

more nurses of the type of Gladys Stephenson, to go forth into many lands and spread the light of healing. Her colleagues in England wish her God speed.

On the eve of departure Miss Stephenson sent us the following kind letter, and gratitude, not vanity, impels us to publish it.

DEAR PRESIDENT,

I did enjoy my little visit with you, and am thrilled to find you carrying on so undauntingly.

You have given England and its nursing world something so unique that I cannot find words to express just what I mean, but it is a spirit that has not only enriched us, but taught other nations a priceless lesson, the fruits of which younger nurses the world over are enjoying, though withal, heedlessly, very often. May you long be kept in health and good spirits. God richly bless these evening years to you.

Yours sincerely,
GLADYS E. STEPHENSON.

THE CANADIAN RED CROSS RISES TO THE OCCASION.

We are pleased to note that *The Times* is making public the splendid manner in which the Canadian Red Cross is meeting the financial requirements of Canadian soldiers in the War.

With thousands of Canadian soldiers training in Britain, with Canadians involved in practically every branch of the British fighting forces, and relatives of Canadians affected by every phase of the war, the Canadian Red Cross has been faced with far-reaching responsibilities. The people of Canada have rallied to its support, and in a single campaign launched in November last over £1,000,000 was subscribed.

For people in Great Britain, the most tangible of the Canadian Red Cross activities is the military hospital with 600 beds which is being built on Lord Astor's estate at Cliveden, near Taplow. It was begun in December, will be open in May, and will have connected with it a research laboratory directed by Sir Frederick Banting. The hospital will be in hut form, built of brick and steel, and promises to be one of the finest of its kind. It will have a Canadian staff of doctors and nurses, some of whom are already in England.

Responsible for this and other work of the society in Europe will be the Commissioner, an Assistant Commissioner in France, and the London Advisory Committee of the Canadian Red Cross under the chairmanship of Mr. R. B. Bennett. This committee meets weekly at the London office, 20, Berkeley Square, W.1, where members of the Canadian Women's Club serve as volunteers in the various departments.

An information and records department, similar to one run during the last War, gathers information about all sick and wounded Canadians to forward to friends and relatives at home in Canada. An allied hospital visitors' section keeps contact with Canadians in certain hospitals.

Comforts from Home.

The comforts department supplies woollies, sweets, cigarettes, and newspapers from home to sick and wounded Canadians in hospital; and in addition ensures that field comforts are distributed to the Canadian troops. In this the society works with the co-operation of the medical or of the military authorities.

Other departments in the London Office include one dealing with hospitality for convalescent officers and one which will, in co-operation with the British Red Cross, keep in touch with the needs of Canadian prisoners of war.

Probably the most appreciated Red Cross service available to Canadians is that supplied by the admirable Clubs,

WHY DRAW THE LINE?

MARGARET DUFFIELD,

President, Registered Nurses' Association of British Columbia.

Like the Irishman who always answers a question by asking one, I intend to begin by asking two or three. First, I should like to know whether, as public health nurses, we should make a distinction between curative and preventive medicine? Second, what is our conception of the inter-relationship between public health nurses, public health doctors, and private physicians? Third, what will be the scope of public health services in the future? All these are basic questions.

It seems to me that we should work toward a generalised programme of work, not a restricted one which omits nursing care. Opportunities for service would then be opened up which would still further broaden our scope. In the last analysis, it is the duty of the medical officer of health, the private physician and the public health nurse to see that the people of their community receive such services as lead to the promotion of health, early diagnosis, and the preventive and curative treatment of disease. This is why we must obtain not only the support of the lay member and the health officer but also that of the private physician, for unless we have his co-operation we fail in our attempt to give service to all who need it.

It would seem to be the responsibility of the health officer to work out a plan with the medical profession and public health nurses whereby the public may benefit from all that is best in the art of healing. Even under existing conditions it is no longer possible to draw a sharp line between prevention and treatment, for the members of the public have become so well versed in health matters that they are quite aware of their health needs. They have learned through propaganda issued by the health agencies, the radio, the press and other sources of publicity, that it is no longer necessary to have measles or mumps in childhood. And they know that medical and nursing care in the early stages of illness often prevents the development of serious disabilities and epidemics. What finer opportunity for teaching could the nurse have than that presented to her in the incipient stages of illness where she is giving bedside care?

Originally, public health work was chiefly concerned with the sanitation of the community; then its emphasis shifted to the control of infectious diseases, and again, to personal hygiene. Through each of these periods emphasis was still primarily on prevention, and the line which separated prevention from treatment was sharply drawn. Since a broader conception of public health has been developing, the line has become fainter, and all trends point to a broader public health programme, both from the medical and nursing angle. As far as can be judged, we should be prepared to abandon the separation between prevention and cure, for, as Dr. Parran, Director-General of Public Health in the U.S.A. says:—

"I think we need to face the fact, however, that appropriating bodies, politics aside, are generous to concrete services and little impressed by theoretical benefits. Public health nurses had their beginnings in the care of the sick poor. In many places nowadays they have swung so far in the opposite direction that they are of no earthly use to the sick poor. Suppose we get back to the middle of the road and combine both the concrete and the educational functions of a nurse in one valuable person. I think you would find it easier to get more nurses where we need them, and to carry the lamp of public health nursing into the dark places. Suppose, too, we detour the nursing specialists from direct work with the family and gently but firmly keep them in their useful place as consultants

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