxation. Quite so, as matters stand today she has not, because she is doing all sorts of work in the wards that could and should be done by ward helpers. Heretofore, the energy of the student nurse has been exploited, in a mild way, by the hospital, to lessen the expense, as is mistakenly believed. Again, the student of the future will come to the hospital with better preliminary training and will not need to take up hours trying to learn details which she should have mastered in her collegiate or high school days. Along such lines as these, it can be shown, that, in a properly organised nursing school, ample time can be secured for

cultural development, and as a result a much more efficient nurse graduated, to do honour to her school and to her profession. All this sounds formidable, particularly when the expense is considered. I submit, however, that investigation by those competent to express an opinion will show that many of these facilities can be secured at a relatively small cost. In some instances—a library, by the way—could be developed year by year, over an indefinite period of time. In fact, this is the usual method adopted in many institutions.

On the other hand, how are we going to instruct these young women if we do not provide the means? We go on, year after year, providing bigger and better schools wherein our public and secondary teachers are trained. These young men and women, the product of these splendid institutions, are so prepared that they may train the minds of our children, and prepare them for the realities of life. Are we not just as vitally interested in the health of our children and that of our friends? Is it not just as necessary to consider the proper education of those who minister to our physical infirmities as it is to stress the training of those to whom we commit the mental development of our citizens?

If we accept the argument in favour of such nursing schools, how should the cost of organisation and maintenance be met? So far, little thought has been given to this question because it is only the very few hospitals, speaking relatively, that have considered the maintenance of their school apart from the general expenditure upon the whole institution. What is the annual cost of a student nurse to the hospital? What is her nursing value to the hospital in terms of the graduate nurse? These are questions about which there is little or no information available, and one is led to believe that a great deal of the confused thinking about whether a school or a staff of graduate nurses is the more expensive for a hospital to maintain is due to the absence of any real information on the subject. The Survey has endeavoured to answer these questions, and we suggest that careful consideration be given to the facts presented.

Should the hospital meet the total expense of maintaining the school? This is another question that has received very little attention because, up to the present, in most quarters, the undergraduate nurse has been looked upon more in the light of an apprentice who traded her work in the hospital for certain instruction which she was supposed to receive. The thought of it being primarily an educational problem has had little consideration by most people. That being the case, very few have looked upon the nursing school as a school in the generally accepted sense of the term. If, in the future, the nurse is to be educated along lines similar to those adopted by the public and secondary schools, subject to government supervision, is there any good reason why schools of nursing should not be treated by our governments in precisely the same manner as they treat other public educational institutions? Large sums of money are contributed annually by governments for the maintenance of public and high schools, normal schools, technical schools, and your Report believes and, we think, rightly so, that the properly organised and equipped school of nursing should be treated in exactly the same manner as our provincial schools.

The Report divides itself naturally into two divisions: the forepart has to do with the education and preparation of the nurse for her profession; the latter part deals with the various aspects of her professional life. We have spent considerable time discussing the first part, as we think it is of great importance. You are asking the public to change its present attitude toward our nursing schools. It may be your hope that the school of the future will occupy some place in the general educational development of the country. Time and

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 prevented 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

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 possible 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-

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.

The second plan would be some form of State Socialisation wherein the control of the service, in whole or in part, would pass from the profession, and nurses would be placed in the employ of either the federal, provincial or municipal governments directly, such as our civil service, or indirectly as are teachers in our schools. We have gone some distance already in socialising our nursing services. According to this definition, mostly all public health nursing is socialised. There are also large bodies of nurses engaged in school work, while many others are employed in social service work through civic hospitals and public clinics of various kinds. Inasmuch as these groups are permanently employed by the various civic bodies and receive their salaries from taxes levied upon the citizens, they are State-supported. Unconsciously, for most of us perhaps, we have accepted the principle of socialised nursing. We think we are correctly stating the fact when we say that, so far as it has gone, it has proved reasonably satisfactory for both the nurse and the public.

Are we prepared now to go a step farther and adopt the idea of either private or State Socialisation, or some combination of the two? Here the future of nursing in Canada offers a challenge to the best statesmanship in the profession because your decisions will have far-reaching effects on the lives of your members. The private duty nurse of today may become the visiting nurse of tomorrow. In my opinion, the intelligent development of a socialised plan could very easily extend the benefits of modern nursing care to many who are unable to secure it and thus bring increased happiness into many homes that are unable, for economic or geographic reasons, to participate in the full help offered by present-day medicine.

What do we understand by State Health Insurance? This is a plan—believed by many to be an advance in our social life—for providing medical care for a large proportion of the citizens of a country. It is an insurance in which the insured, together with the State, in some mutually acceptable plan, pays the premiums. When the insured becomes ill, he receives certain benefits, either in money or service, or both, and these benefits cover the expenses of the illness. By the general adoption of a plan of State Health Insurance that would include, among other advantages, a nursing service for the insured, you will appreciate how this could offer a means of extending trained nursing care so as to include large numbers of people who today are financially unable to assume such responsibility. The nursing service thus created would absorb large numbers of graduates. As such service would require to be readily accessible and continuous, careful selection and supervision of nurses would be a primary necessity. A permanent service would be obligatory upon those responsible for the system and permanency would mean regular duty and fair remuneration for nurses thus employed.

You realise, of course, that no restrictions would be placed upon those able to pay for private nursing, neither would nurses be interfered with who desire to follow private duty. Here, the restricted clientele would control the number desiring to practice as private nurses.

While socialised nursing and State Health Insurance may be goals towards which we are moving, I, personally, feel that at this juncture it might be more advantageous for the nursing profession if it were better organised within itself before proceeding with the larger and more idealistic plan suggested by State Health Assurance and socialisation.

As a matter of practical experience, we have found that some considerable measure of control of the profession interested, by its members, has been reasonably satisfactory. It appeals to the idea of self-government inherent in the hearts of most of us. To begin with, would it not

be wise for the various Provincial Nurses' Associations to consider the advisability of seeking, through legislation, the control of the education and the discipline of those entering the profession? Modifying somewhat the suggestion contained in the Report, may I briefly outline what appeals to me as a workable plan, and one that could be explored at once in most of the provinces, provided reasonable care was exercised in the preparation of any brief that would be presented to the legislature.

Create in each province a Provincial Board of Nursing Control composed of nurses, doctors and representatives from the hospitals. The majority of the Board would naturally come from the nursing profession. Your profession being so intimately connected with and dependent upon the medical profession and the hospitals, it would be advisable to have representation from both. The Provincial Board would assume responsibility for all matters pertaining to the nursing profession in much the same manner as the Provincial College of Physicians and Surgeons controls the medical profession within the respective provinces. The Board would have full power to enforce its demands within the provisions of the Act creating it. The Provincial Department of Health ought to be in close relationship with the Board's activities; in fact, the Minister of Health might be a member of the Board, in the same manner as he is a member of the College of Physicians and Surgeons in some of the provinces.

Among the duties assumed by this Board would be the control of the curriculum of studies to be followed in all training schools within the province; secondly, to determine, from time to time, the scope and character of the pre-nursing education necessary for a student matriculating in a school of nursing; thirdly, to control all examinations the passing of which would entitle the student to a certificate of graduation; fourthly, to fix, periodically, the provisions necessary in a hospital before a school of nursing would be approved. This Board would be the disciplinary body and would exercise reasonable control over the nurses and their relationships with the public in all matters wherein friction might arise.

Time does not permit my entering into fuller details, but we are almost persuaded that this ought to be the first development in laying a foundation for the future growth of the nursing profession in Canada. It can be proceeded with carefully and in keeping with the nursing and medical opinion of the individual province. If this was done, the expense should be trifling indeed.

In the Report considerable space is given to a discussion of a Federal Council of Nursing. At a recent meeting I was asked whether or not it would be wise to proceed with the organisation of such a comprehensive national body at present. My personal view is that we are not quite ready to proceed with this national body, for various reasons, one of which is that it is much easier to secure legislation in your own province to render effective contemplated reforms than it is in the Federal Parliament. Having demonstrated the usefulness of your plans provincially, and thereby secured the support of your own public, you can approach the Federal problem with reasonable confidence of success. This has been the experience in my own profession and I have no doubt that it applies equally well to others. In saying this, I do not for a moment wish you to think I am unfavourable to such an organisation—on the contrary, I believe it is an ideal towards which your provincial activities should tend. In a country of such wide extent as Canada, however, with diversified interests and divided language, the problem would not be an easy one, and I feel that while this national organisation is taking form you could make progress in your individual provinces by sponsoring such

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."

Life, Profession and School

By F. CLARKE, Professor of Education, McGill University, Montreal, Que.

An old friend of mine once wrote a very able book to which he gave a title wherein the word "Evolution" was used. When it was suggested to him that the book itself had very little to say about any "Evolution" his reply was: "Yes, I know, but the publishers had the title they wanted, and I had a title under which I could say what I wanted."

So much for titles. I am afraid I must offer the same kind of excuse for the title I have chosen for this paper. It is just a wide-open umbrella under which I can find room for what I wish to say.

Stated in general terms the task I am attempting is one of a perspective sketch. I wish to look at our problem of the education of nurses from the outside, as it were, so as to view it in its setting of current thought and practice, both in education and in the wider field of social and cultural tendency.

A venturesome undertaking, to be sure. For the world of thought and action and cultural movement amid which our problem is to be seen seems to grow increasingly chaotic. It is a world where, to use an Irishism, only the strong heads can keep their feet. Fortunately, our topic itself helps us. I know very little even yet about the problems of nursing education, and most of what I do know has been learned in Canada. But, coming fresh to some study of the question, I have formed at least one overwhelmingly strong impression. It is this: that no question of modern education can be more *typical*, more *representative*, of all the major issues than that of the education of nurses. Those who wish to clarify their thinking among the tangled threads of education today could find no better specific for their purpose than a study such as we are pursuing here. For it raises, and raises inevitably, all the major issues. That in itself is quite sufficient justification for the very comprehensive report which the Survey has arrived at under the far-seeing guidance of Professor Weir. In Socratic fashion he has followed the argument wherever it leads, and he has found, as all honest students must find, that it leads not only into every department of our educational thought and practice, but into the very roots of our common culture and into the fundamentals of our social structure. Truly, we are engaged on no small undertaking.

Let me illustrate the point by mentioning a few of the issues that arise. To begin with, we are concerned, in the function of nursing, with an indispensable social necessity. Done well or done badly, the job must be *done*, and the loss is immediate if it is not well done. Here at once we have both an urgent question of vocational education and a great issue in

social policy, if the necessary supply of skill is to be both forthcoming and readily available.

Then the service itself becomes increasingly technical, demanding an ever-growing degree of specialised training. Here is an issue that is disturbing us all, in almost every field of education today, and it is no exaggeration to say that the fate of society depends, in large measure, upon the wise solution of it. How are we to provide for the carrying of this ever-growing load of technical *expertise* and yet save and strengthen the human souls of men and women? A society consisting wholly or largely of "mere" experts: of people who are just experts and nothing more—what a horror to contemplate! Yet there seems to be some danger of it and the issue is nowhere more acute than in this field of the education of nurses.

Next, we may glance at the professionalising process which gathers such strength in so many callings, in addition to that of nursing. There can be no doubt that change in the ambitions and status of women has given a powerful impetus to the process, which again, is full of danger. What is the recognised standard of competence to be? How is it to be achieved and maintained? What rights is the organised profession to exercise? How can the dangers of privilege be offset so as to safeguard the community without injury to the profession? Here are momentous questions both of education and of social control, and parallels to them can be found on every hand.

Finally, I will take note of another unsolved conundrum that is illustrated by our topic. It is of a more purely educational character and so can be used to lead straight into the main discussion. It is a question at least as old as Plato, and his discussion of it in the "Republic" is still relevant to our own case. It is this: What is to be the relation of so-called general (or liberal) to so-called special (or vocational) education?

How will that relation, when determined, be expressed, both in the educational progression of the individual and in the varied provision of educational means that the community must offer? In particular—in the case of nursing education, for instance,—what kind and degree of "general" education shall be demanded as a qualification for entrance upon specialised training? And again—perhaps even more momentous—what guarantees of continued cultural development of a broad human mind can be associated with or derived from the specialised training itself?

I call this last question particularly momentous. Why? For many reasons, the nature of which I can illustrate briefly. Are we quite sure that a preliminary course of so-called "liberal" training, given in the usual way, and carried as far as you like, is in itself a sure guarantee against the narrowing and dehumanising influence of closely professional studies? Can we be quite sure that the "liberal" training has taken firm hold and that there will be no back-sliding? For an answer, look around on the world of successful professional people.

Again, is there any profession which requires, more than nursing, that its professional training shall itself be penetrated through and through with a rich and liberal human significance, so that the clinical thermometer and the compress become, in themselves, symbols of salvation of more than a physical kind? Can we afford to make the same cardinal mistake in the training of nurses that we made in the past in the training of teachers, where we gave the narrowest and most illiberal of trainings for what should be the broadest and most liberal of professions?

It is this need for a liberal handling of the technical training itself that constitutes a strong argument for associating at least the higher training of nurses with the university, provided always that the salt of the uni-

versity retains its savour. I shall return to this point later. Here I wish to express a growing doubt about the validity of the distinction between "General" and "Special" education as it is currently drawn. The doubt, I think, goes to the root of the matter. On the one hand I see men and women who have succeeded in drawing the means of fullness of life out of the seeming technicalities of vocational training. Such people find water-springs in a dry ground. Or, like Saul in Israel, they set out on the humble task of seeking the strayed donkeys and find a kingdom. For one, the building of motor cars, for another the management of a schooner, for another the cultivation of a farm, yes, even the management of a household may become the gateway of emancipation into a satisfying life.

On the other hand, I see men and women of alleged "liberal" learning whose only capacity seems to be to go on accumulating more and more of the same sort: walking museums, whose contents rattle more and more drily and harshly as life goes on.

Which of these has had the "liberal" training? Please do not misunderstand me. My point is not to decry so-called "General" education: anything but that! It is rather to emphasize the view that a course of education is to be judged by its product rather than by the content of its programme. That is liberal which produces the liberal and special which produces the special. And the difference is quite as much a matter of spirit and atmosphere as of formal content on paper.

I think we have here *the* crucial educational issue for a modern democratic community where each must discharge his proper skilful task, and all must share in, and contribute to, the common cultural life. We have not really faced the issue yet, largely because we have been obsessed by a formal distinction between the liberal and the vocational, which is largely traditional, and exists today very much on paper.

Let me illustrate by a direct question: What percentage of the young people of our universities—yes—even in our high schools—are there, in the last resort, for any other than a vocational motive? Insistently, in season and out of season, we have linked formal education with *success*. That has been our real faith, our real working philosophy. Some of us have gone so far as to work out laboriously and in true modern fashion the comparative cash value of various levels of education; public schools in hundreds, high school in thousands, and university in tens of thousands of dollars. And our young people have responded. Why should they not, to a faith which their elders hold so fervently? No wonder that, in their secret hearts, many of them look upon our fine "inspirational talks" about the value of education in itself as just so much insincere bunk.

The Nemesis for all this may be already at the door. I shall be immensely relieved if the next few years do not bring a violent popular reaction against the whole of our elaborate provision for formal education in school and university as a huge fraud. Unfair, no doubt, but it will be one more charge of the younger generation against the older that the latter has held out promises which it cannot fulfil. The donkey has made the painful journey and there are no carrots at the end of it. It is a little late in the day now to turn and rebuke the donkey for worldliness and to assure him that he has his reward in a much more spiritual and lasting sustenance than carrots.

Clearly it is the philosophy that is wrong, particularly wrong in the insincere guise of idealism behind which it hides the true grossness of its inspiration. In truth, where our effort should have been to liberalise the vocational we have succeeded only in vocationalising the liberal, and have fouled the feeding trough of culture in the process.

The fundamental revision of values that is called for will have to extend

far beyond the field of education in the formal sense. Here it is enough to repeat that, largely because of this failure, modern democracy has hardly begun to solve its real problem; since neither in the individual life nor in the life and culture of society as a whole has it succeeded in integrating the Useful and the Satisfying; the Necessary and the Fine; the Vocational and the Human; the Specialist and the Man.

Spurious solutions are around us in plenty. Among them one might mention Efficiency, the ideal of triumphant techniques: "Service," offered usually only in return for a dividend, and combining, often unpleasantly, the lubricating grease of business with the treacle of sentimentality—even at its best its weakness is apparent in its vagueness; then the ideal of the "Good Mixer," in which I feel at times the philosophy of Professor Dewey seems to culminate; or again, the ideal of Conventional Conformity of the "Hundred-Per-Center," which, one might gather, is satisfying to so many.

The real inadequacy of them all is evident in the vast reservoir of dissatisfaction that they leave behind, like a lake at the foot of a glacier. The lake is now growing turbid and agitated and threatens to give rise to a torrent. Its presence and the menace of it is the measure of our problem; a problem of education through and through since the threat comes not from an outside source at all, but from the bewildered minds and consciences of men and women who feel themselves betrayed by the old gods, yet need strength and guidance in the painful task of finding more satisfying objects of devotion.

Note again, then, how typical and representative our problem of nursing education is, set in the midst of a society where men are in danger of losing their souls in a vain effort to gain the world. Nursing, with the intense humanity of its mission, the wide diversity of its contacts with the life of men, and the combined concentration and sympathy that it calls for in those who practise it: is any profession more concerned with the supreme task of keeping body and soul together in much more than a merely physical sense?

So the claims of nursing education offer a most favourable ground for testing out the validity of our principles. To that task we will now proceed—the consideration of the education of nurses as a model for the whole problem of an integrated education that will keep body and soul together, unify life and vocation, and build a well-proportioned scheme of values so as to guarantee richness of life without prejudicing wholeness and effectiveness.

First, then, as to *objectives*. The chaos about aims which now characterises the educational field is but a reflection of the wider chaos that is paralysing Western civilisation as a whole. We seem to be passing through the profoundest moral and spiritual crisis that mankind has experienced since Greek times, and no man can say what will issue from it. I do not propose to go into its causes: they are a matter for the interpreter of modern history. Nor do I doubt that we shall come through: Western civilisation is not going to collapse. Here, however, I ask you merely to take note of the fact itself, patent as it is to us all.

A solution of our deep and painful perplexities cannot come wholly from the educational end. But it must, very largely, begin there, and it can hardly come at all unless those who have charge of education achieve a pretty clear consciousness of the direction in which a solution is to be sought. The burden of the pioneer and the scout is thrown upon the educator today as never before. He cannot escape the responsibility for a leading part in the drastic revision and re-integration of Values that is called for, and in the building up of those stable and adequate *Standards* that we so sorely need. Even so, his power may not be equal to his vision;

his reach may exceed his grasp. But that is hardly his fault.

Let me repeat that the root problem is moral and spiritual, one of the reconstruction of stable values, and of a sure discipline to achieve those values.

I should like to be allowed to illustrate our problem by reference to three recent books which, for me at least, when taken together, state the issue with a most helpful clearness.

The first is H. G. Wells' "Work, Wealth and Happiness of Mankind"; the second is Aldous Huxley's "This Brave New World"; and the third, D. H. Lawrence's "Apocalypse."

Mr. Wells' book is the last member of his trilogy on the foundations and prospects of our modern world, the other two members being his "Outline of History" and his "Science and Life." This latest book may be not unfairly described as a glorification of the practical ingenuity of man's intelligence and of the unlimited possibilities that lie open to his inexhaustible inventiveness. The note of the book is strangely reminiscent of the voice of King Nebuchadnezzar as he walked in the palace of the Kingdom of Babylon: "Is not this great Babylon that I have built for the house of the Kingdom by the might of my power and for the honour of my majesty?" We know what the consequence of that performance was, but Mr. Wells shows no sense of it at all in the anologous case. The prospect he paints is that of a vainglorious and rather vulgar Triumph of Technique. Witness, for instance, the snap and click of the highly polished "Efficient" Parliamentary system that he devises. The crucial word "Happiness" occurs in his title, but it is nowhere defined in the text, nor does it occur in the index. Neither does the word "Character." We are left to assume that the Triumph of Technique *is* Happiness, and Art, Poetry, Literature are handled in a very brief section where they are treated as the expression of man's superfluous energy.

Salvation comes, therefore, through engineering! Yet, inadequate, and indeed degrading, as the Wellsian conception is, it, or something very like it, serves as a seemingly satisfying ideal to many at the present time.

Aldous Huxley's "This Brave New World" is a biting study of the Wellsian ideal come true. Science and technique and the calculating intellect have triumphed: war and disease, poverty and maladjustment are no more: even the pangs of birth and the risk of misfits have been circumvented by elaborate pre-natal treatment which utilises all the latest in bio-chemistry. To utter the word "father" or "mother" is now the height of obscenity.

All the ills and disagreeables have disappeared. But so also have all the deeper satisfactions. There is no friction, no striving, no rising from the ashes of failure to new efforts at self-making. Poetry has sunk several grades below doggerel, and music has disappeared to give place to direct titillation of animal feelings.

The intrusion into this world of a savage, who has, by accident, got hold of a neglected Shakespeare, causes a riot and, incidentally, gives Mr. Huxley the chance to say what he thinks of it. The whole thing may be summed up as: *Pigs,* without even the excuse of dirt.

Whatever one may think of the details, the moral of it all is clear. The conquest of war and disease and poverty is not the end of our problem, but the beginning of it. When we have got thus far we shall be faced more nakedly than ever with the inescapable problem of the Art of Life itself. Man can use science to conquer ills; but he can also use it to condition himself so as to become quite insensitive to the whole range of what we used to call the "higher" values. Is he to describe as "Happiness" the well-washed but brutish contentment that might ensue? Is it not rather the case that Beastliness *plus* the clinic and the bathroom is Beastliness still; if anything rather

worse than the primitive unwashed kind?

That seems to be Mr. Huxley's moral, and some current tendencies in life and education seem to be not a little concerned in it.

The third book, D. H. Lawrence's "Apocalypse," is the profoundest of the three. It is such a passionate unity and it makes such efforts to use language to express the inexpressible that quotation is hardly possible. But its general burden is plain. Lawrence puts his finger on the overgrowth of the inventive intellect—the Logos, as he calls it—as the root cause of our modern disease. His own self-torment in the search for a remedy should warn us that the quest is not easy. Also it is full of danger, as Lawrence's own writings show. Fullness of life is made to look like a perilous walk along a sort of knife-edge with a chasm of beastliness on either hand, that of Caliban on the one side and that of Babylon on the other. But there is good Christian precedent for such a view, without involving ourselves in the negations of Puritanism.

For our present educational purpose it may be enough to say that what we are faced with is the need for an infinitely delicate and pliable *discipline*, that can be diversified and variable in its play just because it is so sure of its end, and that can guarantee freedom and fullness without falling into sophistication. I want to stress this word "Discipline," as the necessity for it seems to follow from all that has been said about the lack of true and adequate standards and the chaotic operation of false and inadequate ones. Reach agreement upon standards and the discipline follows. Hence I think it is not untimely to state our problem as one of the Reconstruction of Discipline. The point is important in the present connection just because of that peculiar *representativeness* of nursing which I have already emphasized. The nurses professional *expertise* will be a poor and shrivelled thing—it may even be a dangerous thing—unless it springs from and is rooted in a large and liberal human discipline such as we are now contemplating. She is the representative of a culture as well as the bearer of healing, and she cannot well represent what she has not learned to possess.

Now this word "Discipline" is not popular today. I know. But that is largely because of the company it has kept in the past. When we hear it we think of its old, unpleasant associations without pausing to analyse its real and necessary content. But to purge and reform the concept is one thing: to throw it away is quite another thing, as calamitous as the proverbial throwing away of the baby with the bath. For *all* education that is not a blind and cowardly surrender to whim and impulse is discipline. It involves always a choosing of this rather than that; it is indeed one long series of choices of the better over the worse. Where there is choice there is a standard, explicit or implied, and that standard is conceived in terms of the good of the disciplined one. The old discipline erred in method rather than in end. It took too little trouble to secure an *internal* discipline, to identify the positive will of the pupil with the aims of the tutor, and so with his own good. For it, the will of the pupil was the obstacle, not the hope. John Wesley, when he urged an anxious mother to "break the child's will" at all costs, was wholly benevolent in his intention; we can hardly say he was wise in his method.

What we have to do with the concept of discipline, therefore, is to revise its method, not to throw it away. It is by no means the only example of a salutary idea that is apt to be thrown away in these heady and oversentimental times just because of past prejudices and because we lack either the wit or the will to make a right use of it.

Our notion of a Reconstruction of Discipline implies, then, a compre-

hensive ideal of self-building that will give to both individuals and society a satisfying moral and spiritual *shape* within which all the fullness of diverse human possibilities can be realised. The Greeks had such an ideal of shape—within limits. Mediæval Christendom had one too, also within limits. But the course of the last few centuries of history has been all against any reconstruction of it. Yet it is what we are all fumbling after in blind and somewhat perverse fashion. If ever we do again achieve some approach to such an ideal it will have to be something far richer and wider than any such ideal has been in the past. For it will have to cover a much wider range of human possibilities; it will have to include and provide for a vast number and variety of individuals; above all, it will have to provide for a discipline that is freely accepted, positive and *internal,* if it is to satisfy modern man.

But we must achieve it if we are to educate at all with effectiveness and confidence. Without it, education becomes either the application of false disciplines to distort a natural humanity, or a sprawling, shapeless, aimless thing with no discipline at all and hiding its real nature under a mush of uncritical sentimentality about "Freedom."

When it becomes possible again to apply in Education a full concept of Discipline, fearlessly and confidently, we shall see a considerable shifting of emphasis among current ideas. Thus there will be less of problem-solving and more of the heightening of sensibility and awareness; less of interest-following and more of willing and choosing; less of the group-activity and more of the contemplative self; less of either license or prohibition and more of self-restraint; less of endless invention and "re-making" and more of absorption in and attunement to an ideal that finds expression all around. We shall move, that is, away from a misunderstood Rousseau towards a better understood Plato. We shall depend less upon things and more upon ideas; we shall gain in quiet sensitiveness without losing in eager curiosity.

If we can restore a large and liberal conception of Discipline in this sense our problems of vocational education will be solved in so far as their solution depends upon an adequate preliminary general training. Where all are trained to respond actively and sensitively to the values of a rich common ideal, with a training which runs less risk than ours does today of degenerating into an aimless and meaningless scholastic ritual, the subsequent vocational preparation will have in view not the *compartmentalising* of a little special corner of the common life, but the expression of the common life as a whole through one of its typical functions. The thought is quite Platonic in spirit. The nurse is the community nursing; the teacher is the community teaching; the tailor or cobbler the community patching; and so on. In our present divided, chaotic, undisciplined state the thought may seem visionary enough. Nevertheless, the attainment of something like it is the key to the true solution of all our problems of educational objective.

My reason for dealing thus fully with this fundamental matter of a General Discipline should now be sufficiently clear. The picture would be wholly incomplete without it. I have been struck by the emphasis that experienced nurses themselves place on this matter of general education. They realise, I think, that nursing does not take place "in vacuo" as it were. It involves close and peculiar contact with human beings in a condition of peculiar need, and the strenuousness and tension which are involved in its pursuit call for a personality that is peculiarly rich in inner resources and the means of preserving balance and sanity. In a word, it calls in a pre-eminent degree for just those refined and developed human traits that it is the business of liberal education to provide. Do I not claim rightly that no better and more

representative field for testing out our principles can be found than this of the education of nurses?

So much then, at least for the present, for the all-important foundations. What of the special vocational superstructure, the training of the nurse as such?

Here you have for guidance the rich resources of the Survey Report, so I need do no more than touch upon some of the main considerations. I will speak first, briefly, on the social implications, and then, at somewhat greater length, of the Educational necessities.

Concerning the relation of the nursing function to the structure and functioning of society as a whole, I wish to say quite definitely that I see no hope of a final and satisfying solution of the problem of training unless the health services of the community are de-commercialised. The problem is simply insoluble unless this is done. I have often noticed the curious fact that debates on professional questions —even among teachers and professors —frequently turn out to be, in reality, just conflicts of vested interest. So long as the commercialised competitive basis persists, so long will the human and social value that should dominate training tend to be vitiated at their source. Even if the instructor sees straight, the pupil will be tempted to look asquint. The universities themselves are not free from it either, unless we are to believe that every Ph.D. degree is sought with a single eye to the advancement of learning. I know nothing more melancholy in a teacher's life than the watching of this "contagion of the world's slow stain" as it creeps insidiously but deliberately over pupils in whom he thought he had seen capacity to resist. The evil is only made worse by hypocritical unction about "service."

It is not for me to say how the socialisation should be effected. I merely lay down the principle as necessary to a full and worthy achievement of the educational end. But I would like to add just a word about the alleged "loss of the spur of competition" that would follow upon socialisation. This contention impresses me as a melancholy instance of our customary failure to think comprehensively and disinterestedly on those great social issues. Two things can be said about it. In the first place, to what *kind* of competition is the present order of things a spur, competition for the advancement of professional practice or competition for the material advancement of individuals? Some material for an answer might be had from an inquiry into the sources of advancement in medical and health practice during the past century or so. How many of the advances have originated with purely "competitive" practitioners?

In the second place, would there be no competition under a socialised system? The question answers itself. But, of course, it would be competition of a different kind.

Really I am more than sceptical about this argument of "competition," in the 19th century economic form in which it is usually put. At times it almost seems to be equivalent to an assertion that the human aspiration towards excellence will not function at all except at the lure of gold. Yet, all experience of genuine human service belies it.

I turn now to speak more specifically of the scheme of training that is implied by our double objective of a vocational adaptation growing out of a live and strong general culture.

The Survey Report, in the comprehensiveness of its range over the whole field, reminds me a little of the famous "Institutio Oratoria" of Quintilian where he discusses the training of the orator. He begins by getting his subject satisfactorily born, and does not think it irrelevant or unseemly to discuss the details of the regimen of infancy. For it all belongs, since "Orator nisi vir bonus, non potest." The Survey seems to

think much the same about nurses. True, they have to be made as well as born, but the making goes on from the first and there are certainly some who are born *not* to be nurses.

Again, note the *representativeness* of this matter of the education of the nurses. It is one well-marked instance of the whole general process, and the Survey is entirely right in bringing to bear upon the problem wherever it can, the best of our ascertained knowledge about the educative process.

You will not expect me to discuss the infancy regimen of the embryo nurse as Quintilian discusses that of the embryo orator. But it is not irrelevant, and as a father of five daughters I might claim to have a few ideas about it.

However, I must concern myself here with the more strictly scholastic preparation. The field can be divided conveniently into three parts or stages. The first I will call "Cultural Saturation"; the second, "Specialisation"; and the third, "The Higher Training."

What I mean by "Cultural Saturation" should now be sufficiently clear. I will not call it the dipping or dyeing process as that makes the subject of it too passive. But it is something of that sort in its effect. What it does is to produce the live, alert, self-conscious *type* of a culture, which, if not yet fully developed, is full of the promise of rich and many-sided development. Of course, in Canada, the cultural constituents will have their Canadian flavour, but I see no serious danger in Canada of a narrowly interpreted Nationalism restricting the possibilities of a broad human culture. The charge is rather the other way; incoherence and shapelessness and lack of a clearly defined sense of what it means, culturally, to be Canadian. But a touch of adversity seems to have made the omens more favourable and there are welcome signs that the whole common life of Canada may draw itself together in a more self-conscious unity, fruitful in suggestion and guidance and disciplinary influence for all its members.

However that may be, the possibilities depend on forces that are beyond the immediate control of the nursing profession as such. The practical question for us here is to decide what degree of saturation, such as is now possible, the candidate nurse should attain to.

We cannot go behind recognised certificates of scholastic standing. Admitting all their defects and dubieties, we must allow that efficient conduct of mass education requires them. Remedies for defects must take the form not of discarding these holding-pins so as to let education down in a shapeless sprawl, but of improving and enriching the culture to which they testify, and of fighting relentlessly against the tendency to exaggerate the cash value of a certificate as such. High school leaving standard seems to be the best we can hope for just now, and where high school training is good it may be sufficient. For we must not forget that the next stage, that of vocational specialisation, should keep open many possibilities for further culture.

May I add that I disagree with the Survey if I understand rightly that it advocates a special *ad hoc* Nurses' Matriculation? This would be a retrograde step: the adoption of a practice which other professions have discarded. The time for what I call "Saturation" is all too short: its value for the subsequent training is due to its being what it is, a general culture; and as one who has suffered from it I deprecate these all too early predestinations:

> "Oh! If we draw a circle premature,
> Heedless of far gain,
> Greedy for quick returns of profit, sure,
> Bad is our bargain"

I would rather see a lengthening of the professional training should that prove necessary.

Coming now to specialised professional training, I notice that there is

a tendency among nurses to speak rather bitterly and contemptuously of what is called "Apprenticeship." I hope I shall not be thought unsympathetic if I suggest that on this point we should think again. I know well the evils of a system that subordinates the paramount claims of genuine training to the exploitation of cheap, immature labour. I had a little to do with that fight in South Africa in helping to build up the semi-State system of educative apprenticeship that is now in operation there. Also I have been through it myself. I served my four years as a very juvenile apprentice—a pupil teacher—in England in the bad old days before the reforms of 1902. I know how much drudgery and how little education there may be, how much premature responsibility, how much lowering of standards of achievement and stifling of the wider powers.

But have we not here a case like that of discipline; a true idea perverted and misapplied by a mistaken and vicious method? Is apprenticeship still wrong when the claims of education are made really paramount, when the pupil is first and foremost a learner and a young worker only *because* he is a learner? For what is the alternative to apprenticeship? Can it be anything but a school? Faith in schools is apt to be strong when belief in education is weak. Everywhere their severe limitations as instruments of true vocational training are becoming better understood, and recourse is had to training-on-the-job, with a specialised kind of school playing a subordinate though necessary part. Do not let us, then, discard the concept of apprenticeship. It is the right notion. Let us rather purge it of its bad economic associations and of the abuse of methods that has so often gone with it. The Survey Report makes excellent recommendations on this point, which I need not repeat. They seem to fall under two heads: (1)The organisation of adequate teaching institutions. These can only be hospitals with properly equipped schools attached to them. (2) The provision of properly trained teachers. There is a new profession here, which will have a great part to play in the future. Whatever we may be able to do here at this conference, the real task will be theirs. They will be key-people discharging a most vital function, and I trust that the coming organisation will be flexible and liberal enough to give them proper scope. In the parallel case of the State schools the teachers have still not achieved their proper share in the making and execution of policy. I trust that hospital boards or other governing authorities will be wise enough to guarantee the "libertas docendi" of those upon whom the main task must fall.

But over the whole of this scene of the specialised training I see again the spirit of socialisation asking for embodiment. And the claim grows the more insistent the longer I look at the problem.

May I add that, if the training schools of our dreams should really get going, I should look to them to make significant contributions to our knowledge of educational principles and technique? Working in so rich a field, where there are so many points of contact with varied human interests, and guided, as they would be, by highly trained directors, they should yield much that would be of value to us all.

Again, do you observe, that note of *representativeness!*

I come, finally, to what I have called the "Higher Training." The meaning of the term will be clear to you. It refers, of course, to Instructors, Administrators and Directing Staff generally. It is here that I smell the smoke of battle, for intensely agitated questions like that of the proper scope and function of universities and that of the rights and status of what may be called the higher professions for women here come upon the scene. So you will forgive me if I tread a little warily. I am prepared to accept right

away certain propositions about the training that is called for at this level, the training in a School for Graduate Nurses, if you like. These propositions are:

1. That the training is of unquestioned university level.

2. That it requires urgently the university atmosphere of breadth, leisure and disinterestedness.

3. That those who will take it are beyond all question of university standing. I can speak from a little experience here, having been brought in touch, academically, with groups of students in a university school for graduate nurses. It seems almost like insulting them to give the assurance that I have been struck again and again by the strength and maturity of mind that many of them displayed, by the keenness of their interest, both professional and intellectual, and by the value of such an experienced leaven in the general student body.

But it does not necessarily follow from my acceptance of these propositions that I should agree to the further propositions:

1. That the universities should assume sole responsibility for such training.

2. That successful completion of it should be marked by an *ad hoc* degree for nurses as such.

Note that my attitude is non-committal. I do not deny these two last propositions, but neither do I wholly affirm them. There is a fence-sitting attitude for you! Say that if you will. But many things have to be considered. Let me mention a few of them.

1. You may look for, and find, the subject "logic" in the curricula of universities, but you must not expect to find it always in their policy. They, like other institutions, are the creatures of circumstance, and history and accidental pressures, and it does not follow that what they have done once they will do again. With them, as with politicians, the chill of practical necessity may make them insensitive to the fervent heat of logic. Law, Medicine and Theology have their place by ancient practice: Engineering and Architecture are well-established new-comers: Commerce, pushful as ever, is getting well in. Now comes a situation not unlike that of the recognition of denominations in public education —if one sect why not all the rest, and how many might there not be?

2. This necessarily raises acutely the question of the real purpose of a university, that function which it must always put first in considering competing claims. There is debate enough on the question today when universities tend to disappear in a congeries of technological schools. But my own mind is quite clear that the true value of universities will be lost unless we put first the functions—the purely *cultural* function—of saturation, as I have defined it, and the creative function of Research. These, I think, must always have first claim.

3. But this need not mean the complete exclusion of all further professional schools. The problem is largely one of finance. The university's attitude might be different if it did not feel it was robbing its own child Peter, to pay a stepchild Paul. Is there no possibility of founding schools rather like theological colleges, in close affiliation with universities but with no financial claims upon their general funds? The practice is by no means unknown and some major difficulties might be obviated if it could be followed.

4. As for the degree, if that is demanded, various courses are possible. The wide umbrella of Arts or Science might be capacious enough to cover a very satisfactory degree for nurses. For have I not all along been emphasizing the cen-

tral representativeness of the nursing profession and its education?

Or the school might give its own qualification with the university's imprimatur. I agree that the issue is largely one of professional status and there may only be one way—that of the nurses' degree as such—to secure the object. But as yet I remain unconvinced.

5. Greatly daring, I venture a last point. What of the future of university degrees in general? "When everybody's somebody, then no one's anybody." Sometimes I long for that day to come, when, with a tremendous slump in the value of university degrees, it may be possible to tempt young people to turn away from pot-hunting to the serious business of their own education. "A man's first social duty," says a wise American, "is his own education." I agree heartily that a great and vital social function like nursing, where the training must be severe, and the work is often arduous and thankless, calls for adequate social recognition. And I agree, too, that such recognition is, to some extent, a factor in efficiency. But in that more rational and better socialised world towards which we hope we are moving standards of valuation may be different. We may learn better to value people for what they are and for the significance of their service rather than for their labels. The salesman and the advertiser will not always rule, and those who have lived with the most satisfaction to themselves and the greatest benefit to mankind rest generally in unvisited tombs.

This may sound like cold comfort, and I may myself be accused of offering the labouring animal spiritual sustenance because I am not prepared to let him have the carrots. Carrots are sweet and pleasant nourishment, but they are not the same thing as a faithful journey. God help us all to know our true reward.

In conclusion, may I say that I value very highly the opportunity you have given me for thus addressing you? I ask your pardon for anything amiss that has been said, and for omissions of which I may have been guilty. But I have tried to put before you a few inadequate hints towards a guiding philosophy, and I know you will be able to take what is fruitful and leave what is barren.

I close on the note with which I began; the thoroughgoing human representativeness of nursing. I have had the privilege of its ministrations as I have had the privilege of teaching some of its ministers. I have tried, to the best of my ability, to offer some help in the solution of its training problems, and I am left now with a great hope and a great confidence. For your work carries you right into the centre of this human scene, to springs of emotion and action to which many of us cannot penetrate. As I think of the burden laid upon you, I recall that well-known verse of Blake:

> "To Mercy, Pity, Peace and Love
> All pray in their distress,
> And to these virtues of delight
> Return their thankfulness."

I can offer no greater tribute to the nursing profession than to say that reflection on its mission and its problems makes me think of that verse.

The Scientist and the Survey Report

By ROY FRASER, Professor of Biology and Bacteriology,
Mount Allison University, Sackville, N.B.

I am very greatly honored by your invitation to address this Association, and particularly so because this Saint John meeting is the most momentous convention in the history of Canadian nursing. The eyes of the nursing world are upon your deliberations, for by your transactions there must be laid the foundation of a new structure that will increase the power and scope of the already splendid achievements of your profession.

If you expect me to make the conventional sort of after-dinner speech, or that what I say will have any entertainment value, then I must ask your forgiveness for disappointing you.

But the instructions of your Programme Committee imply that that is *not* your wish, for you have charged me with a very specific duty,—that of discussing the Survey Report from the viewpoint of a scientist.

That places upon me the eternal obligations and limitations of my profession,—those of telling the truth as I see it, of searching out a few significant principles from a great mass of facts, and then presenting my conclusions in the plain and unbeautified form of the summary of a scientific paper. You asked for it; now you're in for it. But I'll try not to be too prosy, and if I can contribute even one useful idea, one constructive suggestion toward the improvement of nursing education, then your time will be better spent than it would have been in listening to the usual verbal pyrotechnics of the habitual after-dinner speaker.

I shall divide my remarks under four headings:

1. The Survey Report
2. Pre-nursing Education
3. The Nurse and Health
4. The Nurse as a Woman.

1. The Survey Report.

It is not flattery but honest praise and straight from the heart when I say that the Report represents the finest piece of survey work I have ever seen in my life. I have no words adequate to express my admiration for the vigor and directness of its attack, the methodical and well-ordered presentation of its findings, and the saneness and cogency of its reasoning,—a piece of work that would warm the heart of any scientist.

And it is not only good reporting but, by all the gods, it is good literature!

Your Committee deserves the gratitude of the nursing and medical professions, and of the public, for the way in which it has carried out this great task of surveying and analysing the conditions and problems of an entire profession.

You were most happy in your selection of a Director, and fortunate in securing his services, for I say in all sincerity that there is no man in the Dominion of Canada who could have conducted that Survey with greater efficiency or more inspiring leadership than did Professor George M. Weir. As a member of the guild of university teachers, I am naturally proud of this splendid achievement of my fellow teacher, but I realise—as Professor Weir himself would be the first to say—that he had associat-

ed with him a committee of nurses and doctors of the highest distinction in their respective professions.

Without such a general staff, no one field-marshal could have carried through such a great campaign so successfully. The Committee, in turn, were well served by a co-operating army of thousands of nurses and doctors throughout the land. What a fine sense of mutual helpfulness exists in those two professions; each is not only the complement but the comrade of the other, and I think that I can read between the lines of the Report something of the fine spirit that made the Survey possible.

The Survey Report is primarily an educational document. It deals with many other issues that affect the nurse, but as the title of the Report implies, the chief concern of the Survey has been to study present conditions in nursing education, to determine the virtues and defects of the present system, and to recommend those reforms which are obviously needed if nurse-training is to be brought into accord with modern educational ideals and methods.

"Aller guten Dinge sind drei," said Goethe. So I shall select from the entire Report the three outstanding reforms which, in my opinion, are made imperative by the facts presented, and which must be pre-requisite to all other reforms:—

Point One: (page 301) "The exploitation of the student nurse under the guise of educational training should be stopped. The approved training school for nurses should be considered primarily as an educational institution rather than as an economic asset to the hospital." In the whole length and breadth of the Report there is nothing that takes precedence in your programme of reform over the postulate stated in those two sentences. Start out to carry that point; keep fighting until you *do* carry it; and the day you carry it you will free our training schools from the greatest injustice under which your profession has to labor.

If you think that is strong talk, you will find stronger talk in the address given by Dr. E. P. Lyon, Dean of the University of Minnesota Medical School, before two state association meetings of registered nurses and published in the March, 1932, issue of *The Canadian Nurse*. I do not agree with Dr. Lyon that all the problems of nursing will be solved by divorcing its educational and economic aspects, but I do most heartily agree with him that this step must come before all other steps, and that all the others are in a large measure contingent upon it.

Point Two: The rigid selection of fewer candidates, and better ones, for the student personnel. On the academic side, the candidate must have nothing less than Junior Matriculation or, preferably, the proposed Nursing Matriculation. Any young woman who has not enough mental ability to make Junior Matriculation standing has no business in a professional school (will you show me any other skilled profession that would permit it!) and no institution has any right to permit a student nurse of inferior intelligence to assume the care of the sick. Modern scientific medicine demands that under no condition shall the safety of human life be entrusted to the mentally incompetent.

The foregoing or academic selection may and should be made according to standards uniform throughout the land. The appraisal of personal fitness, however, can not be standardised, and must be determined by training-school officers of the widest experience and soundest judgment available.

Point Three: The employment of nothing but full-time permanent instructors in all training-schools. I am quite aware that in this third point I am going far beyond the recommendations of the Survey, so please blame me and not the Survey. In order that Professor Weir may not catalogue me among the ultra-progressives, and also to escape from the wrath of those present who are experts in the field of hospital budgets

and staff administration, let me admit freely and frankly that this third point is decidedly impracticable under present conditions, and that it will take a long time to bring it into action.

Granted, but I must also insist that if the educational principle involved be sound, then neither the limitations of the present nor the reconstructive difficulties of the future can ultimately prevent it from coming to pass.

The principle is absolutely sound and its demands are inescapable. The very haphazard hit-or-miss methods of instruction which prevail in some of the smaller training-schools today are neither educationally sound nor practically efficient, and they result in something far worse than honest ignorance, — namely, institutional sham and pretense, issuing a counterfeit coinage of scanty, irregular, superficial "teaching" and passing it off for the face-value equivalent of the better instruction given in the larger schools. All small schools are not culpable in this respect, nor are all large schools necessarily satisfactory, but having granted these exceptions, the fact remains that there are far too many cases in which the criticism is perfectly justified.

Whether the school be small or large, I hold that the only person who is qualified to give proper teaching is that person who has made it a life work, who has mastered not only his subject but also the technique of teaching, who continues to specialise permanently in such teaching, and who adds year after year to his experience in the particular methods and problems of nurse-training. The "occasional" lecturer, the temporary teacher, the half-trained and inexperienced instructor, the mechanical technican-trainer,—these are all too familiar figures in some of our schools, and as long as they are used as a cheap substitute for qualified full-time instructors, so long will the attainment of high training standards be difficult or impossible.

We need only state one argument in order to defend this thesis successfully against every conceivable criticism, namely, the fundamental ideal of medicine which holds that as long as human life is sacred, so long is it our responsibility to protect the patient from all incompetence and inefficiency in the medical and nursing services upon which his safety rests, and if what I said under Point Two concerning mentally incompetent students be true, it is equally true when applied to pedagogically incompetent instructors. The efficiency of the nurse will be conditioned very largely by the quality of instruction she receives, and we dare not give her less than the very best.

"Where will the money come from?" It will come from the same place that the money for all the rest of our educational institutions comes from, and you will only get it by doing what our educational pioneers did —by fighting for it. They won their fight because they had vision and courage and determination, and you will win yours for the same reason. There *are* some reactionaries and obstructionists in Canada today, but they are not numerous, and you are; they are not organised, and you are; they have no wise leadership, and you have; they have power to impede or delay your reforms, but they will find in the end that they are *not* as powerful as a highly-organised army of professional women, stretching from coast to coast, and known as the Canadian Nurses Association.

2. Pre-nursing Education.

The idea of a university course of pre-nursing education which I am about to outline is not my own. It was suggested to me last year by my faculty colleague, Miss Lilian Hart, R.N., who also gave me a tentative outline for such a course. Miss Hart later brought to my attention an address published in the January, 1932, issue of *The Canadian Nurse*, which Dr. Clowes Van Wart of Fredericton had given before the New Brunswick Association of Registered Nurses, and which was in some degree comparable with the plan devised by Miss Hart.

Miss Hart's suggestion is, in brief, that the clinical training of the nurse be preceded by a pre-clinical course of one year in a university, somewhat similar in principle to the pre-medical training of medical students, but also including in addition to the basic sciences most of the theory lectures which now overburden the nurse during the period of her practical training, and which in their present form and position are so at variance with proper teaching methods.

Dr. Van Wart suggests that two courses be offered, as follows: "Course One would cover a professional curriculum of eight months at a university and three years at a standardised school of nursing. This course would lead to a Diploma in Nursing. Course Two would cover a professional curriculum of two years and four months at a university and three years at a standardised hospital. This course would lead to a Bachelor of Science degree in Nursing."

Dr. Van Wart has given us an idea well worth studying. I think, however, that his second course, extending over a period of five years and four months, is too long for present acceptance.

Moreover, I can not feel that a degree should be the objective of any nursing course. In saying this, please don't think that I am lacking in respect for existing university nursing schools where degree credit is given. I am loyal to the ancient traditions of the university world, and it is because I *am* loyal to those traditions that I feel bound to deplore the present craze for degree-seeking and the quantitative method of degree-granting.

A degree once meant that the holder thereof sought and mined and loved the pure gold of learning, but today —we have gone off the gold standard. To vary the figure, we give most of our degrees nowadays to hurdle-jumpers. The fault is more ours than theirs.

If a degree *means* anything, then let the nurse seek it if she wishes, but let her wait until it does mean something more than it means today. Far from thinking that the nurse is not worthy of a degree, I feel on the contrary that the bachelor's degree at its present value is not worthy of the nurse! The highest type of nurse stands in a position of such dignity and such proven worth that her sense of values should lift her eyes above what Miss Kathleen Russell calls "the glamour of these symbols," and I agree with the ideas expressed by Miss Russell in her able article in the December, 1928, issue of *The Canadian Nurse.*

The plan which I now place before you is based largely on the Hart and Van Wart plans, together with some additions and modifications of my own. If the plan is good, give the credit to Miss Hart and Dr. Van Wart:—

I would suggest two courses. The first would extend over a period of three years of institutional training, followed by a supervised interneship of six months in the field of private duty.

The first eight months would be spent in a university and would cover a pre-clinical course of twelve subjects, six in each term. The presentation of each subject would differ markedly from the usual presentation, and would be simplified, condensed, and particularly designed to serve the actual working needs and experiences of nursing practice. The subjects are as follows:—

1. Anatomy and Physiology.
2. Human and Medical Biology.
3. Bacteriology (including Asepsis) and Elementary Immunology.
4. Chemistry.
5. Dietetics, condensing nutritional theory and emphasizing the relation of diet to the cause and treatment of disease.
6. History of Nursing, including Professional Ethics.
7. Psychology and Mental Hygiene.
8. Hygiene and Public Health.
9. Materia Medica.

10. Sociology, including the social and economic aspects of disease.
11. English Composition and Public Speaking.
12. Introductory Lectures and Demonstrations in Nursing Practice.

(Post-script: There would be no course offered in house-maid's work!)

In all of these courses, the laboratory method should be stressed wherever possible, memory-cramming and spoon-feeding methods minimised, and the self-teaching powers of the student developed to their utmost.

At the end of her university year, and following a month's vacation, the student nurse would enter a two-year period of practical and clinical instruction in an approved hospital. At the end of this period she would take her six months' supervised interneship in private duty, and upon its satisfactory completion she would be awarded her Diploma in Nursing.

The second or advanced course would consist of an additional year of work, taken partly in the university and partly in the working field of some special branch of nursing. It would give the holder of a nursing diploma an opportunity for advanced study in a specialised field, it would add to her experience something in the nature of a senior interneship, and it would be a required course for all nurses entering the field of public health work.

There, in brief, is the suggestion. We claim for it the following advantages:

(1) It would emancipate the student nurse from the present congested and ill-adjusted system of concurrent theoretical instruction and ward-duty, and it would relieve the hospital of many of its training-school problems.

(2) It would bring nurse-training into conformity with proper and accepted methods of instruction in the basic sciences which underlie all medical practice and health conservation. I can assure you that the science departments of our universities know their business, and there is nothing haphazard or irregular about their methods of instruction. The student nurse would receive from them a training that was sound, useful, and of the highest standard.

(3) It would relieve the hospital of a large part of the financial burden of full-time instructors, and of many problems of staff administration besides. A hospital is a busy, high-tension institution, and the maintenance of the training staff is not the least of its problems.

(4) The pre-clinical course would weed out all of the mentally incompetent and almost all of the personally unfit, and would send into the hospital only those students who had given ample evidence that they are of the stuff from which good nurses are made.

(5) It would be productive of more uniform standards of nursing education throughout the land, and it would unite the forces of the university and the hospital in the same co-operation which has already been so fruitful in the university medical schools.

There are five good reasons why such a move would be valuable. If you can give me five good arguments that will nullify those reasons, I will accept them humbly, for it is ever the part of the scientist to search for the defects as well as the virtues of his reasoning. I submit the plan for your consideration, and hope that it may merit a place in your discussions.

3. The Nurse and Health.

The most interesting and significant development of modern nursing is, to me, the increasing emphasis on the nurse as an invaluable agent for the conservation of health.

I make no invidious comparison between any of the branches of nursing. Each special field has its own importance, its own indispensable place, and as there is no branch of nursing with which I have *not* had some con-

tact, either in my hospital years or in subsequent experience, I can not do other than accord to each branch the admiration and respect which it deserves.

But you have asked me to deal with nursing from the scientific viewpoint, and I am thereby constrained to view the matter biologically. Under the compulsion of biological fact, I have no other choice than to state with all emphasis that the pre-eminent and commanding figure, the figure of the greatest social and scientific significance in the future of nursing, is that of the public health nurse.

Having every regard for scientific restraint of speech, and confident that I am making no exaggerated statement, I say that in the years to come the public health nurse will be potentially the greatest single instrument for the conservation of human health.

Let me place behind that statement a supporting background of the biological significance of disease, and the relation of health education to the physical destinies of mankind.

* * *

Disease is one of the strangest phenomena in Nature. While its effects are obvious, there are many of its causes that have yet to be explained. There is evidence that disease is of immense antiquity, and it is possible that it has been co-existent with the entire span of life throughout the ages. Certainly we have no evidence that primitive life was perfect and that later organisms fell from their high estate and made possible the development of disease as an evolutionary product. The field of parasitology alone asks questions which we can not answer, and immunology in its present state is unable to throw much light on the subject. Sometimes it would seem that disease has served a useful function in the economy of nature by destroying the unfit; at other times it has raged like a mad, unreasoning demon, destroying the fit and often leaving the unfit to survive. Let us not be too glib about the place of disease in biological history; we have still too much to learn.

But there is certain ground upon which we may stand with confidence. We know for a fact that most if not all disease is the result of some violation of natural law; the organism has failed to make the required responses to certain demands, and penalty is thereby meted out to it according to the degree of its transgression. Among the lower animals these laws operate blindly and automatically.

But there is a different situation when we come to man, for there are three powers given to us which are greater than the lower forces of Nature and which enable us to wrest our fate from the hands of the blind god of chance and shape for ourselves a new and higher order of life on this planet.

Those three forces are Free-will, Knowledge, and that strangest and most inexplicable of all forces, whose very name is a synonym of Deity,—the power of Love.

Free-will, the liberator, that makes us not behavioristic puppets but children of God, endowed with the high privilege and charged with the solemn responsibility of choosing our own deeds and destinies.

Knowledge, that "mastery through service" for which science seeks, that man may look upon the world in which he lives with understanding, with spiritual insight, and with control over the forces of Nature through an obedience to the natural laws which govern those forces. By knowledge he will come to kingship over the forces of Nature, but he will only retain his crown as long as he respects and obeys the powers and demands of his subjects. If he fails to balance free-will with self-discipline, if he fails to balance scientific power with moral law, if he spends the resources of his kingdom foolishly, then his subjects, the forces of Nature, will rise up and depose him and destroy him.

Love, that mystic power which is performing the greatest miracle in all Nature,—the transmutation of the human spirit from brutality to gentleness, from self-interest to unselfishness, from race hatreds to world friendship, from Ypres where your brothers met the gas, and Etaples where your sister nurses were bombed, from the Lusitania with women and babies struggling in the black, icy water, from these places of horror and madness and insane cruelty,—on to Geneva and to what, despite all difficulties and delays, must be the ultimate triumph of peace on earth, goodwill to men.

"Something," says Fosdick, "has been at work here!" Yes, the same something that moved you, whether you knew it or not, to give your lives to shield and heal those who have fallen under the grim onslaughts of disease, and to work toward a day wherein disease, like war, must be prevented.

* * *

Here then are the three forces with which we are empowered to conquer disease.

What realisation grows out of them?

This: that we must abandon all fatalism, all laissez-faire, all shoulder-shrugging, all inertia, and to realise that we *can* conquer disease, or the greater part of it at least, if we *want* to. We don't *have* to go on indefinitely, making the same old blunders and receiving the same old penalties of pain. Mankind in the mass is slow to realise that, but the achievements of preventive medicine and public health are placing signboards on every roadway of life and pointing the way at last to physical safety. Even the obstructionist is beginning to know that it is his own interests that he is hurting, and presently he may even realise that he belongs in the same category as the village idiot who went around hitting himself on the head with a hammer because it felt so good when he stopped!

What is our chief instrument against disease?

Education. *Real* education; not half-hearted teaching and superficial smatterings, but a vigorous, adequate, life-long process which will enable us to meet successfully the demands of natural law, the demands of human society, and the demands of those spiritual ideals which alone can make our physical life a thing of beauty and meaning and service.

Our present methods of health teaching are not adequate to meet the demands of biological law. Nature is not concerned with our theories or systems of education, and no curriculum that ignores her dictates can long endure.

Health teaching can not be entrusted to the inexpert or half-trained.* I feel that we are coming to a time when we must put the subject where it belongs: in the hands of a medically-trained person who will specialise in such work and who is able to carry it on with vigor and skill and efficiency.

Who is that person?

The public health school nurse of the future.

She will know her business, she will do the health teaching herself, and her work will result in a new and brilliant era of health conservation.

She will have a trained understanding of the many complex factors influencing health and disease. She will combine with her teaching the physical inspection which she is already performing so successfully in many schools, and she will extend her work from the school into the community (you can not separate them) and serve as a community health teacher of adult classes as well as in the school. She will serve the medical profession better than ever before, for she will act as an intermediary between the physician and the home and increase his power to serve the ideals of preventive medicine.

(*See Survey Report, pp. 132 and 133.)

I ask you, therefore, to consider in your discussions the principle of the specific training of public health nurses for regular health-teaching duty in the schools. It is a plan that could be brought into immediate action in a few limited fields, for experiment and observation, and within a few years it could be extended over larger areas. I have the most earnest conviction that if you will try that experiment you will succeed, and you will thereby unite the power of our medical and educational institutions in bringing to pass at last an adequate educational programme of that knowledge of physiological and hygienic law which is demanded by Nature and by the safety and progress of our civilization.

I am very much in earnest about this. Although I am a scientist and intensely proud of the service that science has rendered to humanity, I must nevertheless confess that scientific knowledge alone can never shape life to a better form. The old copy-book phrase "Knowledge is power" is only a half-truth. Knowledge is only power when it is acted upon by the catalytic agent of a great ideal, its potential forces liberated, made kinetic, and harnessed into active service.

I in my bacteriological laboratory may make some small addition to science, but my fellow scientists and I are depending on the public health worker, the nurse, the doctor, and the educationist to translate into practical and effective *working* knowledge our discoveries in the field of human biology.

Yours is the greater task, and the harder one. We work in our laboratories, shielded from the world, supported in means and in spirit by our universities, and free to search out the truth.

But you must battle against social and economic and political difficulties, and the temper-trying resistance of the "fads and frills" type of obstructionist.

We work patiently, but you must have a different kind of patience.

We know when we arrive at truth, but you must convince the public and the legislator that it *is* the truth.

We must be the searchers.

But you, nurses of Canada, must be the teachers.

* * *

4. The Nurse as a Woman.

I have now done what you asked me to do. I am conscious of the faulty way in which I have performed the task assigned to me. I wish that I could have done better.

What I have to say in closing is difficult to write down on paper, though I have been asked to do that. Will you allow me to conclude my address by speaking very informally,—not as a scientist to a nurses association, but as a man to a group of women. So I will take off my lab. coat, and you will take off your cap, and we will be "off duty" for a while, and I will try to say what I think of the nurse, not in her professional capacity, but just as a woman.

It was John Knox who said that "every scholar is something added to the riches of the commonwealth." I feel that every nurse who is worthy of the highest traditions of her calling (and there are not many who are not) is something added to the riches of Canadian womanhood.

The relation between your personal qualities as a woman and your professional duties and experiences as a nurse is a reciprocal relation,—you give something that can not be measured, you receive something that can not be described. Could I record that measure or make that description, I might be able to pay you a tribute in some degree worthy of what you are and what you have done.

But the glory of your profession can never be put into words, and even if that were possible, it would be hard to give them utterance. For it is not easy to speak of the things that we hold dearest in our life and work. Those things are better kept in some

quiet room of remembrance, some hidden garden of the spirit, than to be spoken of before crowds.

But somehow I can not leave them altogether unsaid tonight. No one has ever in spoken word or on printed page, paid an adequate tribute to the nurse. Perhaps the fact that we are so inarticulate *is* a tribute. Wordiness is never the best praise, and all eulogy so easily verges upon mere hyperbole and grandiloquence. I think I like best the simple words on a bronze plate in memory of a nurse who died in the war: "She did her duty."

The faithful performance of duty, wherever it may lie, is forever the sterling mark of real manhood and womanhood. There is no duty worth doing that is not difficult. And you who spend your lives in the presence of pain, you who look daily upon broken bodies and sometimes upon broken hearts, you have the most difficult duty of all. The simple statement that you have done *that* duty is praise beyond all the panegyrics of writers or orators.

For it is a duty that tests the uttermost worth of a woman, in bodily strength, in intelligence, in resourcefulness and self-reliance, in rigid self-discipline and professional bearing, and—greatest test of all—in her philosophy of life and her spiritual stamina.

* * *

Why did you enter nursing?

The very fact that you have deliberately chosen it as a life work is itself some evidence of your qualities and ideals.

You knew, in part at least, what was ahead of you.

There were easier things to do,—work that would give you greater comfort, greater freedom, greater safety, happier surroundings, better pay. Why did you choose this?

It was never the choice of self-interested women, shallow women, time-wasting women. It appeals only to one sort of woman,—the woman who sees before her a duty and an opportunity for service that challenges her to match the best that is in her against the difficulties that face all who would bring in a better order of human life. That is a task that calls only to strong men and women,—there is no place in it for the coward or the shirker.

Matthew Arnold said, "There is a power within us, *not ourselves,* that makes for righteousness." No greater discernment of the dual nature of human personality was ever written into one sentence. Who turned your eyes toward the suffering of the world? Who moved you to lend your young strength to the weak? What hand came down and pointed you the way? And were there . . . nail-prints . . . on that hand?

* * *

What has been the effect of your nursing experience upon your philosophy of life?

Has it shown you the futility of life, or its glory?

You have looked upon the degradation of the flesh. But out of the welter of pain and physical wreckage have you not seen time and again the unconquerable spirit, the inviolable soul arise? You have looked upon tragedy, but on triumph too. You have seen the fool meet the rendered accounting of his folly, but you have seen too the saint smile in the face of Death. You have seen the coward sometimes, but the hero often, for there is no place on earth where one looks daily upon stark heroism as one does in a hospital.

You have seen the pitiful drama of little lives pass before your eyes, with their faint reflections of Bethlehem and their poor little Calvaries, and you knew that even with their faultiness and their limitations, they were trying somehow to follow Him—after their fashion.

And what wonderful men and women you knew among your working comrades! I remember a nurse whose life burned slowly out before our eyes. Her life was like a white candle burning before the altar of

God. The candle burned down, but the light remains in the memory of all who knew her.

You too have seen lives that were so full of sweetness and strength and beauty that they seemed to bring sunlight and hope and the vision of what life at its best can be.

Did you look upon these things unmoved, unchanged?

I think not.

They say that the nurse needs a liberal education.

She has had it.

* * *

What is the hardest ordeal you have had to face, and what grows out of it?

(I do not want what I say here to be printed.)

* * *

And what is the reward of the nurse?

I saw one nurse meet with all the reward a real nurse could wish for. She was a splendid little soldier, that one. Clever as they make them, and utterly devoted to duty. A prim little thing, and oh! *very* professional. Absolutely imperturbable. She had read Osler's "Aequanimitas," and was bound she was going to live up to it.

There came a time when in an emergency she did a magnificent piece of work and did it under intense strain and difficulty, and with the greatest self-sacrifice. (I will not go into details.) We were all proud of her.

And the day after, when I was walking along the corridor with her, we met her doctor,—a man of few words, but the wisest and kindest and gentlest physician I ever knew,—and he stopped and laid his hand on her arm—I can still see his hand against her sleeve, a big brown hand with a big white scar on the back where a piece of shrapnel had gone through—and all he said to her was "Well done, daughter, well done!"

And the professional mask dropped and the tears came with a rush and the Oslerian aequanimitas blew clean up.

For words like that from a man like that are the best reward that a nurse like that can know.

* * *

So you have walked the pathway of a great experience, you have carried yourselves well, and you have purified and enriched your womanhood with deeper sympathies and a higher sense of values.

And you have done your duty.

But still greater work lies ahead. The care of the sick is your first duty, but it is *not* your greatest opportunity for service. You must help us to build a new world from which preventable disease will be banished. It is a huge task, but what has been done proves what can and will be done.

It can not be done unless your profession shapes itself toward new fields of service, strengthens its personnel, improves its methods and increases its powers, and kindles in its heart a passionate determination to bring human life — physical and spiritual—to a higher level than ever before.

You will have hard battles to face, but they will be no harder than those the founders of your profession fought and won. You who have shown such courage and devotion and such a spirit of progress in your work, you will fight and you will win.

For you will not fight alone. He who has walked unseen beside you down the long corridors of pain where the red lights burn above the doorways, He who has stood beside you in the sick-room and watched the tenderness of your ministry, He will be with you, even unto the end.

God bless you, brave gentlewomen, and give you strength and wisdom and courage for the duty which still lies before you, and when you have done that duty, and the days of your service are ended and the long shadows are falling, there shall come to you the Physician whose orders you carried out so faithfully, and He will lay His hand on your arm,—a scarred hand, too,—and say "Well done, daughter, well done."

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

INCORPORATED 1920

MISS E. FRANCES UPTON, R.N.
REGISTRAR, EXECUTIVE SECRETARY &
OFFICIAL SCHOOL VISITOR
SUITE 221
1396 ST. CATHERINE STREET WEST

TELEPHONE PLATEAU 7027

MONTREAL, March 8th 19 32

Sir Arthur Currie

Principal McGill University

Montreal.

Dear Sir:-

The enclosed copy of the Report of Survey on Nursing Education in Canada, is sent to you with the compliments of the Board of Management, Association of Registered Nurses of the Province of Quebec.

Yours very truly

E. Frances Upton, R.N.

E. Frances Upton, R.N.
Executive secretary, registrar, official school visitor.

March
Survey

April 25th, 1932.

Miss E. Frances Upton, R.N.,
Executive Secretary,
The Association of Registered Nurses
of the Province of Quebec,
Suite 221, 1396 St. Catherine St. W.,
Montreal.

Dear Miss Upton,

I regret that I have been so long in answering your note of March 8th, but may I thank you for sending me a copy of the Report of Survey on Nursing Education in Canada which is certainly a most interesting and exhaustive report on the subject.

Yours faithfully,

Principal.

McGILL UNIVERSITY
MONTREAL
SCHOOL FOR GRADUATE NURSES

DIRECTOR
BERTHA HARMER, B.Sc., M.A., R.N.

February 3rd, 1932

Sir Arthur W. Currie, G.C.M.G., LL.D.,
Principal and Vice Chancellor,
McGill University.

My dear Sir Arthur,-

The Rockefeller Foundation is preparing reports for publication on university schools of nursing, similar to those which have been published from time to time on schools of medicine. They have asked me for a report of this School to be presented by March 1st.

They state that their report is to disseminate knowledge by giving descriptions of buildings, methods of instruction, experiments in teaching, research, plans and policies, and information in general which will be of service to others interested in similar problems.

I am naturally anxious that this School will compare favourably in every respect with other university schools in Canada, as well as with those in the United States and other countries. The status of the university schools is, of course, indicative of professional progress in any country, and I am therefore wondering whether any mention might be made in such a report of proposals for future development.

Faithfully yours,

Bertha Harmer

Director.

BH:lg

February 5, 1932.

Miss Bertha Harmer,
School for Graduate Nurses,
McGill University.

Dear Miss Harmer,

I have your letter of February 3rd with reference to the reports now being prepared on behalf of the Rockefeller Foundation.

I cannot very well see what mention you can make of future development plans. The financial condition of the University will not permit of any commitments at the present time. When one begins to talk of future development, one must be fairly definite in what one says, and the needs of the other departments at the university far surpass those of the School for Graduate Nurses.

Ever yours faithfully,

Principal

McGILL UNIVERSITY
MONTREAL
SCHOOL FOR GRADUATE NURSES

DIRECTOR
BERTHA HARMER, B.Sc., M.A., R.N.

February 12th, 1932

Sir Arthur W. Currie, G.C.M.G., LL.D.,
Principal and Vice Chancellor,
McGill University.

Dear Sir Arthur,-

I hasten to assure you I have a sympathetic understanding and appreciation of the University's present problems.

The report I am preparing is simply a statement of the facts of the School as at present conducted. As the Rockefeller Foundation, however, particularly requested a statement of policies, and sent samples of the type of report required, I felt I had not the right to ignore this request without first submitting the matter to you. I quite understand, however, that nothing can be done at present, and I had not expected at this time any commitment on the part of the University.

Faithfully yours,

Bertha Harmer

Director.

BH:lg

McGILL UNIVERSITY
MONTREAL
SCHOOL FOR GRADUATE NURSES

DIRECTOR
BERTHA HARMER, B.Sc., M.A., R.N.

November 28th, 1931

Sir Arthur W. Currie, G.C.M.G., LL.D.,
Principal and Vice-Chancellor,
McGill University.

Dear Sir Arthur,-

We are most comfortable in our new quarters. They meet our immediate needs, as expressed in the Survey Report presented in April, so satisfactorily that I wish, on behalf of the staff, the students, the Alumnae and nursing profession in general, to express our grateful appreciation for this ready solution to some of our most pressing problems - including the provision for residence accomodation for a number of our students.

Our increased facilities are already bearing gratifying and fruitful results which undoubtedly will greatly enhance the usefulness and scope of the School, and contribute to its prestige and future development.

Yours faithfully,

Bertha Harmer

Director.

BH:lg

Dr. Weir's Survey of Nursing Education

McGILL UNIVERSITY
MONTREAL

FACULTY OF ARTS
OFFICE OF THE DEAN

Friday next
Meeting
at 3 P.M. My Office
Bazin, Fleming, Stanmard
Martin, Mackay, Stanley

November 15, 1930.

Sir Arthur Currie, G.C.M.G.,
Principal,
McGill University.

My dear Principal,

When Dr. George M. Weir of the University of British Columbia was here in the summer, during your absence and during the absence of most other persons interested, I undertook to present to you and to the University some proposals which he wished to make. As you already know, the survey of the nursing profession which Dr. Weir is conducting throughout Canada was originally proposed by the Canadian Nurses Association and the Canadian Medical Association. I have already had a short conversation with Dr. Bazin, the President of the Canadian Medical Association, and have mentioned the matter casually to Dr. Fleming. Miss Harmer is also, I assume, interested in the survey and possibly, too, some of the members of our informal committee on Social Research Studies may be interested.

The University of Toronto is co-operating with Dr. Weir in the survey being carried on in Ontario and most of the other Canadian Universities are also undertaking to assist in their respective provinces. The proposal which Dr. Weir made to me was that McGill University should organize and undertake the conduct of the survey in this province, and especially in the English speaking part of this province, with a view to making the inquiry an example of how social work of this kind might be done in a thoroughly careful and scientific way, and he added that McGill and Montreal seemed obviously the best place in Canada to feature work of that kind.

Dr. Weir's survey at present, so far as I understand it, seems to turn upon the three following subjects:-

(questionnaire Social service Psychology)

1. An inquiry into present prevailing methods of nursing education and training throughout Canada. Are the requirements, educational and personal, for admission to nurses training adequate? Is their subsequent training sufficiently thorough and practical, especially in smaller local centres? Should the nursing profession be more carefully graded? Should the University offer a degree in Nursing Science and if so how should the work for this degree be designed?

2. An inquiry into nursing employment and unemployment. What are the available avenues for nursing employment in the homes, hospitals and schools of the community? Is the nursing employment already overcrowded and if so how can this situation be most effectively eliminated? Where, in fine, does the nurse really fit in in the organization of public and private health services and what should her training really be if she is to fit in effectively?

3. An inquiry into the incidence of the costs of nursing, hospitalization and medical services which apparently falls so heavily at present on the community of invalid families of moderate incomes in the different parts of the country.

Questions 1 and 2 present no great difficulties as I apprehend nearly all the significant data for answering these questions may be easily obtained from the medical profession, the hospitals and the nurses themselves. The third inquiry is, however, more difficult.

There can be no doubt, I think, of the great importance of this third inquiry. The high cost of nursing, hospitalization and medical services chargeable to families of moderate income in the community has become, I think, a very distinct grievance at present. The poorer members of the community obtain these services free or at a nominal charge; the wealthy members pay the standard prices for nursing and hospitalization but in practice, I think, they usually pay a much higher fee for medical services. The heaviest incidence of these public services, therefore,

seems to fall upon the families of moderate means. For example, A. is pater familias in a family of a wife and two or three children supported by an income of say $3,000 per annum. His wife has been brought down by a protracted illness lasting say six months, with a crisis requiring special day and night nursing lasting six weeks. The normal costs for nursing and hospitalization in this case now amount to approximately $1800, and this does not include the costs of medical services or the cost of employing a housekeeper at home. Evidently this amount is far beyond A's capacity to pay. I do not think that this is an exceptional case and there are, I think, hundreds and thousands of similar cases in almost every community. There is obviously, therefore, in these cases a very great danger that the fear of expenses may often delay the necessary nursing care and medical treatment until it is too late.

Curiously enough at the present time we have in the financial community some form of available insurance for nearly all kinds of serious family tragedy except this one. We have life, fire, accident, sickness and all forms of insurance but no form of insurance against serious family illness. What is the remedy? Are our medical services too elaborately and inefficiently organized to meet the requirements of the community? Where does the super-expense come in? Why should these expenses be so great whilst all our hospital services are so munificently endowed by the public? It is this problem, I think, more than any other which has brought about the movement for state medicine which is gaining ground very rapidly in Canada at present, especially in the western provinces, and I do not think that many of us wish to go so far as to hand over to the state the care and custody of our bodily and mental health. The medical profession is interested both in a professional and in a pecuniary way, the hospitals are interested, the nurses themselves are interested, the departments of public health are interested, and the public have become outspokenly interested, and therefore I suggest that a careful inquiry of this kind would be of great interest and importance at present to the community and a great credit to this University if successfully undertaken by us.

Just how this investigation should be undertaken I do not know. Dr. Weir and I, however, discussed the possibility of isolating a typical community of invalid families of this kind from the city of Montreal and possibly some of the rural districts. Perhaps the large employing companies in the community, such as the railways, the banks, the insurance companies and other major industries would be willing to give the survey committee a list of say a hundred or more of their employees earning a moderate income, say between $1800 and $4000 per annum. Some of these companies keep records of the family health of their employees and in these cases the problem would be made much easier. In any case the idea was to select a group of about a thousand families of this kind and then make a very careful census of these families for the purpose of finding out their costs for health service covering say a period of one or two years' duration. All this, however, is a nice question in the application of sceintific methods of study in social and economic research and will have to be worked out in careful detail by those who undertake the survey. I have some questionnaires and other material left with me by Dr. Weir and I shall be glad to hand these over, or copies of them, to any committee formed for this purpose and, if necessary, to help the committee myself in any way I possibly can.

I should like, therefore, if you can find time, to take the matter up with Dr. Bazin, Dr. Fleming, Miss Harmer and others, in order that we may communicate to Dr. Weir any ideas which the University may have on this undertaking. I need not add that Dr. Weir is a graduate of McGill and would, therefore, naturally like to see his alma mater interested in this work.

Yours sincerely,

Ira A. MacKay

Dean

Nov. 21, 1930.

A meeting was held in the Principal's office, Nov.21, 3 p.m.

Those present:

Sir Arthur Currie
Dean Ira MacKay
Dr. A. Bazin
Miss Harmer
C.W.Stanley
Dean Martin unable to be present

Dr. Bazin gave an account of Dr. Weir's activities during the past fifteen months. For the Medical Association and the Nursing Association he had been collecting facts, from coast to coast, regarding the sort of nursing attendants actually to be found in different communities.

Additional light was thrown upon Dr. Weir's survey by an off-print, distributed by Miss Harmer to the committee, from the Canadian Nurse, Nov. 1929, "A Survey of Nursing Education in Canada" by Dr. Geo. Weir.

Dean MacKay's letter on the submect, written after an interview with Dr. Weir, raised many questions, such as the cost of nurses, hospitals, etc. to citizens of moderate income.

Dr. Bazin thought Dr. Weir's purpose was narrower than this: he was collecting facts on such questions as

Is nursing too technical?
Are nurses over-trained in theory and not up to their jobs?

Sir Arthur: "But how can one sole man discover all this in all Canada?

The discussion then turned on whether such an investigation would not properly fall under "Social Research" and whether Dr. Weir's proposal should be brought before the Social Research Council.

It was arranged that Dr. Bazin telegraph Dr. Weir and get from him a more definite scheme, in time for the Council meeting two weeks hence.

O.

McGILL UNIVERSITY
MONTREAL

FACULTY OF ARTS
OFFICE OF THE DEAN

March 24, 1930.

Sir Arthur Currie, G.C.M.G.,
Principal, McGill University.

My dear Principal:

I am enclosing a memorandum which I received this morning from Dr. George M. Weir of the University of British Columbia, and a clipping from the Sunday Province, Vancouver, B.C. Probably Dr. Fleming and Miss Harmer might care to read over these documents. I suggest that the problem is one of very marked importance in this Province at the present. I shall be glad to assist in any way I can for the purpose of giving Dr. Weir the information he desires.

Yours very truly,

Ira A. MacKay
Dean.

Encl.

To Dr. Fleming: Please read and pass to Miss Harmer, who will return to me.

A. W. Currie
Principal.

March 25, 1930.

Miss Harmer -
I have read attached + now pass to you
27/3/30 A. Grant Fleming

Notes on the

Dean L. A. McKay

SURVEY OF NURSING EDUCATION IN CANADA.

Under the auspices of the Canadian Medical Association and Canadian Nurses' Association.

A Joint Committee of three members from each Association with Dr. G. M. Weir as Director--Headquarters in Toronto.

The groundwork for the study throughout Canada has been completed and the fieldwork done for Ontario. There are five distinct areas, each with its own peculiar problems although all have many nursing educational problems in common,--B. C., Prairies Provinces, Ontario, Quebec, the Maritimes.

I. Economics--Question of Supply and Demand.

A large amount of unemployment among nurses in Ontario exists and constitutes a very serious problem especially in the larger cities. Many nurses earn less than $20.00 a month and, were it not for their friends and relatives, would experience great hardship.

Nevertheless, the tendency is to keep on graduating nurses without direct reference to the health needs of the community: 555 nurses wrote on the Registered Nurses' Examinations in Ontario last June and of this number only 6 failed--about one percent, most of whom are granted supplementals. The small training schools, often attached to hospitals with fewer than 30 beds,--which accept candidates with very low educational qualifications and often ignore the so-called minimum curriculum--keep adding their quota to the ranks of graduate nurses.

Is nursing at the parting of the ways? Is it to become a profession or merely a vocation? Should nurses be classified

and graded, as teachers are, and given continuous employment on a graduated salary scale? Questions of organized control, of minimum educational and professional qualifications, of curricula, examination standards etc. are problems that cannot be solved on the basis of mere opinion. The Survey aims to get at the facts obtaining in the various economic areas concerned before offering any specific solutions.

II. The cost of nursing services to the public is also vital. There is a growing tendency to hospitalisation--or to bringing the patient to the hospitals for treatment. At the same time, the cost of hospitalisation, hospital deficits, special nurses etc. is nearing prohibitive levels for the patient of average means. Where a special day and night nurse are employed, and a private room engaged, the patient is frequently charged in the neighborhood of $175.00 a week--apart from the doctor's or surgeon's fees.

Some hospitals are moving in the direction of engaging more graduate nurses on their regular staffs and of assuming full responsibility for the nursing care of the ill--thus discouraging the engagement of special nurses. Other hospitals are experimenting with a system of group nursing, whereby one graduate nurse attends to several patients who are not very ill,--thus reducing the cost of nursing to the patients concerned. Hourly or parttime nursing in the home, on a similar basis to that in use by the Victorian Order, is also under consideration.

III. Other educational problems, such as the relative amounts of theory and practice required by nurses, more bedside nursing practice while in training, and many similar matters are also being studied.

IV. What are the community needs--especially of people of average means--with regard to nursing services? Are such people getting the kind of nursing service needed and at a reasonable cost?

There are all sorts of opinion on these matters but no accurate studies of representative cross sections of the various communities, urban or rural, have been made.

Toronto University has become interested and is cooperating with the Survey in such a community study. The Heads of ~~three~~ (3) of the largest Departments in Toronto University have lent their names to this study and are securing the participation of their students. McGill University ~~has~~ no also ~~become~~ interested and ~~in all likelihood will~~ may take an active part in this phase of the study. Some universities in other provinces may also cooperate when the nature of the Survey is fully understood.

V. An interesting question that arises is how does the girl who takes up nursing compare in ability with normal school, high school, university students, stenographers, etc.? ^ One thousand (1000) intelligence tests have already been given to student nurses in Ontario and probably 3000 or 4000 ^ student nurses in other provinces. Rankings in theory and practice, on examinations etc., are also being studied and many

nearly

more will be given to

correlations will be obtained. The intelligence tests are being used chiefly as supplementary checks on other studies and are not being overemphasized.

VI. A cost accounting study of nursing education, as such, and distinct from general nursing service, is also being made. From 200 to 300 hospitals, with and without training schools, will be studied in this connection. It has been a difficult problem to devise a satisfactory study technique for attacking this question, but a fairly satisfactory process has now been evolved.

VII. While nursing fees press heavily on people of average means, the frequently long periods of unemployment among nurses and their relatively low annual earnings should not be overlooked. The Survey will obtain specific data on this problem as on the other matters involved.

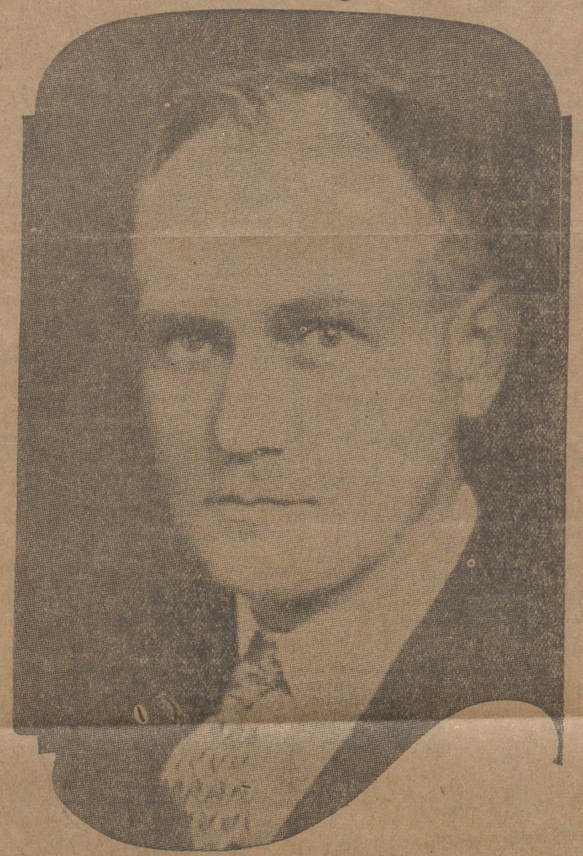
The prime consideration is the supplying of adequate nursing services to the community without sacrificing the interests of the nursing and medical professions and of the hospitals involved. The Survey is bristling with problems of an economic, educational, and social nature, which can never be solved without a knowledge of the facts and factors involved. The nursing and medical professions and various organizations in Ontario have given their wholehearted cooperation and similar support is expected in the other Provinces.

The Director has studied conditions in about 50 training schools for nurses in Ontario--small, intermediate, and large--and has also discussed nursing problems with approximately

2000 nurses and 1000 doctors in Ontario. Statistical and other information is being obtained. While the Survey was commenced in Ontario, it is the intention of the Canadian Nurses' Association and the Canadian Medical Association to carry the study with equal thoroughness into the other provinces. The Prairie Provinces for instance, have distinctive nursing problems, which again differ from those of rural Quebec or of the Maritimes. A cross-section study of the whole Canadian situation is the aim of the Survey, which will be representative of the various viewpoints of the professional associations directly concerned as well as of a large section of the public.

A. M. Hendry,
Director.

Surveyor Weir Turns Microscope On Our Nurses



DR. GEORGE M. WEIR
University professor appointed to examine nurses' problems.

By CECIL SCOTT.

WHAT is wrong with the profession of nursing?

Are our nurses underpaid or paid too much? Are they undertrained, or trained too much? Does sickness cost too much? Are there too many nurses? Are there enough nurses in our hospitals? Are nurses just efficient bedside attendants or half-doctors? Is nursing really a profession anyway?

There are 25,000 nurses in Canada awaiting answers to these questions.

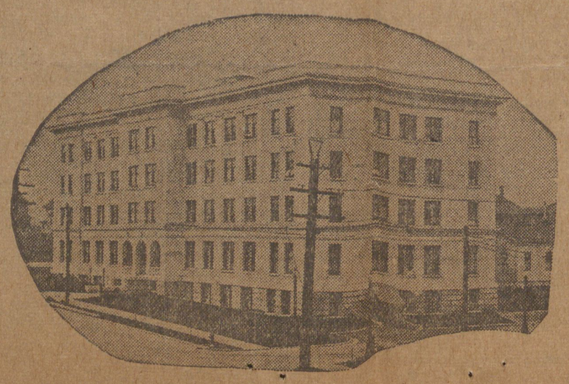
Last summer a well-known British Columbian was appointed to delve into these problems of the nurses. He was told to report back to the Canadian nurses and doctors themselves when he had finished. And he has been at work ever since.

He is Dr. George M. Weir, who went about British Columbia five years ago asking teachers just such other questions about themselves. When his long report was published, teaching in this province was revolutionized. His report on nursing in Canada is expected to have the same drastic effect on the world's finest and best-esteemed profession.

LOANED U. B. C.

This is the first time in Canada that a thorough scientific survey of the nursing situation has been attempted. Dr. Weir has been loaned by the Canadian Medical Association and Canadian Nursing Association by the University of British Columbia, where he heads the department of education.

Returned to British Columbia from headquarters in Toronto, Dr. Weir will gather answers from nurses and doctors and health authorities in British Columbia. In Toronto he has laid the groundwork of his Canadian study and he has completed the Ontario fieldwork, in which some thousands of doctors and nurses were interviewed, and many training schools for nurses investigated. From British Columbia he will work his questioning way through the prairies to Quebec and east through the Maritimes, finally returning to spend some months in Ontario, analyzing and standardizing his answers.



New Nurses' Home, Vancouver General Hospital.

A situation bristling in problems has already been found in his Ontario study. Most of them apply here also. He discovered that many nurses there have been earning only $20 a month. They depend on their relatives and friends for the balance of their livelihood. Nurses in that province are usually employed only half the working month. In Toronto and Montreal nurses are paid $6 a day, and through the remainder of the two provinces $5. Hours are from ten to twelve a day, while some nurses with convalescent patients accept a twenty-hour day for a dollar or so more than the normal rate. Those who are paid on a ten-hour day basis, usually receive two hours' respite in the afternoons, coming back before supper.

Since 1926, when the survey was first mooted, the unemployment situation among Ontario nurses has become acute, especially in cities. Ontario nurses flock to big centres between their periods of employment, and as a result Toronto has a great surplus of nurses. Dr. Weir is to enquire whether a similar situation exists in this province.

PRODUCTS OF SMALL TRAINING SCHOOLS.

The situation there is made more acute by the fact that the small country hospitals, with thirty beds or so, have also their training schools. Some of their superintendents claim that the drain of the big city hospitals has lured away their staffs, and it is necessary to train new girls whose local friendships in the community will keep them home for a period at least.

Whatever the reason, Dr. Weir was told that the market is being flooded with less efficient nurses trained by tiny hospitals, some of whom pay little attention to even the minimum curriculum of the training schools, and whose students have sometimes no more than passed the entrance examinations into high school.

The tendency is still to keep on graduating nurses. Dr. Weir will investigate to what extent health needs of the community require an ever-growing number. He will examine the demand as well as the supply, with an eye to the well-known law. More than 550 nurses wrote on registered nurses' examinations in Ontario last November and only six failed. And most of these are taking supplementals.

How is this great new influx of nurses to be taken care of? They are graduates of some hundred training schools in that province. The examinations are set by each hospital, and the instructresses and administrators are usually examiners. That means that there is a most variable qualification, dependent on the type of hospital which gives the training.

With this growing surplus of nurses of all degrees of proficiency, is nursing as a profession at the parting of the ways? Is it to remain a profession or become a vocation? These are questions which Dr. Weir is asking.

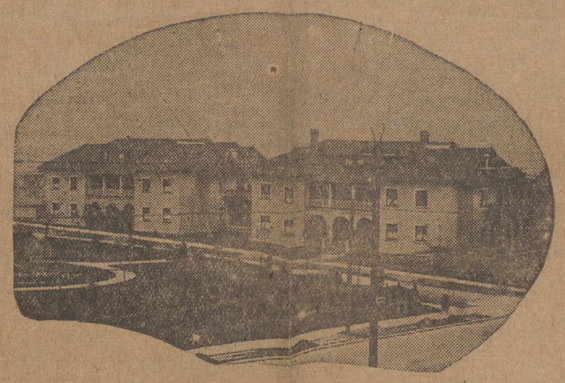
SHOULD NURSES BE PERMANENTLY EMPLOYED?

Should nurses be graded and classified, as are teachers, and then given permanent employment on a graduated salary scale, or should they be treated, as many doctors suggest, as mere advanced practical nurses, trained simply to obey orders and to follow definite medical instructions?

Dr. Weir will seek answers to questions of organized control, of minimum educational and professional qualifications, of curriculum in training schools.

He will examine into the high cost of being sick, especially as it affects nurses who attend as "specials" on hospital patients. He found that in Ontario $175 a week or over was often the cost of a serious illness to a patient before he even started to pay his doctors' fees. Six dollars a day went for board, $12 for day and night nurses, $4 for nurses' board, and a few dollars for medicine, anaesthetics and other accessories to being sick. Few men and women of moderate means can meet such an expense, and it is no wonder that patients wish to dispense with the services of the nurses as soon as possible.

This cost of sickness is being analyzed from the social and com-



Old Nurses' Home, Vancouver General Hospital.

munity point of view as well. Already several schemes are being tried in Ontario to lower the cost of nursing to the patient. Some of them make for more continuous employment of nurses.

NURSES ON A GROUP SCHEME.

In some hospitals in the East it is impossible to secure nurses by the hour on a plan similar to that used by the Victorian Order. A few hospitals allow their patients to secure nurses under a group scheme. One nurse is allowed to attend two or three convalescent patients. Other hospitals are taking over entire care of their patients and increasing their staff of graduate nurses to allow them to do so.

The prairies have probably made the most radical attempt to meet the high cost of being sick. According to Dr. Weir, some community hospitals there are supported as a type of sickness insurance. A tax of, perhaps, $6 a year is imposed on ratepayers, and hospital treatment for themselves and their families is free. Union hospitals on the prairies, centring in Saskatchewan but extending in a modified form to Alberta, are supported partly by the government and partly by the communities. They carry salaried doctors and staffs of nurses.

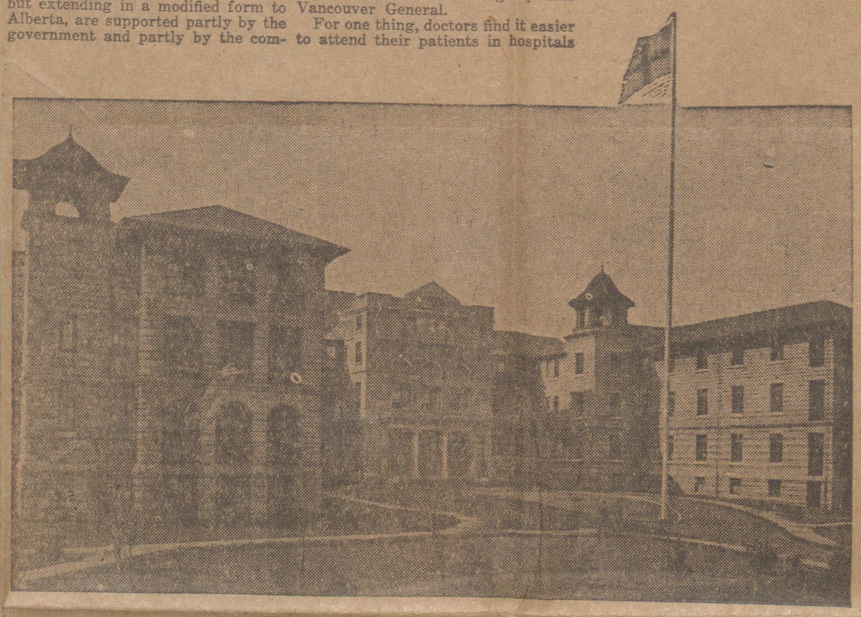
In Alberta also are the famous clinic trains, which run from village to village, with their staffs of doctors and nurses. Arrived at a station, they turn a school into a temporary hospital, removing desks and utilizing tables as operating boards. They operate on tonsils, adenoids and attend to the hundreds of minor ailments with which child or grown-up is afflicted.

Dr. Weir says that despite traditions of healthy country life, the incidence of sickness in the country is often much greater than in the city, largely because medical services are not so readily procured.

HOSPITALS FILLING ACROSS CANADA.

The cost of hospital service in cities is being found a vital one. The upkeep of hospitals, with their deficits and their demands for more space, is a Canadian-wide problem. Not only in British Columbia, but all through the East, there is a growing tendency towards hospitalization. Toronto General and the Toronto Western are filling up like Vancouver General.

For one thing, doctors find it easier to attend their patients in hospitals than homes. Equipment is ever ready, and, especially in maternity cases, preparations can be made for every eventuality. But the patient is paying for the increased safety and comfort he gets, and it is recognized that the cost of hospitalization, with special nurses, is nearing prohibitive levels for a person of moderate means.



Vancouver General Hospital, central unit.

HOW MUCH STAMINA HAVE NURSES?

Have nurses the same stamina as in old days, when every nurse was expected to act the heroine and her hours of service were as nearly as possible to twenty-four hours a day? This is another question which Dr. Weir will attempt to find an answer for.

"We are attempting to assess the traits necessary to success in nursing," he said. "We are examining evidences of initiative and resourcefulness in nurses, and are assaying the emotional controls required of the effective nurse. We are trying to find just what are the traits whose absence in a girl means that it is not worth while for her to go into a hospital training school. And we have obtained towards this end the help of several big eastern universities."

Nurses are supposed to be 18 when they enter the training school, and to have the equivalent of the second year in high school. They graduate at about 22 or later. While the instruction in each hospital and the examinations are different, McGill, Toronto and recently the University of British Columbia have established schools for the training of instructresses and administrators, which may, in time, standardize the eventual training of nurses.

The nurses' task is exacting and exhausting. The emotional demands are very high. It is generally recognized that a nurse who has been in continuous practice for twenty-five years has done her duty and given a large part of herself to her work. Hers is a life of steady grind.

Dr. Weir is making a study of the co-operative hospital, and has enlisted the aid of the medical faculties of Toronto, McGill and, he hopes, of other universities. In British Columbia he wishes, through public health agencies, to get the views of the representative urban communities on this point, and he will study the community needs in rural ones.

What are the community needs, especially of people of average means, with regard to nursing services? Are such people getting both what they require and this at a reasonable cost? There are hundreds of opinions on these matters, but no actual survey has been made before.

An interesting question is as to how the girl who takes up nursing compares with the teacher, stenographer, university student, or high school girl. Dr. Weir has already, in this connection, given a variation of the once-extolled intelligence test to 1000 nurses in Ontario, and will probably do the same in connection with 3000 or 4000 in other provinces. They will be merely supplementary to the examination of rankings, standards and qualifications of the different professions, and will not be over-emphasized.

There will be an examination into the increasing prevalence of private hospitals. Dr. Weir, in Ontario, found some of them less expensive than the public institutions, but the majority were patronized by the more wealthy patients.

COST OF EDUCATING OUR NURSES.

He is conducting a cost-accounting study on the education of nurses. From 200 to 300 hospitals will be studied to find how much it costs to train a nurse. He will try to find whether it is true, as claimed by an American authority, that it would pay the large hospitals to do away with its training school and substitute graduate nurses. The cost of training equipment, correspondence and other staff work, together with the overhead required for a nurses' home, may more than counterbalance the savings effected by the services of student nurses, though some claim this is only the case with regard to the first few months of the nurse's training.

If it should be found that the hospitals are training nurses at greater expense than would be the cost of using graduates, there may be room for a demand for an extra allowance from the government, comparable with the amount given normal schools for training teachers.

BEDSIDE TRAINING MAY NEED IMPROVEMENT.

Another problem concerned with the education of the nurse involves a comparison between the methods of the small and big hospital in connection with bedside nursing. In the small institution the nurse is given an opportunity of attending the patient throughout a sickness. She may observe the course of the illness and the entire treatment. In the big hospitals, one nurse has a myriad of small responsibilities, it is claimed, which precludes the finest in bedside training.

Dr. Weir says there are between 400 and 500 hospitals in Canada. In Ontario there are 150. About two-thirds of the hospitals have nurses' training schools. There are 3600 student nurses in Ontario alone. Some of them leave, some marry, and last November 555 tried the R. N. examinations. The number of qualified nurses in Canada is about 25,000.

Associated with Dr. Weir in his survey are three leading Canadian doctors and three nurses, each appointed by their respective associations. The doctors are Dr. A. T. Bazin, president of the Canadian Medical Association, professor of surgery at McGill; Dr. Stewart Cameron of Peterboro, past president of the association; Prof. Duncan Graham, professor of medicine at Toronto. The nurses are Miss Jean Gunn, superintendent of nurses at Toronto General Hospital; Miss Kathleen Russell, assistant professor of nursing, Toronto, and Miss Jean Browne, Junior Red Cross.

There is a great welter of opinions with regard to the problems affecting the survey, but never before has an attempt been made to analyze the basic facts from which alone reliable conclusions may be drawn, he has found.

MISS JEAN GUNN
Superintendent of nurses, Toronto General Hospital, associated with Dr. Weir in his survey.

McGILL UNIVERSITY
MONTREAL

SCHOOL FOR GRADUATE NURSES

April 2nd, 1930.

Sir Arthur Currie, G. C. M. G.,
Principal, McGill University.

My dear Principal:

Thank you very much for permitting me to read the enclosed article, which I am returning to you.

I have, of course, been following the survey which is being made in Canada, also a similar but more extensive survey which began several years ago in the States, and is to continue for a period of five years. Their published reports give us much food for thought.

I had the pleasure of having a long conference with Dr. Weir during his recent visit to Montreal and hope to see him again during his anticipated visit in July.

Yours faithfully,

Bertha Harmer

Director.

Printed in Canada.

FORM T. D. 1M.

CANADIAN PACIFIC RAILWAY COMPANY'S TELEGRAPH

TELEGRAM

Bazin's membership on Advisory Committee

All Messages are received by this Company for transmission, subject to the terms and conditions printed on their Blank Form No. 2, which terms and conditions have been agreed to by the sender of the following message. This is an unrepeated message, and is delivered by request of the sender under these conditions.

J. McMILLAN, General Manager of Telegraphs, Montreal.

59 RN R.

STANDARD TIME.

10 COLLECT KV TORONTO ONT APL 15 506 PM

SIR ARTHUR CURRIE

MCGILL UNIVERSITY

MONTREAL QUE.

PLEASE URGE DR BAZIN REMAIN ARRIVING MONTREAL THURSDAY MORNING.

BERTHA HARMER

522 PM Telephoned Bazin He agrees to remain

16/4/30

December 10, 1929.

Dr. Alfred T. Bazin,
Medical Arts Building,
M o n t r e a l .

My dear Dr. Bazin,

I have your letter of yesterday, in which you say that you consider it somewhat incongruous that you should be a member of the Advisory Commitee of the School for Graduate Nurses while you are a representative member of the Canadian Medical Association upon the Joint Committee now engaged in a survey and study of the nursing problems in Canada.

Your wishes, of course, must be respected, and I most regretfully will place your resignation before the Committee at its next meeting.

With all kind wishes,

I am,

Ever faithfully yours,

Principal.

DR. ALFRED T. BAZIN
MEDICAL ARTS BUILDING
MONTREAL

December 9th, 1929.

Sir Arthur Currie,
Principal,
McGill University,
Montreal.

My dear Sir Arthur:-

I have recently received the announcement of the School for Graduate Nurses as also the report of the Director for distribution to the members of the Advisory Committee.

It is now some years since I attended any meeting of the Advisory Committee. The occasional meetings of which I have had notice have always been called for a day and hour for which I had previous appointment.

I have carefully studied the announcement and the Report and have come to the conclusion that my name should be removed from the Advisory Committee.

I am a representative member of the Canadian Medical Association upon the Joint Committee now engaged in a survey and study of the Nursing problems in Canada and until this study is completed I am attempting to maintain an impartial and judicial attitude.

It is therefore incongruous that I should be a member of a Committee which apparently sponsors the aims and objects of Nursing education as outlined and forecast in Miss Harmer's report.

Yours sincerely,

A.T. Bazin

ATB/T.

McGILL UNIVERSITY
MONTREAL

Budget

SCHOOL FOR GRADUATE NURSES

May 13th, 1929.

Dr. C.F.Martin,
Acting Principal,
McGill University.

Dear Doctor Martin:-

This is to inform you that, finding you were out of the city last week, I took the liberty of asking Mr. Glassco if you had discussed our budget with him, and, if you had already expressed your approval, if there was anything which could be done in regard to a decision. We went over the material which you had already presented and he informed me later in the day that the budget would be passed and that we had authority to proceed with our plans for the coming year.

I feel, of course, that we have to thank you for this and we are most grateful.

Very sincerely,

Bertha Harmer

Bertha Harmer, R.N., M.A.,
Director.

Budget

McGILL UNIVERSITY
MONTREAL

SCHOOL FOR GRADUATE NURSES

May 6th, 1929.

Dr. C.F.Martin,
Acting Principal,
McGill University.

Dear Doctor Martin:-

I have just returned to the office after a repeated attack of illness and had hoped to find a favourable decision of the Finance Committee awaiting me. At the risk of seeming to trouble you unduly I am writing to ask the decision of the Finance Committee in regard to our budget. I should not trouble you if it were not that so many important matters are depending upon it.

First: Miss Lindeburgh whom I am counting upon having with us next year must resign from an important position, her successor must be appointed and introduced to the work before Miss Lindeburgh leaves.

Second: We are unable to make the necessary announcements in the Canadian journals and such announcements will greatly influence the number of students who enter the school next year. Such announcements must be in Winnipeg by May tenth at the latest in order to be included in the June journal.

Third: We are unable to complete the curriculum and the new calendar which must be published as these are also depending upon our budget.

I may add that two Canadian women holding positions in the United States came to McGill rather than to Teachers College (against the advice of their friends) because having used my books for some years they felt confident that they would receive a good course here. They have been dreadfully disappointed and I feel

that we can offer nothing better as I stated to you personally without the assistance which I have requested. Needless to say it is very disturbing to me to know that the students are disappointed and in the case of those mentioned above that they are going back to the States with such an adverse opinion of what we are offering in Canada at McGill.

Many thanks for your own personal interest and help which you have given me while at the School. I cannot thank you enough for the gift which you have made the School in the form of the Fellowship. The students are delighted and most grateful. I confess it is a little late for me to ask but may I announce the name of the very kind donor ? I am announcing the study in the Canadian Journal of Nursing and I should like very much to mention your name.

Hoping to hear from you at your earliest convenience,

I am,

Very truly yours,

Bertha Harmer

Bertha Harmer, R.N., M.A.,
DIRECTOR.

Urges a Degree Course.

McGILL UNIVERSITY
MONTREAL

SCHOOL FOR GRADUATE NURSES

March 11th, 1929.

Dr. C.F.Martin,
Acting Principal,
McGill University.

Dear Doctor Martin:-

I am enclosing a copy of a letter which I sent to Mrs. Reford some time ago explaining the needs of the School. Unfortunately Mrs. Reford left directly after this letter was delivered and so there was no time for a reply. I am completing today some further material with proposals regarding the reorganisation of our School which I shall send you for your consideration before calling for a meeting of the Advisory Committee. I should appreciate it very much if I might have a conference with you regarding the proposals at an early date. I have already discussed these proposals with other members of the committee and may say that they have expressed much interest and enthusiasm regarding them.

Thanking you for your interest and co-operation, I am,

Very sincerely yours,

Bertha Harmer

Bertha Harmer, R.N., M.A.,
DIRECTOR.

12th March, 1929.

Dear Miss Harmer,

I have your letter of the 11th instant, with enclosure, and shall be glad to see you on my return from New York at the early part of next week, and to have a good discussion with you concerning the proposed reorganization of the Graduate School for Nurses.

Very cordially yours,

Acting Principal.

Miss Bertha Harmer, R.N.
Director - School for Graduate Nurses,
McGILL UNIVERSITY.

February 22nd, 1929.

Mrs. R.W.Reford,

3510 Drummond Street,

MONTREAL.

My dear Mrs. Reford:-

I regret very much that I was not in the office the other day when you were so kind as to call. I have been looking forward to the opportunity of discussing with you the needs of the School and plans for its future development. I am anxious to have a meeting of our Committee but before doing so desire to discuss the situation with members individually. With the meeting of the International Association of Nurses here in a few months I feel it most urgent that everything must be done to establish the School on a sound educational and professional basis, worthy of our Canadian ideals and the reputation we have for thoroughness and substantial achievement. The School will naturally be under the critical observation of the whole nursing world. Miss Shaw eagerly looked forward to this meeting and I am sure it would have been the dearest wish of her heart to have established at this

time some of the results for which she struggled for so long. An adequate endowment for the School is essential for our future developments.

Perhaps it would be helpful if I attempt to outline briefly the needs of the School so that you may consider them at your leisure.

1. The present enrollment: We have twenty-four full-time students registered as follows:

Administration in Schools of Nursing - - 7

Teaching in Schools of Nursing - - - - -10

Public Health Nursing - - - - - - - - - 7

These students come from every province in the Dominion. One comes to us from England and one from the United States.

Scholarships: Ten of the above students have scholarships granted by provincial associations, by individual schools and alumni or by community organisations.

Part-Time Students: We have twenty-seven students studying one or more courses: Fifteen (from the Victorian Order of Nurses) in Public Health, ten in administration, and two in teaching.

II. Possibilities of future enrollment:

A. Full-time students: The schools and organisations in the Western provinces of Canada, as well as those in Eastern Ontario, Quebec and the Maritime Provinces, show a strong tendency at present to favour our school at

McGill rather than the courses in nursing education recently introduced at the Toronto University.

The Provincial Association of Nurses in Saskatchewan have written stating that they are providing a yearly scholarship for a student to attend McGill.

The University Hospital at Edmonton has a five-year undergraduate course leading to a degree. They are unable to provide adequate instruction for the fifth year and desire to make an arrangement whereby they may send their students to us. Alberta already provides a scholarship. Manitoba, although unable to do so this year, hopes to do so in future.

Providing our courses are sufficiently attractive and worthwhile there is every promise of an increased enrollment through provision for scholarships and increased attendance of students at their own expense. Fourteen of our full-time students are paying their full expenses. All the part-time students pay their own expenses.

We cannot hope, however, to retain the confidence and support of the schools and provincial associations of the West and elsewhere unless our School is equipped with a qualified faculty, adequate facilities, and an educational program which will insure proper instruction. Our students come to us at a very considerable expense in time and money

and it is only just to insure that we offer them at least the equivalent of what they can receive elsewhere.

Some scholarships in Canada are still offered for study at Teachers College in New York.

In order to obtain a degree it is still necessary to go to Teachers College in New York. Our best students are in this way lost to the profession in Canada. Some of our present students are planning to go to Teachers College if a degree course is not established here. This should be quite unnecessary.

The Department at Toronto University is offering strong inducements to students to enrol there. Although courses in teaching and administration have just been established and although they have not reached the status of a school as we have, they already have a larger faculty for teaching.

The demand for graduates: The request for graduates from our school far exceeds the supply, especially in the fields of teaching and public health. We could easily place twice the number of our present enrollment in desirable positions. Already there are seven urgent requests for instructresses for next year. The pressure of such a demand is bound to stimulate increased enrollment.

B. Part-Time Students. It is extremely important, in a rapidly expanding field of knowledge, that provision should

be made for graduate nurses to continue their professional education. They should be encouraged to do so and, indeed, compelled to do so in order to maintain high professional standards and for individual professional growth. Women who are engaged in professional service in the local schools or community organisations may take refresher courses or new courses which will aid them to better perform their present duties. There is much room for development here and great opportunities for the school to serve as a large teaching centre. These students, by being in touch with a great educational institution are often stimulated to take advantage of the full courses offered. In the Toronto Public Health Department no applicant is accepted for a position unless she has properly prepared herself by taking the course at the University in Public Health. Such standards set by schools and public health organisations also insures a steady enrollment in the universities.

III. Unique Opportunities for Service. Teachers College has undoubtedly been the greatest force in furthering the program of nursing education in the United States. Canada also, is greatly indebted and, indeed, students from almost every country in the world have attended and greatly profited

by the instruction given. It has grown to be a great international institution made possible only by an endowment in its early days of twenty-five thousand dollars by Mrs. Hartly Jenkins. Their first class was one of only two nurses; now more than four hundred students attend yearly; between fifty and sixty B.A. or B.Sc., degrees and about twenty Master's degrees are granted yearly. Our School at McGill has decided advantages which Teachers' College lacks owing to the fact that they have no direct connection with any teaching hospital and therefore have no teaching field. The close relationship and co-operation between our School, the hospitals, community organisations and the Medical School offer many advantages which, however, can only be utilized if we have an adequate faculty to carry on an educational program.

IV. Needs of the School for Graduate Nurses: An adequate endowment is essential to establish the School on a sound educational and professional basis. The present objective set is for sixty thousand dollars but this should be increased to one hundred thousand dollars.

1. An increased faculty to provide better instruction is necessary. This need is immediate and pressing and calls

for an endowment yielding a minimum of two thousand dollars yearly. This is merely the equivalent of what is being offered by our smallest schools of nursing for instructors. It will be difficult to secure anyone qualified for the position at this minimum salary. With the growth of the School and enrollment of students provision for further assistants would be required.

Our present faculty consisting of only two people to organise and develop the School, and to conduct three major courses in each of which field work with conferences must play an important part, is quite inadequate. It is impossible for one person to properly conduct the two major courses in administration and teaching. A full-time instructor is required for the teaching group. The greatest demands at present in Canada, as seen by the enrollment and requests for our graduates, are for properly qualified teachers and public health workers. It is impossible with our present staff to prepare teachers properly with no provision for supervised and directed observation and practice teaching. The opportunities and facilities for doing so are excellent.

2. Reorganisation of the Curriculum and the establishment of the School on a sound educational basis leading to a degree.

Our present curriculum contains many short courses which,

becau e of their superficial nature, do not meet the needs of the students in preparing them for their future work. Neither do they meet the university requirements. There is no provision for a degree course and the School has no representat on on the Corporation. The students are restless under present conditions. For instance, a course of only one hour a week (12 to 15 hours in all) is offered to prepare teachers of materia medica, a very difficult and technical subject. It is also extremely difficult to arrange for such special and "half-baked" courses and they bring discredit on the School. Some of our students are anxious to continue their studies and obtain a Degree. They should not have to go to Teachers College. We need them in Canada and there is no reason why every opportunity should not be available at McGill.

3. Provision for research in nursing.

Research in nursing is essential just as it is in every other professional field. Our two large teaching hospitals offer excellent facilities for research in studying the needs of patients from the nursing standpoint and for building up a systematized body of knowledge, skills, attitudes, and ideals to be taught to students. The best methods of teachin would also be studied. Our graduate

students here would have the opportunity of observation, participation and practice in these studied. The reports of the work would also be published. These studies would prepare the hospital field for the proper instruction of students in the undergraduate university school to be established.

4. The endowment should also provide adequate administration and teaching facilities -- classrooms, offices, reading room, equipment and reference books, etc.

5. Establishment of the Undergraduate School of Nursing leading to a degree.

It is highly desirable that the year which celebrates the meeting of the International Association of Nurses in Canada and Montreal should also celebrate the establishment of our Undergraduate School of Nursing at McGill University.

Undergraduate schools of nursing connected with universities are rapidly increasing in number. They are naturally attracting the best women to enter nursing who would otherwise look to other professions as offering greater opportunities and returns for their investment in terms of individual capacities, education, service, time and money.

With the completion of the five-year experimental period of the School at Yale University established by the Rockefeller Foundation, in which, I had the honour to have charge of the

educational program, the question of the need and value of such schools has been established. In this sense it is no longer an experiment. After this thorough trial the Foundation has indicated its belief in such schools by definitely endowing it with one million dollars. During the experimental period the School had the use of the interest on five hundred thousand dollars.

This endowment after such a thorough study has great significance for the future of nursing education and should inspire confidence and encourage others to do their part in providing a sounder education for a professionawhose service has such an important national influence on the health of the people of all classes.

You probably know that the School of Nursing at the Western Reserve University in Cleveland was endowed with five hundred thousand dollars by Mrs. Bolton and since increased in buildings, etc., to an endowment of one million dollars.

You will see by this that the objectives of one hundred thousand dollars as an endowment for our school is a modest one. It is hopeful, however, that such an endowment will permit the School to meet a national need and to perform a national service.

I hope this statement will be helpful in explaining the present situation and needs of the School. I have already

discussed the needs and plans with Dr. Martin. He has expressed his interest and approval, and has promised to give us his assistance and support.

Thanking you for your interest and support which have been much appreciated,

I am,

Yours very sincerely,

Bertha Harmer, R.N., M.A.,
DIRECTOR.

Extract from the CANADIAN NURSE, June, 1929.

McGill University School for Graduate Nurses Announcements.

The School for Graduate Nurses, McGill University, makes the following important announcements of the appointment of additional members to their teaching staff. The unusual qualifications and excellent preparation of each new member for her particular field makes it possible to broaden the scope of the curriculum offered and insures sound instruction and thorough preparation of all students attending the School.

For the Preparation of Teachers for Schools of Nursing.

Emphasis will be placed upon three important aspects or branches: first, health education; second, formal classroom instruction; and third, clinical instruction. Miss Harmer will be ably assisted by Miss Marion Lindeburgh and Miss Eileen Flanagan, both newly appointed to the staff on a part-time basis, and also by the supervisors and instructors in the affiliated hospitals.

Miss Marion Lindeburgh is a Canadian, who, before entering the profession of nursing, had eight years' experience in teaching. She graduated from the St. Luke's Hospital School of Nursing, New York, in 1916. Miss Lindeburgh's work as a student in nursing, both in theory and practice, was outstanding and clearly indicated her fitness for positions of responsibility and leadership. Upon graduation she was appointed on the office staff as teacher and supervisor, in which capacities she fully justified the high expectations and confidence of her colleagues and her superintendent. Miss Lindeburgh later studied Health Education at Teachers' College, Columbia University, and left St. Luke's to become the Director of the Health Education Department of the Provincial Normal School at Regina, Saskatchewan, where, during the past six years, she has achieved a remarkable success in building up a constructive teaching and health education programme. Miss Lindeburgh comes to McGill School for Graduate Nurses with the highest recommendations and the School is fortunate and happy to announce her appointment to its staff.

Miss Lindeburgh will assist with the formal teaching at the University and will be specially charged with that most important phase in the preparation of teachers through observation, participation and supervised practice teaching.

In addition, Miss Lindeburgh will teach and conduct a health education programme at the Royal Victoria Hospital School of Nursing, thus insuring health for the students and providing a demonstration and practice field in health education for all students in the McGill School for Graduate Nurses.

Miss Eileen Flanagan, before entering the profession of nursing, completed two years in the Faculty of Arts, McGill University. She graduated from the Royal Victoria Hospital School of Nursing in 1923. Since graduation, Miss Flanagan has had a rather wide and varied clinical experience as head nurse, ~~and~~ supervisor, and assistant in administration in the office of the above School of Nursing, her experience in supervision covering almost every service. For three years Miss Flanagan was in charge of the Research Ward of the McGill University Clinic in the Royal Victoria Hospital. During that time she took an active part in all the research work conducted by the Medical School, showing a special capacity for this type of study. Her interest and success as a clinical teacher, her development of the case-study and other methods of teaching, her influence with the students, and her keen interest in the nursing care and general welfare of her patients all demonstrated her special fitness for the field of clinical teacher and supervisor. During the past year, Miss Flanagan has completed the course for instructors at the McGill School for Graduate Nurses.

For the Preparation of Administrators in Schools of Nursing.

Miss Kathleen Hill has been appointed on a part-time basis to take charge of the field work in administration. This will consist of a well-organised programme of weekly excursions with conferences providing for observation, participation and supervised practice in professional and educational administration. The excursions will be planned to give the future administrators of schools of nursing a broad and sympathetic understanding of the various fields of nursing in which their students may be engaged and for which they are to receive their basic preparation. The excursions will include not only hospitals and schools of nursing, but all the community health and welfare activities which, linked together, comprise the programme for the maintenance of health and the prevention and cure of disease.

Miss Hill, before entering the profession of nursing, spent two years in the University of New Brunswick and MacDonald College. She graduated from the Royal Victoria Hospital in 1922. Since then she has had excellent experience as teacher and supervisor in several hospitals. During the past year Miss Hill has taken the course in administration at the McGill School for Graduate Nurses. Miss Hill will also be an assistant in administration at the Royal Victoria Hospital. This dual position will be highly advantageous both to Miss Hill as a teacher and to her students in administration.

For the Preparation of Public Health Workers, Teachers and Supervisors.

The announcement of Miss Isabel Stewart Manson's appointment was made in the May Journal. Miss Manson will come to McGill at the beginning of the school year in September. During the summer months Miss Manson will continue her studies in public health at Teachers' College, New York, and will also visit other cities to study their public healthand social welfare programmes.

Research in Nursing.

It is generally recognised that if knowledge is to be advanced or progress made in any profession or field, time, thought and energy must be devoted to the study of the special problems in that field, unhampered by the immediate tasks which have to be performed. In medicine, wonderful strides have been made, because there are many qualified workers giving part or all of their time to research. In nursing, there are few, if any, who have time or leisure or who can be given the time and resources for the study of special problems in nursing.

To make this possible at McGill School for Graduate Nurses a Fellowship has been granted by Dr. Chas. F. Martin, Dean of the Medical School and Acting Principal of the University, and awarded to Miss Eileen Flanagan. The field of study will be a selected ward in the Royal Victoria Hospital, and the study itself will be devoted to (1) the needs of the patients from the nursing standpoint;)2) the nursing knowledge and skill necessary to best meet these needs, and (3) the best methods of teaching the students and (4) the administrative aspects of the

nursing and educational programme. The aims are to insure a better understanding and nursing of patients, to build up the clinical courses of study, and the best methods of clinical teaching. The study will be under the direction of the School and will be demonstrated to students of the School interested in clinical teaching. The hearty interest and co-operation of the Faculties of the Medical School and of the School of Nursing of the Royal Victoria Hospital have been assured.

Bertha Harmer, R.N., M.A.

Extract from the CANADIAN NURSE, May, 1929.

McGill University School for Graduate Nurses

New Appointment to the Teaching Staff.

The School for Graduate Nurses is very happy to announce the appointment of Miss Isabel Stewart Manson, R.N., B.A., to their teaching staff. Miss Manson will have charge of the courses in Public Health Nursing. Her unusual preparation and experience in the field of public health enables us to develop and broaden the scope of the courses offered. A course in Supervision in Public Health Nursing and one in Organization and Administration of Public Health Nursing will be added to the curriculum.

Miss Manson is from Western Canada, where she received her preliminary education. Before entering the field of nursing, Miss Manson attended the NOrmal School at Saskatoon and taught for one year. In 1919 she entered the University of Saskatchewan, graduating in Arts in 1922. Directly following, she entered the School of Nursing at the Presbyterian Hospital, New York City, graduating in 1925. Her course in nursing included four month's experience in visiting nursing with the Henry Street Visiting Nursing Association, together with correlated lectures in Public Health Nursing at Teachers' College, Columbia University.

Miss Manson then joined the staff of the Victorian Order of Nurses in Winnipeg. While there she was granted a Victorian Order Scholarship for post-graduate study in the Public Health course given by the League of Red Cross Societies in London. This course is arranged by the League of Red Cross Societies in co-operation with the College of Nursing and Bedford College for Women (University of London). Lectures were held chiefly at Bedford College. The field work included time with health centres in and out of London, a metropolitan health council, and visiting with health visitors and the Queen's Nurses working both in London and rural areas.

At the invitation of the League of Red Cross Societies, Miss Manson, with other international students, had the privilege of visiting Paris and other centres to study public health nursing in France. The course was extremely valuable, not only because of its content but because of the unique opportunity of intimate association with nurses representing almost every nation. On her return, Miss Manson was appointed as an assistant teacher and supervisor with the Victorian Order of Nurses in Montreal.

Miss Manson comes to us with the highest recommendations as a field worker, teacher and supervisor. Her ability, academic and professional qualifications and experience therefore insure a sound instruction and preparation of the students in public health nursing at McGill University.

Bertha Harmer, R.N., M.A.,
Director.

Next development wanted:
A Degree.

McGILL UNIVERSITY
MONTREAL

SCHOOL FOR GRADUATE NURSES

November 21st, 1929.

Sir Arthur Currie,
Principal,
McGill University.

My dear Sir Arthur:

Due to the fact that you were unwell, that Dr. Reid was confined to her house and that Miss Hersey was still absent from Montreal, it was thought advisable to postpone the meeting of the Advisory Committee. Dr. Reid, Chairman of the Committee, has asked me to forward to you the report which is enclosed.

I trust that you are quite recovered now. If there is any matter of particular interest to you in the report, I shall be very glad to see you and discuss it.

Yours faithfully,

Bertha Harmer

Director.

McGill University

SCHOOL FOR GRADUATE NURSES

REPORT OF THE DIRECTOR

For the Opening of the Session 1929-30

To the Chairman and Members of the Advisory Committee

REPORT ON THE SCHOOL FOR GRADUATE NURSES.

November, 1929.

TOTAL NUMBER OF STUDENTS REGISTERED

Full course students	21	
Limited undergraduates (working towards a degree)	3	
Partial students	12	Total: 36

REGISTRATION IN MAJOR COURSES

Full course students:

I.	Teaching in Schools of Nursing	6
II.	Supervision in Hospitals and Schools	2
III.	Administration in Schools of Nursing	5
IV.	Visiting Nursing and Health Teaching	8
V.	Organization and Supervision of Public Health Nursing	0

Partial course students in separate courses:

Public Health Nursing	4
Hospital Administration	6
Preventive Medicine and Hygiene	2
Social Legislation	2

Limited Undergraduates:

English	2
Psychology	2
Sociology	1
Principles of Teaching	1
Curriculum in Nursing Schools	1

NEW MAJOR COURSES AND DIPLOMAS OFFERED

Major Courses:

" Organization and Supervision of Public Health Nursing."
This course is planned to prepare women of superior qualifications who have already had experience, for positions as superintendents, supervisors and teachers in Public Health Nursing.

Diplomas:

1. " Supervisor of Nursing in the Community."
The complete course covers a period of two academic years.

2. " Supervisor in Hospitals and Schools of Nursing."

3. " Superintendent of Nursing and Director of School of Nursing."

Diplomas are now offered in each of the major fields - administration, supervision, teaching and public health - for courses of study extending over a period of two academic years. Formerly a diploma was offered only in one course - " Teaching in Schools of Nursing."

Certificates are offered in each of the five major courses for the satisfactory completion of one year's study.

Degrees: Three students in the School are registered as Limited Undergraduates for a Bachelor of Science degree. All eligible students who plan to continue their studies are advised to register for a degree.

REVISION OF THE REQUIREMENTS FOR ADMISSION

Changing emphasis upon the duties and responsibilities of the members of hospital and school of nursing personnel seemed to indicate the need for a revision. The entrance requirements have not been raised but have been made the same for all students. That is, a standard has been set for admission to the School rather than to its separate courses offered. Formerly the standards of admission to the courses in Administration and Public Health were lower than those in Teaching. The administrators are the superior officers in the Schools, and are supposed to be prepared to direct and guide their teachers. They are the leaders most influential in determining and shaping the policies in nursing education.

While full matriculation is our objective, the minimum academic requirements - three years high school or its equivalent - remain the same. The number of applicants presenting less than matriculation (11) seems to make this standard desirable for the present. The success achieved by these students in courses studied also seems to justify it. Professors in all the Faculties speak very highly of our students.

REVISION OF THE CURRICULUM

The curriculum has been revised in accordance with educational principles and in keeping with McGill University standards and the changing needs in the nursing profession.

Co-ordination of short courses: A number of scattered short courses all dealing with some aspect of preventive medicine have been co-ordinated and incorporated in the general course in Preventive Medicine and Hygiene given by Dr. Fleming. A few separate short courses are given as elective Refresher courses.

Elimination of short courses: The new plan provides a " core " curriculum of basic subjects such as sociology, psychology, principles of teaching, preventive medicine and hygiene, which

the school take together.

Courses in the basic sciences, such as chemistry, physiology and bacteriology, are taken with regular students under the Faculty of Arts or the Faculty of Medicine.

This eliminates the necessity of providing (with difficulty and at extra expense) short courses in the above subjects for a few students. Both instructors and students found these courses unsatisfactory.

Number of courses studied reduced: The number of courses studied by each group has, therefore, been reduced so that students are now taking five or six full year (or the equivalent in half-year) courses, which conforms to the practice common in other schools or colleges.

Grouping and sequence of courses: The grouping under such headings as "Professional Courses in Education" and "Nursing Education" is intended to make clear the purpose of the School, the nature of the curriculum and the sequence and relationship of courses. The purpose is to train not in the art of nursing but in the art of administration or supervision of teaching, and to supply the necessary knowledge of subjects to be taught. Courses in general and professional education are basic and pre-requisite to nursing education.

Unity of purpose and basic content: Of great importance is the result already achieved in making all members of the School a more integrated and homogeneous group with a "common denominator" in fundamental knowledge, in aims and objectives in nursing and in an appreciation of the fact that all groups must work together in solving our common professional problems.

NEW COURSES

1. Observation and Practice Teaching.
2. Observation and Practice in Clinical Supervision.
3. Observation and Practice in Administration.

Systematic graded programmes of instruction in the above fields have been arranged providing for weekly observations, excursions, reports, and supervised practice, accompanied by weekly conferences.

4. Health Education - theory, demonstration, practice, weekly conferences relating to health teaching in the community.

5. Supervision and Organisation of Public Health Nursing.

6. Weekly conferences relating to excursions and field work in public Health Nursing.

7. Social, Health and Nursing Legislation.

8. Demonstration of Health Education in the Curriculum in Schools of Nursing.

FIELD WORK.

Only one important change has been made in the field work in public health nursing. Formerly the month's experience with the Victorian Order of Nurses was divided, two weeks preceding the academic course and two weeks being given at its close. Because of certain disadvantages in this arrangement, an experiement is being tried by having the full month of intensive experience in September. This means that our School opens officially two weeks earlier than usual.

SPECIAL STUDIES CONDUCTED BY THE SCHOOL

Research in Nursing: Through the generosity of Dr. Charles F. Martin, a fellowship has been granted and awarded to Miss Eileen Flanagan to make a special study in nursing.

An announcement was printed in THE CANADIAN NURSE, a copy of which is attached to this statement.

The general interest and importance of this study, are indicated in the fact that the Journal of International Council of Nurses in their report of the work of special interest in each country devotes the full space for Canada to a description of this study copied from the Canadian Nurse.

CHANGING IN TEACHING AND OFFICE STAFF

Resignations of Miss Samuel, Miss Slattery and Miss Dixon:

It was with deep concern that, before taking up my duties in the School last year, I learned that Miss Samuel, Miss Slattery and Miss Dixon, after long and faithful service had expressed their intention of resigning. Miss Slattery's resignation, fortunately for the School, was not to take effect until October 1929. During the past year no one was appointed to replace either Miss Samuel or Miss Dixon.

At the beginning of the present session the following appointments were made. Announcements were made in newspapers and in the Canadian Nurse, a copy of which is attached.

Miss Isabel Stewart Manson was appointed as instructor and assistant director in Public Health Nursing.

Miss Marion Lindsburgh was appointed on part-time as instructor and assistant director in teaching.

Miss Kathleen B. Hill was appointed as part-time assistant instructor in administration.

Professor Clark: The School is very fortunate in the appointment of Professor Clark to the Department of Education in McGill University. Professor Clark is not only a sympathetic and excellent teacher, but he has expressed a high regard for the nursing professinn and has high standards of cultural and professional education for the nurse.

Professional courses in education available within the University also relieve our School of the expenditure of special fees for instruction.

Miss Margaret Reid, Secretary of the School, resigned to accept a full-time appointment with the Faculty of Law, and Miss Elaine Gnaedinger, formerly secretary of the School for Social Workers, succeeded her.

SCHOLARSHIPS

15 students have been enabled to enter the School this year through the aid of Scholarships.

The Association of Registered Nurses, Que.	1
Montreal General Hospital, The Mildren Hope Forbes Memorial	4
Royal Victoria Hospital, Board of Management, (and a maintenance scholarship to the student awarded the Quebec Association of Registered Nurses Scholarship).	3
The Victorian Order of Nurses	3
The Harry J. Crowe Scholarship	1
The Regina General Hospital	1
Saskatchewan Registered Nurses Association	1
St. Mary's Hospital School of Nursing, Montreal.	1
	15

The Children's Memorial Hospital offers a scholarship in the form of maintenance, but it was not awarded for this year owing to the limited dormitory space. The new buildings being erected will provide additional housing facilities for students and staff.

The Shriners' Hospital for Crippled Children: A new scholarship in the form of maintenance and tuition fees was established and awarded, but the student was prevented from coming this year owing to serious and unexpected illness in her family.

The Harry J. Crowe Scholarship: The establishment of this valuable scholarship is of great importance to nursing education in Canada and to the McGill School for Graduate Nurses. For a period of ten years (and longer if the Fund will permit), a $600. scholarship is to be awarded to the largest hospital in each province and in Newfoundland for graduate study in nursing education or in dietetics - in a Canadian university. An additional scholarship is awarded to the Victoria General Hospital in Halifax.

NEW SCHOOL ANNOUNCEMENT

The School Announcement has been rewritten, incorporating all revision and including new material.

SCHOOL BUDGET

The Appropriations for salaries and additional instruction were increased to provide for additional courses and the replacement of teaching staff. The amount and quality of instruction have been greatly strengthened and the beneficial results to the students and School are already apparent.

EXTRA-MURAL RELATIONSHIPS

Enrollment of Partial Students: Every effort is being made to encourage nurses actively engaged in nursing in Montreal to register for one or more courses. This arouses interest and spreads knowledge of the School and the advantages of the courses offered. It stimulates enrollment of full-course students. It also raises the general educational level of the personnel and of the quality of work done in our School and Public Health organisations. in the community.

Return for Field Instruction: A request was made to the University to permit the school to offer courses in its curriculum tuition-free to a limited number of nurses in hospitals or community associations to whom we are greatly indebted for their generous co-operation in supplying instruction and supervision in field work for our students. In response, permission was granted to admit three nurses each from the Royal Victoria and the Montreal General Hospitals. Three students from the Royal Victoria Hospital [illegible] are registered for the course in Public Health Nursing. Miss Holt regretted that it would be impossible this year to accept the invitation extended to the Montreal General Hospital.

EDUCATIONAL PUBLICITY

Additional steps have been taken to acquaint the nursing profession with the courses offered by the School and to stimulate enrollment. It is planned during the present year to extend our publicity programme both in regard to the profession and to the general public through a more extended use of newspapers, journals, talks, letters, the School Announcement, the Alumnae and personal contacts.

Arrangements have already been made for a yearly advertisement in the Canadian Nurse, instead of for two months in the spring as in the past.

An advertisement in the American Journal of Nursing would also be very desirable in order to reach the many Canadians in the United States. We have a considerable number of inquiries indicating an interest in returning to Canada to study at McGill.

A mailing list is being prepared which will reach a large number of people who will be interested in taking the course or who will be influential in assisting and encouraging others to do so.

FURTHER DEVELOPMENTS

Further developments which are urgent and should receive serious consideration during this year are:

1. The establishment of a degree for the School for Graduate Nurses.
2. Raising an Endowment Fund.
3. The establishment of an Undergraduate School of Nursing leading to a degree. The first two years of this course would be in the University. During this period the clinical course in the hospital could be established on a college basis and qualified teachers prepared in the School for Graduate Nurses.

Respectfully submitted,

Bertha Harmer

November 1929.

Director.

29th November, 1928.

F. D. Keppel, Esq.,
The Carnegie Corporation,
522, Fifth Avenue, NEW YORK.

Dear Mr. Keppel,

I am sorry to have been so long in looking over the documents you sent me with reference to the Nursing Survey. Unfortunately, I have been laid off for several weeks, and have only recently been able to settle down to consecutive work.

I have had several interviews with Miss Harmer, the Directress of our School for Graduate Nurses, and have asked her opinion on many of the things concerning your docket. The accompanying memorandum, which she has kindly prepared, embodies everything that we both believe would be the answers to your questions, and I hope it will meet with your approval. I may say that we feel very strongly the importance of gathering together the right sort of Committee; most of all, the right sort of person who will be doing the actual work of survey throughout the country. I confess that, at the moment, neither of us can put our finger on the ideal person here for this work. Doubtless, it may be possible when the occasion arises.

Trusting that this memorandum may be of some help to you, and with kind regards, believe me

Very cordially yours,

ENCLOSURE.

P.S.
Under separate cover I am returning the documents which you sent to me.

Appointment of Miss Harmer

McGILL UNIVERSITY
MONTREAL

SCHOOL FOR GRADUATE NURSES

February 23rd, 1928.

The Principal,

McGill University,

Montreal.

Dear Sir Arthur:-

I have just received an unofficial letter from Miss Harmer after inviting her to accept the position of Director of our Nursing School at McGill University. In her letter she brings up a point of some importance which I think I should have put before our Committee at its recent meeting. May I quote from Miss Harmer's letter in which she says:

> "I gather that academic recognition is desirable and that the appointment would mean a professorship for one who was properly qualified. The matter has important bearing, not only on the recognition and status of the School within the University, but on its attractiveness to both graduate students and undergraduates for the new school proposed. It does not seem either

"logical or just that students who have satisfied the admission requirements of the University should not receive academic credit for adequate professional courses given in the School by a qualified person or persons. They can get this elsewhere and may be expected to do so if not available at home.

Am I right in thinking that inasmuch as you desire a person qualified for university recognition a professorship goes with the appointment?"

Miss Harmer held an assistant professorship at Yale, and would reasonably expect, if head of another school, that her title be that of professor. She refers, of course, in the passages quoted, to the degree course which we hope will be established within the next year or two at McGill.

We should remember, should we not, that Miss Hurley, who is at Montreal University, carries the title of Professor of Public Health Nursing? Our McGill School stands higher at the present time both in the number of courses

given and the quality of instruction than the School in Montreal University.

I hope that you will find it possible to be able to satisfy Miss Harmer in this connection. As I am leaving town for Ottawa on Saturday to attend an immigration conference and may not be home till Wednesday night, Miss Slattery might perhaps carry on the correspondence with Miss Harmer until I return. This, presuming that you will have found it possible to arrive at a decision regarding Miss Harmer's request for academic recognition.

Thanking you for your ever kind co-operation, I am, with appreciation,

Yours faithfully,

Helen R. Y. Reid.

Chairman,
Advisory Committee.

March 1st, 1928.

Dr. Helen R.Y.Reid,
698 Sherbrooke Street West,
Montreal, Que.

Dear Dr. Reid:-

At a meeting of the Finance Committee to-day approval was given for the engagement of Miss Harmer as successor to Miss Shaw at an annual salary of $3,000.00.

I am sorry Miss Harmer has raised the question of her rank. We have several schools in the University presided over, we think, by qualified persons and to none of them have we given the rank of Professor. Miss Philp is Head of the School of Household Science, Dr. Lamb is Director of the Department of Physical Education, Dr. Dawson is Head of the School of Social Workers with the rank of Associate Professor. Frankly, I do not think Miss Harmer should insist on being given the rank of Professor. If our school granted a degree I would not hesitate a moment, but I am afraid there will be much objection among the regular Professorial staff to having the rank of Professor given to a teacher in a school where the work does not lead to a degree. When we establish the degree course we can promise that Miss Harmer's rank will be that of Professor.

Yours faithfully,

Principal.

McGILL UNIVERSITY
MONTREAL

SCHOOL FOR GRADUATE NURSES

March 9th, 1928

The Principal,
McGill University,
Montreal.

Dear Sir Arthur:-

You will, I am sure, share my satisfaction when I tell you that this morning's mail has brought us Miss Harmer's official acceptance of the position of Director of the School for Graduate Nurses.

Miss Harmer says in her letter that "the question of rank which she raised was not a personal one but was raised in the interests of the School and of the nursing profession." She says that she is "proud and delighted to be associated with McGill University, an institution which has such a long and honourable history, and that as an individual she would be happy lost in a laboratory as long as the work

promises to be of service and worthwhile. She has "every cnnfidence in Sir Arthur's assurance in regard to their willingness to establish a course leading to a degree and also as to the question of rank, and she quite sees the difficulty of the present situation with regard to other departments." Miss Harmer is counting on coming to Montreal some time in May so we shall have ample opportunity to discuss details with her before she actually begins her work.

I have asked Miss Slattery to draw up a statement covering Miss Harmer's history and standing which will be available for immediate publication, this to be handed to Dr. Nicholson for the press. We shall also get out our circular letter and do some publicity in the nursing journals throughout the country so that we may stimulate a demand for entrance to the school.

Thanking you again for your kind help and counsel, I am

Gratefully yours,

Helen R. Y. Reid.

Chairman
Advisory Committee

Death of Miss Shaw

October 10th, 1927.

Dr. J. A. Boudouin,
Director of School of Social Hygiene,
655, DeMontigny St. East,
Montreal.

My dear Dr. Boudouin:-

Let me acknowledge with many thanks the receipt of your communication of October 6th, to which was attached a copy of a resolution of sympathy on the death of Miss Shaw passed by the Committee of the School of Public Health Nursing of the University of Montreal.

We miss her greatly here and are finding some difficulty in choosing a suitable successor.

This evidence of cordial sympathy between the two schools augurs well for the future.

Yours faithfully,

Principal.

UNIVERSITÉ DE MONTRÉAL
ÉCOLE D'HYGIÈNE SOCIALE
APPLIQUÉE
655, DE MONTIGNY EST

Montreal, Ocotber 6, 1927.

Sir Arthur Currie,
Principal,
Mc Gill University,
Sherbrooke Street West,
Montreal.

Dear Sir:

Inclosed please find a resolution of sympathy passed by the Committee of our School at their last Meeting.

I am, Sir,

Yours very truly

J. A. Bandouin.

Director.

UNIVERSITÉ DE MONTRÉAL
ÉCOLE D'HYGIÈNE SOCIALE
APPLIQUÉE
655, DE MONTIGNY EST

"The Members of the Committee of the School of Public Health Nursing of the University of Montreal, at their regular Meeting, hearing of the sad news of the death of Miss Flora Madeline Shaw, Director, School for Graduate Nurses, Mc Gill University, wish to go on record as expressing their full appreciation of the fine qualities with which she was endowed and of the open-mindedness so characteristic of her as well as of the inestimable services she rendered to the training of public health nurses of which she was the sponsor in this province"

"It is also resolved that copy of the present resolution be sent to the family and to Mc Gill University".

February 28th, 1927.

James Thompson, Esq.,
P. O. Box 755,
Port Hope, Ont.

Dear Sir:-

I beg to acknowledge receipt of your letter of February 26th with reference to the courses given at this University for Graduate Nurses.

I am asking Miss Shaw, Director of the School, to give you this information.

Yours faithfully,

Principal.

DR. A. MACKENZIE FORBES
CHIEF SURGEON

TELEPHONE UPTOWN 6121

MISS LOUISE M. DICKSON, R.N.
SUPERINTENDENT

SHRINERS' HOSPITALS FOR CRIPPLED CHILDREN

25 CEDAR AVENUE
MONTREAL, QUEBEC

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Oct. 10th, 1927.

Dear Sir Arthur Currie,

Our Superintendent, Miss Louise M. Dickson, has referred to the Board of Governors the matter of giving extra time to teaching in the School for Graduate Nurses of McGill University. This in view of the late lamented passing of Miss Shaw, the former Director of the School.

The Board are very happy to be of service in the matter and very readily acquiesce in the request of the Superintendent for the necessary relief.

With renewed expressions of our desire to cooperate in your work,

Yours very sincerely,

CHAIRMAN.

Thanks
Oct. 13/27

Sir Arthur William Currie, K.C.B., G.C.M.G., LL.D.,
Principal, McGill University,
MONTREAl, Que.

September 30th, 1927.

Miss Elizabeth B. Ross,
Superintendent, Olean General Hospital,
Olean, New York.

Dear Miss Ross:-

Thank you for your letter of September 27th.

We are, of course, looking for a successor to Miss Shaw. I shall be very glad to ask the Committee to give your application every consideration.

The last words of your letter - "for your information, please" are very familiar.

Yours faithfully,

Principal.

September 30th, 1927.

Dr. Helen R.Y. Reid,
698 Sherbrooke St. West,
Montreal, Que.

Dear Miss Reid:-

I am enclosing herewith application from Miss Elizabeth B. Ross for the position of Director of the School for Graduate Nurses for your information.

I have told Miss Ross that her qualifications will be considered by the Committee.

Will you kindly return the papers to me at your convenience.

Yours faithfully,

Principal.

McGILL UNIVERSITY
MONTREAL

SCHOOL FOR GRADUATE NURSES

December 1,1927.

Sir Arthur W. Currie, K.C.B., G.C.M.G., LL.D.,
Principal,
McGill University,
Montreal.

Dear Sir Arthur:-

Miss Carolyn Gray is arriving Sunday morning and will give her first lecture on Monday to the nurses. I thought you might like to have the enclosed brief record about her before meeting her. Possibly she might have the privilege, during the morning or afternoon of shaking hands with you so that she may realise how truly we welcome her to the University.

Yours gratefully,

Helen R.Y. Reid.

Dr. Helen R.Y.Reid.

HRYR/MAR
Enclosure

CAROLYN ELIZABETH GRAY

BIRTHPLACE: New York City.

PARENTAGE: Scotch-Irish.

EDUCATION: Private Schools, New York, Columbia University.

DEGREES: B.S. and A.M. Columbia University.

HOSPITAL TRAINING: New York City Training School.

POSITIONS HELD: Public School Teacher, three years; Superintendent Gouverneur Hospital, New York; Fordham Hospital, New York; Instructor, New York City Training School; Superintendent of Nurses, Pittsburgh Homeopathic Hospital; Superintendent, City Hospital School of Nursing, New York; Secretary, State Board of Nurse Examiners, New York; Assistant secretary, Committee on Nursing Education; Professor of Nursing Education, College for Women, Western Reserve University, Cleveland, Ohio; Dean, School of Nursing, Western Reserve University, Cleveland, Ohio.

OFFICES HELD: President, New York City League of Nursing Education; President, New York State League of Nursing Education; Chairman, National League of Nursing Education.

JOINT AUTHOR OF: Kimber and Gray, Anatomy and Physiology for Nurses; various papers and addresses on nursing subjects.

EDITOR OF: Department of Nursing and the Hospital, MODERN HOSPITAL.

PRESENT POSITION: Consultant and Lecturer in University Schools for Nurses; Conference Leader in Nursing Education.

N.B. Most of the above details were taken from the September 1923 number of the American Journal of Nursing. Doubtless since 1923 other posts have been held by Miss Gray.

February 21st, 1928.

Dear Miss Slattery:-

With reference to extra remuneration to you because of extra responsibility assumed by you during the past year, I have no authority to grant this without the approval of the Finance Committee, which will not meet until a week from next Thursday. I did say to Dr. Reid that I thought you should receive something, but the Finance Committee is the only body that can determine the exact amount.

If for any reason you desire some money before the meeting of the Committee Mr. Burrell will let you have an amount not exceeding $250.00.

Yours faithfully,

For Finance Committee.

Principal.

MACDONALD COLLEGE

SCHOOL OF HOUSEHOLD SCIENCE

RAILWAY STATIONS, EXPRESS AND TELEGRAPH OFFICES:
STE. ANNE DE BELLEVUE, QUE.

POST OFFICE:
MACDONALD COLLEGE, QUE., CANADA.

November 18th, 1926.

Col. W. Bovey,
McGill University,
Montreal, Que.

Dear Col. Bovey:-

As you requested I am forwarding an outline of a possible course in Household Science which would be suitable for the type of training indicated in the recommendation of the Graduate Nurse's Society.

No details of a course in Home Nursing are included as they should naturally be drafted by those interested in the nursing side of the training.

As stated in our interview with you a few days ago, Miss Shaw and I, while recognizing the evident need for such types of workers, feel that under present conditions, as for instance, the difficulty of defining the status of graduates of such a course, it would not be advisable for the University to undertake such training at the present time.

Trusting that the enclosed report is what you had in mind, I am,

Yours very truly,

B. M. Philp

Head, School of Household Science.

BMP/SK.

November 20, 1926.

Miss B.M. Philp,
Head, School of Hou ehold Science,
Macdonald College.

Dear Miss Philp:-

Thank you very much for your letter of November 18th with enclosure which I have duly passed on to the Nurses Association.

Yours faithfully,

Wilfrid Bovey.

660 Wilson Avenue,
Montreal, P.Q.,.

April 22nd.,
1927.

Sir Arthur Currie,
Principal, McGill University,
Montreal, P.Q.

Dear Sir:-

The Trained Attendants Association for the Province of Quebec is desirous of drawing your attention to the enclosed resolution, and asking your serious consideration of their important problem.

We ask that at your early convenience you will favor us with an interview to discuss this subject.

Yours respectfully,

(Mrs) Eileen M Hamilton

Secretary Protem.

1 ENC.
EWH/RBK.

Consider

RESOLVED:

WHEREAS:-
No official standard of any kind is set for the Education of Trained Attendants in the Province of Quebec, or proper control of them after graduation (apart from this Association); and

WHEREAS:-
It is a menance to the public to have no standard or control of such; and

WHEREAS:-
This is both an Educational and Social problem which should be of interest to all citizens; and

WHEREAS:-
The Board of Directors of the Trained Attendants Association for the Province of Quebec, believe it to be imperative that this matter should be gone into, without further delay, by those most fitted to set a standard;

THAT:-
A letter should be written to Sir Arthur Currie, Principal, McGill University, requesting that he allow the said Board of Directors to consult him as to the best methods to be taken to further this end - and that a copy of this resolution be sent to him.

November 20, 1926.

Miss Moag,
District Superintendent,
Victorian Order of Nurses, Montreal.

Dear Miss Moag:-

With reference to the request received from the Nurses' Association that the University should consider the establishment of a possible course for home helpers, I now have to inform you that the matter has been carefully weighed by a committee appointed for the purpose. After some study a course which was thought suitable was laid down. Further consideration was then given to the question whether such a course could be satisfactorily offered by the University.

The Committee have now reported that it is not in their opinion possible to initiate such a course with the facilities which we at present possess, and in view of this point I regret that the University will not be able to proceed with the project. However, in order that the work done may not be lost, I am forwarding you herewith the syllabus which was determined upon, and I assure you that should it prove possible to undertake the proposed work in some other way, we shall be glad to be of assistance.

Yours faithfully,

Principal.