1987

RNAO FOUNDATION APPOINTMENT BOOK

Special Historical Edition

To Morris - collector of nursing books - February 1988 - Romily

The RNAO Foundation

1987 APPOINTMENT BOOK

Special Historical Edition

To Emily -
Best wishes -
Kay Rex.

INTRODUCTION

In searching out the story of 60 years of nursing in Ontario I quickly found the information I had gathered also represented a microcosm of the province's history over the same period.

As this diary keeps you company through the year I hope it may be a daily reminder of the nursing profession's central role in Ontario life and of the many outstanding people who made it so.

Grateful thanks are due to all those who patiently answered my innumerable questions, dug deep into their memories for the anecdotes printed here or who searched out treasured documents and photographs, some of which have been reproduced.

And warm thanks, too, to all the nurses, active and retired, who wished me well and suggested the names of friends and colleagues equally generous with time and encouragement.

Kay Rex

FOREWORD

Now in its seventh decade, the Registered Nurses' Association of Ontario was born in the midst of the Roaring Twenties. — Those were the days when Flapper Fanny rolled her eyes and did the Charleston, while Pop's new automobile was back-firing its way up the street, emitting fumes that augured a future filled with pollution, and an army of new diseases.

Canada was chiefly a land of tiny settlements and isolated family groups scattered across its miles of field and bushland. When a farmer smashed his hand while felling a tree, or his child came down with diphtheria, there wasn't much he could do except rush for help to the nearest tiny outpost hospital — if he had a horse that could get him safely over the trail or dirt road he had to take to get there.

Nurses stationed at these outposts never knew what problems the day — or night — would bring. On her abrupt arrival at a hospital in Saskatchewan, a very pregnant woman flung herself on the nearest bed, and said "Catch the baby, nurse."

The nurse leapt into action, and seconds later found herself with a newborn baby in her hands.

Today there are planes and helicopters to speed the pregnant, the ill and the injured to the nearest hospital; the outposts have become a rarity except in certain isolated areas, and in the Far North.

During the Thirties improved working conditions were sought for hospital nurses who had none of the fringe benefits such as pensions and malpractice insurance known to nurses today.

Furthermore, when budgets were tight registered nurses often were fired, to be replaced by students who worked for less money.

Until the founding of the Ontario Nurses' Association in 1973 as collective bargaining agent, the RNAO helped nurses bargain with their employer under the Labor Relations Act.

Fifty years ago there was a demand for higher education standards in the country's schools of nursing, and by 1933 the first baccalaureate degree course in nursing was established at the University of Toronto.

Today the degree course is offered by 21 universities, and the Canadian Nurses' Association vows that by the year 2000 a baccalaureate degree will be the minimum requirement for entry into the profession of nursing.

Eleven universities across the land offer Master's degrees in nursing, and the first students have been admitted to a doctoral program co-operatively run by McGill and the University of Montreal. Plans already are underway to establish another such program at the University of Alberta.

Nurses and doctors learned a great deal from treating severe burns and injuries during the war, and this pointed the way toward the current specialization epitomized by today's high technology intensive care units.

At war's end the RNAO initiated plans for a placement bureau to help returning nurses find employment. In addition, a program based on a wartime curriculum for nursing assistants was prepared by the RNAO, and was established to train returning servicewomen as assistant nurses.

The RNAO's struggle to obtain legislation placing control of nursing within the profession was rewarded in 1951 with establishment of the Nurses' Registration Act described as "a landmark in the history of nursing in Ontario." It gave the organization legal responsibility for establishing minimum standards for schools of nursing, registration and discipline of nurses.

A highlight of the Sixties was the founding of the College of Nurses of Ontario which took over those legislative responsibilities formerly belonging to the association and the Government's nursing branch which until then had been responsible for approval and inspection of schools of nursing.

During the Seventies the RNAO established an objective-type machine-scored examination (in English and French) which nurses were required to pass as a condition of registration. This testing service was sold to the College of Nurses, and later became the nucleus of the CNA's National Testing Service which is available to nurses and nursing assistants in Canada.

Achievements of the RNAO include establishment in 1972 of the RNAO Foundation to provide registered nurses and members of the public with an opportunity to work together to develop and promote nursing practice in response to changing health care needs.

There are nearly 188,000 registered nurses working in Canada. This means a ratio of one RN to every 115 people, which is one of the highest ratios in the world. More than 100,500 nurses work full time.

In an age when organ transplants and new life-sustaining devices are creating a host of ethical questions, nurses are finding more than ever that they are being called on to make decisions, and take responsibility for their actions. Legally, as illustrated in the Grange Commission hearings related to infant deaths at Toronto's Hospital for Sick Children, they are on the front line.

Where is nursing headed as the world looks toward the end of the Millennium? The future is theirs!

Kay Rex
May, 1986

Organization among nurses began around the turn of the century with the grouping together into alumnae associations of the graduates of individual training schools. Amalgamation of these into local or regional groups led to the establishment in 1904 of the Graduate Nurses' Association of Ontario which encouraged professional development in nurses and was a forerunner of the Registered Nurses' Association of Ontario. During its formative years, GNAO's proposal for nurse registration was denounced as "trade unionism of the worst type" by press and politicians. Undaunted, our stalwart predecessors persevered until the Nurses' Registration Act was passed in 1922.

This picture was taken in 1918 at a meeting of the GNAO in London, Ontario.

A half century ago nurses learned a lot about home remedies from their patients. These were many and varied, and sometimes weird and wonderful.

In the mid-Twenties a boy was brought into Toronto General Hospital with Hodgkin's disease, and Helen Brown who was in training at the time, wrote in her diary that the boy came from Muskoka. His family, thinking he had goitre had fastened a live garter snake around his neck and left it there until it died.

Miss Brown, who went on to become director of nursing education at St. Catharines General Hospital, continued to note down the unusual remedies she encountered during her career. The list now is in the hospital archives: urine for corns; saliva for warts; onion poultice for earache; sulphur and molasses for spring tonic; dirty sock around the neck for sore throat.

Then there were: Nutmeg threaded on a string and worn in the hollow of the throat for stye; slices of raw potato sprinkled with quinine powder and tied to the soles of the feet, for headache. This latter remedy "was suggested by a young Italian lad about 1915, when my father had dreadful headaches after exposure to the sun, and it worked," Miss Brown said.

She herself had a severe nosebleed when she was a child and the homeopathic doctor "let the blood drip on live wood coals held under my nose on a fire shovel." This also worked.

The Toronto of 1912 was a different place from what it is today. That was the year Florence Emory, later to become RNAO's first president, went into training in a hospital that once stood on the corner of Huron and College Streets. "One whole floor was given over to the typhoid patients. Many people who were sick with typhoid used to come in from different parts of the province."

There were hundreds of pneumonia cases. "I had more fear of pneumonia than of any disease in my training. The patients would come with their lungs filled, and no hope. There wasn't much in the way of remedy in those days," Miss Emory recalled.

At 96, Miss Emory remembered the beginning of her career as a young public health nurse going around to the homes where she would find TB patients in tents in the back yards because there was no other place for them to go, and fresh air was the only known treatment available.

In those days Dr. C.J.O. Hastings, Toronto's medical officer of health, was pushing to get the water and milk supply cleaned up, along with all the other environmental factors that were the cause of so much disease. Scores of babies died every summer and fall from dysentery, partly from the impure milk and water, partly from flyborne infections.

"We were the home messengers" Miss Emory said. "We would go into the homes and tell the mothers how ruinous all those flies were." As the campaign continued, the number of cases of babies with dysentery became fewer and practically disappeared.

Photo by Campbell Studio, Toronto

The birth of a baby is always an occasion. But when the babies come in threes, that particular birth is really special.

Amber Sonley Bryce was a student nurse at Oshawa General Hospital when the Carlisle triplets were born in 1923.

She was on night duty at the time. "It was early evening when the mother came walking into the hospital. As there was no pre-natal care in those days, the mother had no idea she was going to have triplets. However the surgeon in charge knew there would be more than one baby because he could hear the fetal heartbeats."

In the short while the mother was in labor the young nurses did a lot of scurrying about, getting things ready. This included putting hot water bottles into the bassinets which is what was done in those days to keep babies warm. The infants turned out to be identical. They were all boys, and they were born "screaming and yelling, and as healthy as could be."

Everyone on night duty was so proud of them. "When we went off duty at 7 a.m., no one wanted to leave the floor. We had breakfast, and then we went back up to the nursery for another look at those babies."

When she graduated, Mrs. Bryce took care of the triplets in their home for three months "to establish the feeding."

"They were lovable little guys," she said.

Photo by Campbell Studio, Toronto

Every graduate from Oshawa General Hospital's school of nursing in the Twenties received her graduation bouquet from the R.S. McLaughlin family. It was a huge bouquet of long-stemmed red roses tied with ribbons in the school colors of red and gold.

The McLaughlins figured as prominently in the life of the hospital as they did in the life of the town. Mrs. McLaughlin "was such a regal person, and so gracious," recalled Amber Sonley Bryce, a 1925 graduate. At the evening ceremony, which took place in Oshawa Collegiate across the street from the hospital, she presented each new graduate with the diploma, and the pin which had the nurse's name and graduation year on the back.

"She pinned them on our uniforms and congratulated us, and wished us well." said Mrs. Bryce.

When a young woman went into training she had to buy her own probationer's uniform which was blue. Once she came through the three-month probationary period, she was given her cap at a capping ceremony, and received the blue and white school uniform.

The students learned the importance of cleanliness and of a good bedside manner. During probation "our reaction to criticism was important, and they criticized us a lot to see how we reacted. They also tested us to see whether we could deal with emergencies on our own."

You may have been living in the days of Clara Bow, but you lived only the pure life — if you were a student nurse in the Flapper era.

No smoking. No card playing. That was the order that came down from on high at one hospital where any student nurse late for roll call also forfeited her late leave.

In the Twenties and Thirties student nurses often worked 12-hour shifts with a half hour for lunch, and no coffee breaks.

Even in the years immediately after the Second World War the feeling prevailed that nurses must work from dawn to dusk, and keep themselves apart from the ways of the world.

One nurse from British Columbia remembers coming to Ontario in 1946, and being told off by a senior nurse because she had painted her toenails.

At the Leonard Home for Nurses in St. Catharines, one graduate remembered rising at 6:30 along with the sun, "and the first thing we had to do was collect the patients' tooth mugs".

When a patient's dentures became lost, the same nurses had to chip in, along with others, to pay for the loss. "Each of us had to pay $7 — a lot of money in those days."

(credit) City of Toronto Archives and Dept. of Public Health

Nurses, as well as teachers, have had their place in school classrooms over the last 70 years.

In the twenties, checking for tooth decay and head lice was the primary preoccupation of the school nurse when she paid her regular visit to a class. She was also expected to teach good health habits such as washing hands before meals, and brushing teeth regularly.

This was an era when chicken pox and measles were called childhood diseases, considered inevitable, and just part of growing up. There also was immunization against small pox and diphtheria, and this was done in the schools. The kids considered it a kind of holiday when they had to go, class by class, into the room where the doctor was vaccinating for small pox, or inoculating against diphtheria. Small boys would come out holding an arm, screwing up their faces, telling their buddies waiting in line how much it hurt.

(credit) St. Catharines General Hospital Archives

This was the RNAO's second convention, and it was held in 1927 in the Queen Street Baptist Church, St. Catharines. The Board of Directors was asked to appoint a committee to study the part nurses might play in the reduction of maternal mortality in Ontario.

A letter was read asking for an RNAO representative to attend a meeting in Toronto called by the Canadian Medical Association, to discuss various nursing problems "as they are related to medical men and hospitals." Miss Jean Gunn was appointed to represent the RNAO.

The convention dinner was also held in the church, and consisted of cream of pea soup, roast chicken with Cumberland sauce, asparagus and mashed potatoes. For dessert delegates enjoyed ice cream and cake, topped off by salted almonds, coffee and punch.

Looking back at a nurses' strike that took place nearly 60 years ago at Guelph General Hospital, a nurse who was there said it was "caused by the unjustified and unrealistic punishment given student nurses."

"The modern nurse wouldn't put up with that sort of thing," said the nurse who graduated from the hospital in 1928, and later "spent many happy years on the hospital staff."

Nearly 40 nurses walked out in the two-day strike that occurred in the spring of that year. "But we left the hospital adequately staffed for the complete care of the patients," she said. She added that she could relate a hundred incidents that culminated in the walkout, "but you would find them hard to believe."

One young woman was docked two hours of her half-day holiday for leaving the soap in a wash basin.

A nurse was punished for walking with her hand in her apron pocket, and there was an immediate order from training school superintendent Elizabeth Shortreed that all pockets must be removed from aprons.

Another who had been expelled wrote a hospital board member that nurses were being required to clean the corners of windowsills and ledges with absorbent cotton on applicators "scarcely larger than a toothpick."

The walkout made the front pages of the Toronto newspapers, and when it was over two nurses were refused reinstatement, four resigned, and 30 were back on duty.

According to *The Guelph Weekly Mercury and Advertiser*, Miss A.M. Munn, the Ontario Board of Health's inspector of training schools, was in the city at the time "in a purely unofficial capacity," and addressed the "striking group" in the Nurses' Home.

Later she told the paper she "gave them a lot of good motherly advice." The paper said she "impressed upon them the responsibilities of their profession and deplored the step they had taken."

It also said Miss Munn "mentioned the magnanimity of the Board and Miss Shortreed in allowing the strikers to apply for re-admittance."

Besides being able to ride a horse, the public health nurse who engaged in outpost nursing in the Twenties was also expected to act as guide, philosopher, and friend to practically everybody.

In the Thirties she had to know how to ride a railroad speeder as well as drive a car. She also had to be able to change a tire, and on occasion, to balance herself in a teetering buggy. Skill at taking "birdie baths" when water was scarce, was another requirement for the job.

Manitoba was the first province to employ public health nurses. Besides doing preventive work, they were expected to discover symptoms of disease and physical defects, and communicable diseases that hadn't been reported.

In the 1920s the Canadian Red Cross Society established its outpost nursing service across Canada to provide rural areas with quality nursing.

"Sometimes a public health nurse had to be waitress, telephone operator, driver, as well as housekeeper," one nurse said. "And above all, she had to take a lot of responsibility in terms of patient care."

The early Thirties were the days when a prime rib roast could be bought at the butcher's for 35 cents a pound. However, not many people had the money to spend on such fancy food.

"Families had to rent rooms to pay the utilities," one woman remembered. She lived in St. Catharines where in 1931 she entered the Mack Training School for Nurses.

"They told us that after our six-month probation period was up we'd be paid $6 a month, and then we'd get $8 the second year, and $10 the final year," she said. "However, two weeks before our probation was over they told us they weren't going to pay us. One girl quit. She couldn't afford to stay."

When the young women started their probation they were expected to bring, among other things: $15 for textbooks; one large colored clothes bag; one napkin ring; one fountain pen; one watch with a second hand; one shoe polish outfit.

They also had to provide 14 aprons, three uniforms, six pairs of black stockings, six suits of underwear, and two pairs of black shoes "common sense, with rubber heels, thick soles, and broad toes."

"We ate a lot. There was plenty of food to eat," the nurse remembered. "But we worked hard, and paid that way for our board."

When graduation day came, some of the class could afford new black oxfords to wear to their graduation. Not everyone though. "Most of us just polished up the old things we had, and wore them."

(credit) Courtesy of Mrs. Catherine Barrick

Back in the dirty Thirties when there were far fewer women in administrative posts than there are today, it must have been a very frightening experience suddenly to find yourself fired from your job after 21 years.

That's what happened to Eunice Dyke. She was just 49 when Toronto's Medical Officer of Health, Dr. G.P. Jackson, fired her from her position as head of the Public Health Department's nursing division which she herself helped to create.

The cause of her dismissal?

Apparently she had gone to a lawyer with one of her nurses who was under suspension in connection with another matter, and who was seeking legal advice about a claim for salary. Miss Dyke had gone there, she said, to confirm the facts of the case.

Hundreds of individuals as well as the RNAO and other organizations such as the Local Council of Women and the Junior League, went to bat on Miss Dyke's behalf, but to no avail.

In her book *Eunice Dyke, Health Care Pioneer*, Marion Royce describes Miss Dyke as a forceful administrator with a substantial reputation as a public health nurse. "She moved with the assurance, some called it arrogance, of having achieved success. It must have taken pluck, probably fortified by male chauvinism, for Dr. Jackson to fire her."

"Locate the bicuspid and tricuspid valves of the heart . . . Give the normal count of white and red blood cells to a cubic millimetre," — Two of 10 questions in anatomy and physiology which in 1933 those who sat for examinations for the registration of nurses had to get right.

There were other questions in preventive medicine and hygiene, children's nursing, and medical nursing.

Three years of being a student nurse, and then the great question: "Will I, or won't I be able to put RN after my name?"

For the students in the photo above, the moment of truth had arrived. The examinations were about to begin.

(credit) St. Catharines General Hospital Archives

The camaraderie among graduates of the Mack School for Nurses has continued through the years — ever since the St. Catharines General Hospital's first school for nurses opened its doors more than a century ago.

In the Thirties the new graduates were always guests of those who graduated the previous year, at a dinner at the Leonard Hotel in St. Catharines.

In the photo above members of the Graduating Class of '31 (wearing corsages) were being entertained by 1930 graduates. About seven years ago Mack graduates began gathering once a year from all over North America to renew friendships at a dinner in May or June, at Niagara College in nearby Welland, from which nurses now graduate in the Nursing Diploma Program.

At these annual dinners a special welcome is given to the class celebrating its 50th reunion, and each member of this class receives a silver spoon, and a lifetime membership in the Mack Alumnae Association.

(credit) City of Toronto Archives and Dept. of Public Health

The kitchen of the little house is neat as a pin, without so much as a slice of bread in sight. Sometimes during the Depression the public health nurse couldn't help but wonder if the gentle old lady before her had eaten a meal that day. She was used to visiting elderly men and women who lived alone and were too proud to let anyone know how little they had to go on.

Sometimes the nurse brought upsetting news that the tests had shown the old person must go to the hospital for a few days. Then a new worried look would come into the old eyes: Who would feed the cat? Who would keep an eye on the house while she was gone?

(credit) Canada Wide Feature Services Ltd.

In the midst of the hopelessness and hunger of the Depression, the eyes of the world were suddenly turned to a tiny farmhouse near North Bay where five little girls were born at dawn on May 28, 1934, to Elzire and Oliva Dionne. The infants weighed in at 2 1/2 pounds each, and Dr. A.R. Dafoe, the country doctor who was in charge, said they were doing well.

In the stories that appeared on the front pages of the Toronto newspapers the following day, Dr. Dafoe said he went out to the farm at 4 a.m. and one baby arrived before he could get his coat off. The others were born to the 26-year-old mother within the hour.

"We are using an ordinary eye dropper and feeding them a mixture of milk, corn syrup and water," Dr. Dafoe told the press. Yvonne LeRoux, a graduate nurse, attended at the birth. Dr. Dafoe wanted a nurse on duty 24 hours a day, and appealed to the Ontario Red Cross for help.

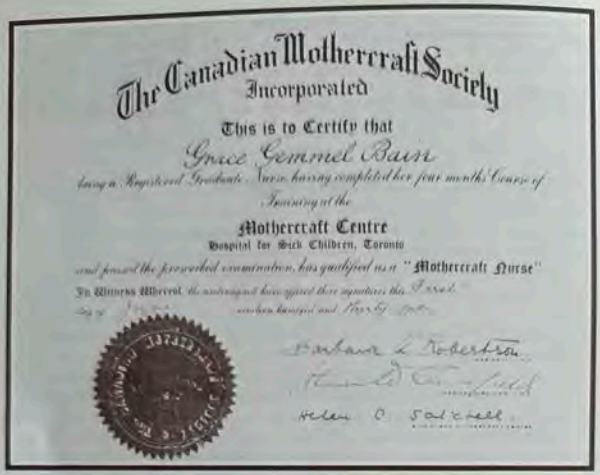
The infants Yvonne, Annette, Cecile, Emilie, and Marie, were destined to go through life as the Dionne Quintuplets. They have been called Canada's greatest human interest story. With their birth began what one newspaper described as "a media circus which was to continue unabated for 10 years". People came from afar to the remote little town of Callander where the children lived, and paid to see a nurse lift each child aloft in turn so the audience could get a better look.

This is the executive at the RNAO's annual meeting in Hamilton in 1935. Standards for nursing education have always been of great concern to the association from its early years to the present.

The Nurses' Registration Act of 1922 was limited because of its permissiveness. The association was nevertheless instrumental in having minimum standards developed which schools of nursing had to meet if graduates were to be admitted to nurse registration examinations.

At that meeting in Hamilton a half century ago it was reported that 37 small schools of nursing in the province had been closed.

Delegates also learned there were 18,300 registered nurses in Ontario, and that there had been 1,275 initial registrations the previous year.



The Canadian Mothercraft Society
Incorporated

This is to Certify that

Grace Gemmel Bain

having a Registered Graduate Nurse's standing completed her four months' Course of Training at the

Mothercraft Centre
Hospital for Sick Children, Toronto

and passed the prescribed examination, has qualified as a "Mothercraft Nurse"

In Witness Whereof the undersigned have signed their signatures this [illegible]

Barbara L Robertson

Helen O Satchell

Ontario's registered nurses used to take a course in well baby nursing given at the Mothercraft Centre which 50 years ago was located briefly at Toronto's Hospital for Sick Children.

That was when a well baby nurse might or might not also be a registered nurse. In the Thirties these particular specialists existed primarily to serve Toronto's wealthy residents.

A well baby nurse would go into the home with the new mother and baby. She would help with the child until the mother was on her feet again. In those days a new mother was kept in bed for 10 days after the birth.

RNs who took the well baby training staffed the small clinics that existed all over Toronto at the time. Some were located in church basements, and in other such places. Many were run by public health units. People would bring their babies to the clinics to be weighed. The nurses would also help them if they had problems with breast feeding or diets.

Mothercraft was begun in Canada by a nurse from New Zealand, Barbara MacKenzie Robertson, and for many years was staffed by registered nurses. However, over the years the community need has changed, and the Canadian Mothercraft Society has changed along with it. Nowadays it offers a course in early childhood education and its graduates accept jobs in day care centres where there are infants.

(credit) St. Catharines General Hospital Archives

Do you remember *Sound of Music,* and Maria who got into trouble for waltzing on her way to Mass, and whistling on the stair?

Alas, Maria would never have made the grade as a probationer 50 years ago at the Hospital For Sick Children's school of nursing. One of the 24 rules set out for new arrivals was "do not sing, hum, or run in the corridors, or while on duty."

Furthermore, they weren't supposed to "go through the corridors or in the wards arm in arm, or hand in hand." Nor dare they "stand or walk with arms folded, hands on hips, or in pockets." And talking shop was "strictly forbidden" at the table, or in the street, or in any public place.

Things were much the same at Toronto General Hospital where "pupil nurses" were expected to "preserve a quiet demeanor in halls, stairways, and the dining room."

In spite of the rules, the students found ways of getting around them. Residence life was "very strict" at Belleville General Hospital's school of nursing, where the first year students were only allowed four late passes a month, three until 11:30 and one until midnight.

"There was a lot of slipping in," admitted one nurse who graduated in the 1940s. She also remembered that one time she burned an ironing board and lost all her passes for three months.

(credit) Walter Piotka Photography

Fifty years ago a doughty little woman known to the public only as Dorothea Palmer, took a courageous stand that set the wheels in motion for eventual acceptance of a more open approach to birth control in Canada.

Miss Palmer, who had worked as a nurse in her native Britain and in Ontario, undertook to provide contraceptive information to women who wanted it in the Ottawa suburban town of Eastview, where there was a lot of unemployment among families that frequently had as many as 10 and 11 children.

Her decision to take on the voluntary job of birth control worker resulted in a charge that could have cost her two years in jail. To preserve her marriage she kept secret from the public her married name (Ferguson) throughout the six-month trial, during which she celebrated her 29th birthday.

The only time she broke down in court was the day after an attempted rape when a man came up to her on the street saying, "You've got no kids, what do you know about it? I'm going to show you." She stopped him with a knee to the groin.

Another time on an Ottawa street two men walked straight toward her and when they reached her one slapped her across the face.

Then there were the problems at home.

When she told her husband she was going to work with the Kitchener-based Parents' Information Bureau (founded by the late A.R. Kaufman), he warned that she could do it if she liked, "but not as my wife."

When she was charged she had to go it alone and her husband said never to dare mention the name Ferguson — that he wouldn't acknowledge her.

What kept her going were the women she had helped.

"I think my case was won out of the mouths of women who got up to testify," she said. "One woman asked the Crown Attorney how many kids he had. When he said two, the woman answered, 'That's good. I got 11. Two in prison, two died, two with bad disease — both blind. You want me to have some more? No thank you.' "

Mrs. Ferguson was acquitted on the grounds that she had acted "in the public good."

Nevertheless the Criminal Code of Canada remained unchanged for another 33 years. Not until 1969 was the law amended.

When the trial was over she retired to the privacy of her home and her marriage.

(credit) John McNeill

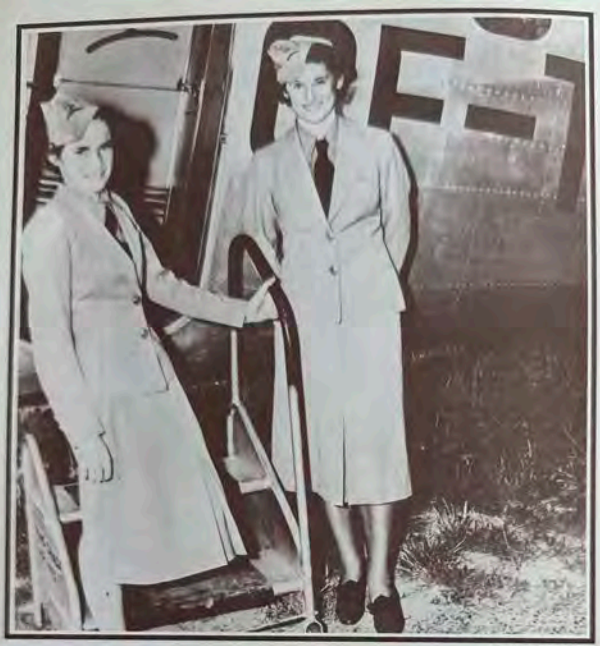
What's night duty like?

One nurse remembered the pleasure of watching the dawn come up, and walking home through the clean morning air.

Another in charge of a ward of 40 recalled a man delitious with pneumonia running onto a busy street in his hospital gown in the middle of winter. A policeman wrapped him in his overcoat, brought him back to the hospital, and told the nurse she should take better care of her patients.

Yet another nurse remembered having "a run of 11 deaths" when she was doing private hospital duty. "That's when I started to smoke," she said. "I worked for a surgeon who got many referrals where an operation was a last resort. It wasn't the surgeon's fault. These people were just too far gone."

For this 1935 graduate, night duty meant working from 7 p.m. to 7 a.m. for $5. "When you were doing private duty your name was added to the registry list, and they guaranteed you three nights of work. That was $15. But if it turned out that you only had one night's work, you still had to go to the bottom of the list again to wait your next turn. My apartment was $25 a month — you paid your rent but sometimes you didn't eat."



(credit) Air Canada

"It was in the late Thirties, toward the end of the Depression, and nursing wasn't very lucrative. Someone told me this position was coming up."

The job was in Vancouver as air stewardess with the newly formed Trans-Canada Airlines. Regina-born Lucile Garner Grant (left), a registered nurse, took the job and became Canada's first air stewardess. With her (right) in the photo is Patricia Eccleston Maxwell, another RN who was hired shortly afterwards.

Lucile flew the Vancouver-to-Victoria run for two months. Then as chief air stewardess, she was asked to design a uniform for the other stewardesses TCA would be hiring. After that she was transferred to Winnipeg where she set up a two-week training course for the women.

TCA wanted to get businessmen flying. "Girls were hired to encourage men to fly," Mrs. Grant said. "It gave men confidence to have the girls up there."

There were no pressurized cabins in those days. Food was "pretty primitive," usually a sandwich and a cup of coffee from a thermos. Each passenger was given a blanket and a pillow. He'd put the pillow on his knee "to steady the little tray we'd give him." The blankets came in handy because those planes were cold: the only heat came from something that worked on the same principle as a car heater.

The planes were so light in those days that "the pilot had to trim the plane when you walked from the tail to the front". They were also so tiny that Mrs. Grant, who is 5'5', had to bend going into the craft.

RNs continued to be hired as air stewardesses until 1957. By then planes were carrying more sophisticated emergency equipment, and attendants were being given extensive St. John Ambulance training. More doctors also were travelling by air and could be called on in case of emergencies.

(credit) Air Canada

Fifty years ago the young woman who became a nurse sometimes ended up in a glamorous career as an air stewardess.

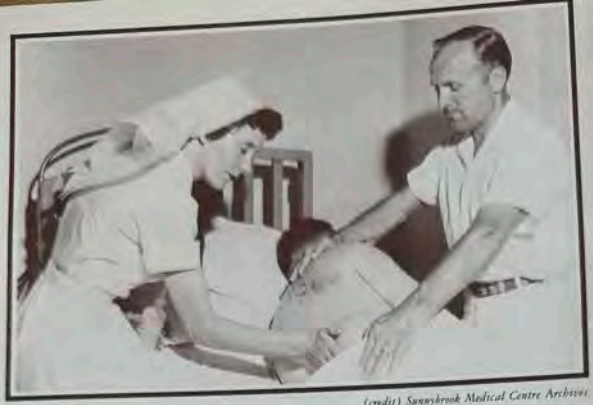
Those were the days when Trans-Canada Airlines was pioneering its service across Canada. The photo above shows the interior of a Canadair North Star, which was TCA's first fully pressurized aircraft. It was making daily round trips across the Atlantic by the end of 1947.

Women who wanted to be air stewardesses had to be registered nurses, not more than 25 years of age, nor less than 22. They must be at least five feet tall, but not more than five feet, five inches. They should weigh between 100 and 120 pounds. Anyone wearing glasses or a hearing aid needn't bother applying.

The stewardess was responsible for the comfort of the passengers, and when there were delays she would be required to remain with them "and take all measures available to her to minimize the monotony occasioned by the delay — with manners and good taste prevailing, of course."

Applicants were expected to have a letter from their parents giving consent for them to fly. They must also have a letter from their doctor certifying as to the condition of their health, vision and virginity.

The first class of 18 nurses trained in March, 1939, in a corner of a hangar at a Winnipeg airport. The course lasted two weeks.



(credit) Sunnybrook Medical Centre Archives

In the last 60 years hospital routines have changed for nurses along with the dress styles. In the Twenties uniforms were almost to the ankle. Sleeves were also long, and sometimes this helped hospital training-school superintendents keep check on whether their students were doing their work.

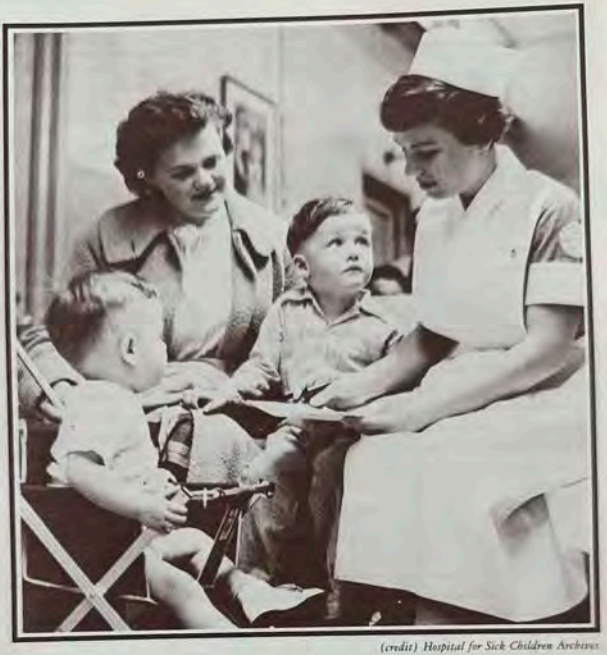
As a student nurse, one woman had to give morning baths to 25 patients. "We were warned that sleeves had to be down by 10 a.m. — that meant the baths were all finished."

In the Thirties and Forties there was great emphasis on keeping busy. "You wouldn't just stand and talk to a patient, you'd be tidying up the bedside table at the same time, or straightening the blind," said a nurse from that era.

"And before tucking your patient in for the night, you always gave him a back rub." She saw this as important "because it gave you an opportunity for a little chat, and to find out how he felt about things."

Back rubs have become a thing of the past in most hospitals — except in cases when a patient may be in danger of getting bed sores. Laura Barr, a former executive director of the RNAO, recalled her training days at Windsor's Grace Hospital school of nursing when nurses worked 12 hours a day, and consequently saw patients over a longer period of time. She called the back rub "a communication vehicle."

"In those days the nurse was the only communicator, but now you have the social worker, the psychologist, and a variety of other people. Furthermore, people are much more knowledgeable about their illness, and when they have questions they aren't afraid to ask for answers."



(credit) Hospital for Sick Children Archives

September 3, 1939, will forever remain in the history books as the day the Second World War was declared.

However it is engraved on one woman's memory as the day she started training at the Hospital for Sick Children's school of nursing.

A student nurse in a children's hospital has her own special set of experiences to remember. This same woman recalled the sight of babies' cribs lining the balcony of the infant ward.

"All the babies were lying on their stomachs with their bottoms exposed to the sun — standard treatment then for sore buttocks."

During her early days as a student nurse she soon learned how to cope good humoredly with the little people, and be prepared for the games some of them liked to play.

"The very first time I collected a urinal from one dear little boy, I tripped and fell — over a very fine string which he and another dear little boy in the next bed had tied between the beds."

Afterwards she learned this was a favorite trick played on new nurses.

Her first job in the diet kitchen was to stir huge vats of oatmeal porridge. "We used a wire brush, and it was really hard work. I also remember the awful messes we concocted with liver. Anaemic children in those days were fed large amounts of raw liver. We actually blended liver with, among other things, chocolate and grape juice."

(credit) City of Toronto Archives and Dept. of Public Health

When the Second World War broke out in 1939 Canada had 248 nursing sisters, and by the time it ended in 1945 the nursing services of Canada had recruited more than 4,000, most of whom were in the Army.

At the beginning those who wanted to join one of the three services had to be between 25 and 45 — however, the age was later dropped on to 21, and a nurse could stay in the service until she reached the age of 55. No married woman was allowed to join up. She must be either unmarried or a widow without children.

She also had to be a graduate of a school of nursing accredited by the Canadian Nurses' Association, and registered in a provincial Registered Nurses' Association. At war's end Canada's nursing sisters staffed more than 100 major hospital units through which passed 60,000 Canadian wounded as well as the casualties from nearly every other allied nation.

Canadian nursing sisters in the three services won 386 awards of the Royal Red Cross. More than 100 were mentioned in dispatches.

(credit) RCAF Photo

Canadian nurses served in the Army, Navy and Air Force, and in practically every theatre of the Second World War. Three members of the Royal Canadian Air Force Mobile Field Hospital in Normandy are seen above preparing a patient for evacuation to England . . .

Nurse Margaret Kellough joined the Army Sept. 10, 1939. She left it six and a half years later with the rank of Captain Matron. The Toronto General Hospital graduate was among 90 nurses from Toronto and other southern Ontario centres who as members of RCAMC No. 15 General Hospital were among Canada's first nursing sisters to arrive in England.

"When we left June 7, 1940, we were slated for Dieppe where we were supposed to staff a 1,200-bed hospital. We were on the water when France capitulated, and instead of Dieppe we landed in Liverpool in a blackout."

She was at Caeserta near Naples when Vesuvius erupted. "It was like a boiling cauldron, and the Germans could pinpoint all our area because it lit up the sky."

She was matron of a casualty clearing station seven miles from the Front. When the station was filled, the unit would fall behind so ambulances could pick up the wounded and take them to the rear, while another medical unit went on ahead. "And so we'd leap frog along this way," Miss Kellough said, remembering patients being operated on while lying on stretchers "with guns shooting over us."

As they advanced the nurses would set up their casualty stations. Sometimes it might be in a house without any roof. "We'd string a line across a room, and we'd hang the bottles of blood for transfusions on this."

For her services she was made an Associate of the Royal Red Cross.

(credit) Public Archives Canada Neg. No. PA 116288

Twenty-one months behind barbed wire awaited two nursing sisters — Kay Christie of Toronto, and May Waters of Winnipeg — who during the Second World War accompanied the 1,975 Canadian troops to Hong Kong in October, 1941.

For the nurses, the voyage across the Pacific aboard the troopship Awatea was a far from relaxing one. Right from the beginning they were so busy setting up the 54-bed hospital and admitting patients, that they didn't realize the ship had sailed.

Doing the laundry in salt water was a constant frustration during the three-week trip, and Miss Christie remembered "ducking the lines of wet sheets and patients' pyjamas that took ages to dry in the humid atmosphere."

The two went to work at the British Military Hospital which was bombed at the same time as Pearl Harbor, making them the first Canadian nursing sisters to be involved in a theatre of actual war.

Shells hit the top two of the hospital's three floors, and patients had to be evacuated to the main floor. The nurses were forced to move to shelters below the hospital where they and others of the hospital staff slept on narrow cement shelves.

Hong Kong surrendered on Christmas afternoon, and within a few days the hospital was taken over by the Japanese, enclosed in a barbed wire fence, and named Prisoner of War Camp A.

Hospital stores of food and medical supplies were dwindling, and now the nurses were having to boil and re-use bandages and gauze dressings. Food became scarce, and while loaves of bread were still available, hungry patients on one ward were demanding that a ruler be used to ensure slices of bread were exactly the same thickness.

Eight months later all nursing staff and the Voluntary Aid Detachments (VADs) were transferred to a civilian internment camp at Stanley on the southeast part of the island. For the next 13 months the two Canadians were crowded in with 2,400 men, women and children. Here they lived three to a nine-by-twelve room, with no specified duties except for a short period when they were on night duty in the camp hospital.

G.W.L. Nicholson in his book, *Canada's Nursing Sisters*, pays tribute to all Canadian nurses and their valuable contribution to the morale of the wounded soldiers under their care in the various war theatres in which they served. He pays special tribute to the two in Hong Kong whose presence and calm and dignified attitude "in so horrible a situation, were an unfailing source of courage to the men whose lives they helped to save."

In recognition of their services Miss Christie and Miss Waters were made associate members of the Royal Red Cross.

(credit) DND Photo

Few apparently mourn the passing of the veil — that square of white organdy that gave nursing sisters their ethereal look through two World Wars.

"Many's the doctor who has irately ripped a veil off because it poked him in the eye," said Col. Helen Ott, former director of nursing for the Canadian Forces.

Many are the romantic stories connected with the veil. One involves some nuns from a cloistered Order near Barrie who embroidered the wings of the Royal Canadian Air Force crest on the back of veils worn by RCAF nurses during the Second World War.

Keeping the veil eternally crisp and white was far from easy. The step-by-step process of laundering was as follows:

When you washed it you'd dip it in boiled starch. Then you'd press it down on a smooth surface and work at it until all the bubbles were pushed out. By morning it was dry and stiff and ready to fold. It was 36 inches square and you took one corner and brought that to the diagonally opposite corner, leaving a two-inch border. Then you'd take the border that went around your head and fold it back two inches — it covered your hair except for a bit in front, and went across your ears. A safety pin was used to anchor it at the back.

"If it were starched properly your ears got all sore and irritated. Furthermore it would stand out a bit on each side, and if you were working over a patient alongside someone else, they usually got it in the eye," Col. Ott said.

Since 1971 veils have been replaced by white caps trimmed with gold ribbon, and instead of being called nursing sisters, nurses in the Canadian Forces now are known as nursing officers.

(credit) Royal Canadian Navy Photo

Nurses today play a different role in the Canadian Red Cross Society's Blood Transfusion Service than they did when the service began in the Second World War.

In those days blood was needed for the Armed Forces. As seen above, a doctor wearing a mask and clad in operating room garb, drew the blood while the nurse kept check on the donor's pulse and blood pressure. Nowadays a nurse takes the blood, and the arm from which it is taken is no longer anesthetized.

At the end of the war, the Red Cross was asked to establish a transfusion service to meet the needs of civilian hospitals, where it was required that a patient's friends and relatives replace two bottles of blood for every one used.

A joint committee of the Red Cross, the Canadian Hospital Council, and the Blood and Blood Substitutes Committee of the National Research Council, was set up to survey the extent of hospitals' needs.

A plan for a National Blood Transfusion Service was submitted to the Joint Committee. Its objective: to supply every hospital free of charge with whole blood and blood products. There was one stipulation: The hospital must make no charge for this service.

Today the Red Cross Blood Transfusion Service employs 246 registered nurses in 17 centres from coast to coast.

(credit) General Motors Photo, Oshawa

The history of the industrial nurse probably begins around the turn of the century when somebody applied a bandage to an employee hurt on the job.

Eventually the people who gave this kind of first-aid were replaced by trained nurses who besides putting on bandages were also paying attention to the general welfare of those who came for help.

Trained nursing in industry dates back to 1895 when the first graduate nurse was employed by the Vermont Marble works in the United States.

In the 1940s at least one industrial nurse considered that her duties included keeping the plant hospital clean, well lighted and ventilated. It was also important that the hospital furnishings were modern, and the equipment up to date. All of this of course presumably was calculated to instill a feeling of confidence in those who came for help.

There were other factors a nurse had to keep in mind besides being able to tell at a glance whether she could handle a case herself, or should call a doctor. For instance, she must know how to be tactful when faced perhaps with a worker turning up with a black eye after a holiday weekend.

At all times she had to be calm, and as in Kipling's poem, be able to "Keep your head when all about you are losing theirs and blaming it on you."

Submissive is the word for the young woman of 40 years ago as she waits to receive the cap which declares to the world that she is a bonafide student nurse, and no longer a probationer.

The candle-lighting and capping ceremony took place from four to six months after the young woman was accepted to train at a hospital school of nursing.

Once she had her cap, this meant she was over the first hurdle, and on her way to becoming a nurse. Three years later — if all went well — she would graduate as a nurse, and be able to wear the black ribbon on her cap just like the nurse in the picture.

Florence Nightingale (about 1858)

The Nightingale Pledge

I solemnly pledge myself before God and in the presence of this assembly:

To pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

I will do all in my power to elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my profession.

With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

—

The pledge was introduced in 1893 by a committee of which Mrs. Lystra E. Gretter, R.N., was chairman. Photograph by courtesy of Dr. Maude E. Abbott, McGill University.

Compliments of W. B. Saunders Company, West Washington Square, Philadelphia
Publishers to the Nursing Profession

The Nightingale Pledge has slipped into the past, together with the capping and candle-lighting ceremonies that formed part of the traditions as the young nurse moved through the various stages from probationer to RN.

Kirkland Lake in the Forties is remembered by one public health nurse as "a rough and tumble community" where on request the police would shadow you when you had to make a call in a questionable part of town.

One time she visited a rooming house that was really a bootlegging joint, complete with a peephole in the door to check out those who came to call.

The proprietor of the establishment, a woman, was seriously ill. She was very obese, had a gall bladder problem, and was terribly afraid of dying. It took some persuading to get her to hospital.

When she was home again, the nurse continued to visit during her convalescence, always giving lots of advance warning so others in the house would have time to clear away evidence of the actual business that went on before her arrival.

Winters were the worst time in that part of northern Ontario, particularly on the outskirts of town where the roads would frequently be blocked by huge snow drifts. "One night we phoned the Works Department to help get a woman to hospital who was due to have her baby any minute. The Works people came through nobly. She arrived by snowplow minutes before the big event."

Those were also the days when nurses used whatever came to hand as they carried out their duties. In the picture above a public health nurse illustrates the proper way to weigh an infant when a scale used for weighing fish is all you have available.

(credit) Ontario Archives, Toronto

It was nearly three o'clock on the morning of Sept. 17, 1949; the emergency department at St. Michael's Hospital was quiet, almost deserted when two men, two women and a 13-year-old girl suddenly appeared on the scene. Wet and in shock, they urged the nurses not to bother with them but to get ready for the many who'd be coming . . .

That was the first word the hospital had that the S.S. Noronic, a cruise ship with more than 500 people on board, was burning at its berth in Toronto harbor. Almost immediately sirens were sounding outside as the ambulances began arriving. They brought 84 men and women in night attire, partly clothed, wet, burned, and shocked.

An article in a hospital publication of the day described those who came as "most pitiful, and it was difficult to know who were in the greatest need of attention." They were "wonderful" patients. "We marvelled at the fact that each one waited his turn for attention quietly, not expecting more than anyone else."

Interns and nurses were quickly on hand to look after the victims, who were given dry clothes, blankets, and hot coffee. Plasma was started on the most seriously injured. All operating theatres were opened, and each of the injured was given morphine, penicillin, and anti-tetanus serum before being rushed to the operating room. Extra mattresses soon filled the assembly hall and corridors, to receive those coming from the operating room.

Meanwhile minor dressings were attended to in Emergency, and those able to leave were clad in hospital gowns, ward trousers and blankets, and taken to the Royal York and King Edward hotels.

The hospital cared for close to 150 of the fire victims. Almost 50 others were treated at Toronto General and Wellesley hospitals.

The Noronic passengers were chiefly from the United States as were most members of the crew of 180. About 125 people lost their lives that night.

Early pencil drawing of St. Catharines General and Marine Hospital and Nurses' Home as it stood in 1897
St. Catharines General Hospital Archives

Founded in 1874, the St. Catharines Training School and Nurses' Home was the first school of nursing in North America set up under the Nightingale system requiring that students be under the leadership of a woman who was herself a trained and competent nurse. Indeed, at the beginning the school staff was made up of nurses brought from England, who had been trained by Florence Nightingale herself.

The school was founded by Dr. Theophilus Mack, and following his death it was renamed the Mack Training School for Nurses. The year 1949 marked the 75th anniversary of the school and a highlight of celebrations was a visit from Canada's then Governor General, Viscount Alexander of Tunis and Lady Alexander.

In 1967 the school was renamed the Mack School of Nursing. The year also marked the opening of the Mack Centre for Nursing Education, a six-storey complex which included classroom facilities and a residence for nursing students. The school became affiliated with the regional schools of nursing, and under the jurisdiction of the Ontario Ministry of Health.

Six years later Mack ceased to exist, and nursing programs in the province were transferred to the Ministry of Colleges and Universities; Mack was incorporated with Niagara College and nurses now graduate from Niagara College — Nursing Diploma Program.

(credit) Toronto Western Hospital Archives

Working from 7 a.m. to 7 p.m. didn't give student nurses much time for entertainment in the Fifties. At most hospitals they'd have from two to three hours off during this period, but that didn't go far when there were classes they had to attend.

"Because we didn't have much time for going anywhere we did a lot of visiting in one another's rooms," recalled one nurse. "We also consumed quantities of toast and cocoa. We ate a lot in those days. I suppose it was because we worked quite hard."

Usually, nurses shared a room with another nurse in the nurses' residence. However in at least one hospital, rooms were so scarce that probationers whose names started at the end of the alphabet found themselves sharing a dormitory in which there were anywhere from 10 to 15 beds. The ranks had thinned out somewhat by the time the four-month probationary period was over, and those still in training settled down in double rooms.

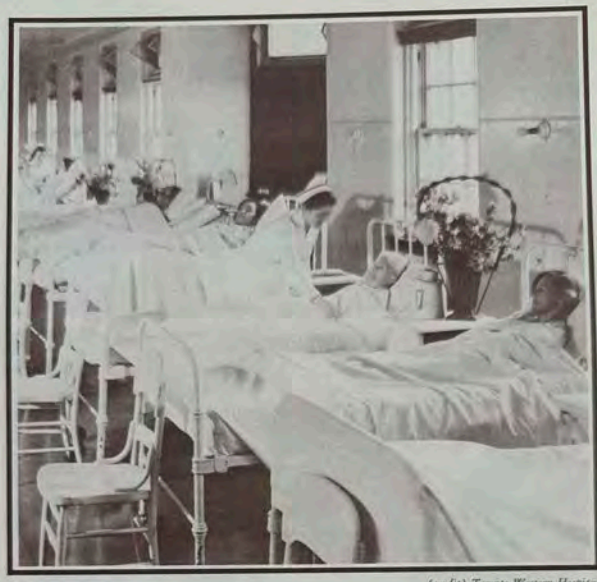
(credit) Wellesley Hospital, Toronto

"We're a brand new breed of nurses,
Wellesley's best and going strong,
We've got a lot to give for those who want to live,
And Wellesley's helped to turn us on."

There may have been an occasional limping pentameter, but nobody cared as nurses sang the songs they'd written themselves, while marching through the corridors of Toronto's Wellesley Hospital on Graduation Day.

"Sometimes the graduates would be put in laundry carts and pushed up and down the corridors singing these songs, much to the delight of the patients," one nurse said. She remembered her own graduation in 1944. "We each had a corsage for the special breakfast, and the patients gave us flowers."

The breakfast was put on by the class junior to the graduating class, and held at a time when most people were sound asleep — 6:30 a.m. Usually it was preceded by speeches, and more songs, and a bit of a floor show. For instance the nurse in the picture appeared in a uniform (of white paper) — to show how the nurse of the future would dress. Staff members as well as graduates were guests at the breakfast, and everyone was finished by 7 a.m. — ready to start another day's work on the wards.



(credit) Toronto Western Hospital

"To make a bed, you folded the corners flat the way you wrap a Christmas parcel. After a while you got so you could do it automatically." Back in the Fifties that was the magic formula for making a bed with "hospital corners." Once you became expert you were expected to do the job in under 10 minutes.

"We used good cotton sheets, and we had to be able to pull a sheet so tight we could bounce a penny on it," one nurse said.

Other requirements: Each pillow had to have its open end facing away from the door of the ward and window blinds must be pulled down just so many inches from the top.

One head nurse used a piece of string stretched from one end of the row of beds to the other — to check whether even one might be an inch out of place.

Big issues, little issues — down through the years they've all been reflected in one way or another at the annual meetings. Every convention has had its theme. In 1958 it was RNAO In Action; in 1964, The Future of Nursing — It Is Up to Us.

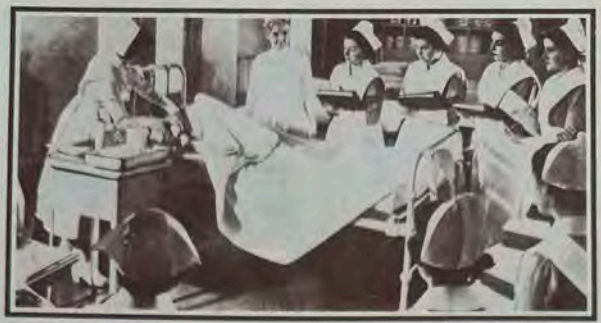
But the 1959 theme, Voltage — Today and Tomorrow, probably caused more people to plug into the main switch than ever before. That year there was a plethora of speakers and panelists who chose topics ranging from the Transformer to Converging Currents. One paper was even entitled Turn On The Light, and was all about proposed fee amendments.

These springtime happenings, taking place annually amid the lush surroundings of the Royal York Hotel, have provided observers with a kind of bird's eye view of current fashions over the last quarter century or more.

In the Fifties there were flowered hats and gloves at the luncheons. Long dresses and corsages were *de rigueur* at the annual dinners. Then with the coming of feminism, hats weren't trendy any more. Pant suits took over the scene, and hemlines on the dresses went up and up as the Twentieth Century advanced into the Seventies.

Some things though just never change: People laugh together, talk, sometimes look bored. Delegates vote.

And feet grow tired, and their owners rest them wherever they can.



(credit) Toronto Western Hospital

In the Fifties and Sixties the training of nurses took on new status with the establishment of programs which would permit the student to concentrate on the academic side of nursing without having to spend long hours on the wards simply because a hospital was short staffed.

At Windsor, the Metropolitan Demonstration Training School for Nurses was supported by a grant from the Canadian Red Cross Society.

At the same time Toronto Western Hospital introduced the Two-Plus-One course which recognized that nurses-in-training were there to learn, not just to do the slavey work. In 1953 Western's nursing school was named the Atkinson School of Nursing in recognition of a grant from the Atkinson Charitable Foundation which made it possible for the school to pioneer the experimental course.

In 1960 the Nightingale School was established. Its students had to meet university entrance standards, and their fees were paid by the Ontario Government. While independent of any hospital, the school arranged for clinical experiences in several.

The Quo Vadis School of Nursing opened its doors in 1964 and offered a two-year program to those over 30 and under 50 years of age. Independent and non-sectarian, the school was financially supported by the Ontario Hospital Services Commission.

The Metropolitan Demonstration school closed after four years, but the others became part of the Colleges of Art and Technology.

(credit) RNAO

While the Registered Nurses' Association of Ontario won partial self-regulation with the Nurses' Registration Act, 1951, its attempts to expand that control led to the formation of the College of Nurses through its involvement in the Nurses' Act, 1961-62. In October 1962, the newly appointed five-member provisional Council for the College of Nurses began to draft regulations for use under the Nurses' Act. Members of the Council (left to right): M. Blanche Duncanson, Sister Madeleine de Jesus, Council President Helen G. McArthur, Council Secretary Gladys J. Sharpe, E. Marie Sewell.

In 1962 the Registered Nurses' Association of Ontario paid special tribute to its former presidents at the annual dinner during its 37th annual meeting:

Standing (left to right): Miss Ella Howard, 1960-62; Miss Margaret Morgan, 1958-60; Miss Christine Livingstone 1956-57; Miss Alma Reid, 1955-56; Miss Bianca Beyer, 1953-55; Miss Gladys Sharpe, 1951-53; Miss Rahno Beamish, 1949-51; Miss Nettie Fidler, 1946-49; Miss Jean Masten, 1944-46.

Front (left to right): Miss Mildred Walker, 1942-44; Miss Jean Church, 1940-42; Miss Constance Brewster, 1938-40; Miss Ethel Cryderman, 1936-38; Mrs. Marjorie Brook, 1933-36; Miss Mary Millman, 1931-33; Miss Florence Emory, 1926-29.

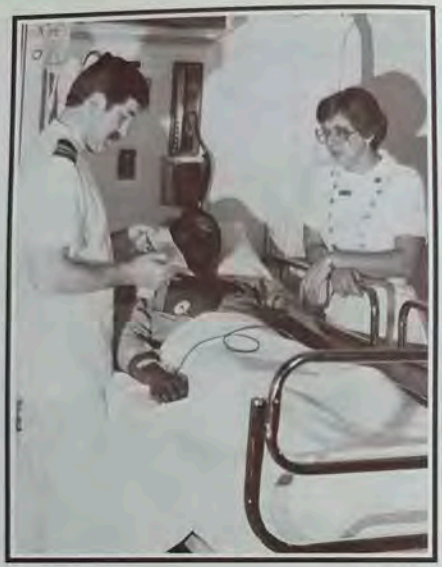
Mrs. Muriel Cariss, 1929-31 was absent from the picture.

(credit) Wellesley Hospital, Toronto

Whenever Toronto's Wellesley Hospital was involved in a drive for funds — whether the need was for a new wing or some special piece of equipment — its own student nurses could always be counted on for a contribution.

The nurses used to put on bazaars in the hospital lobby where they sold cakes and cookies they had baked themselves. Many contributed such things as hand-made baby clothes and various boutique items.

The young women also raised money to buy items for such events as the annual Breakfast for the Graduating Class when each graduate was presented with a sterling silver coffee spoon with the Wellesley crest engraved on it.



(credit) DND Photo

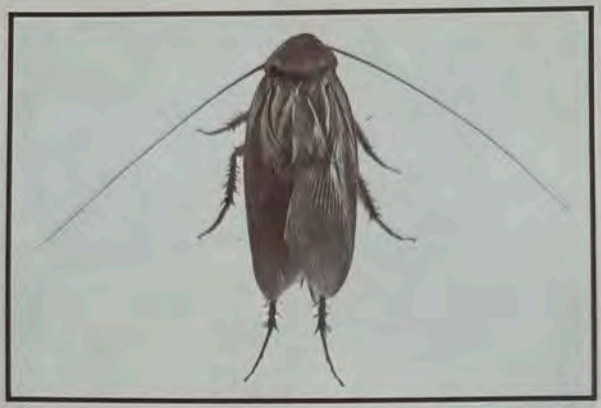
While the Second World War opened doors for women to several new careers, it also opened a door for men to the nursing profession which until then had been largely considered a women's preserve.

Men enlisting in medical services took their basic training and after that a course which trained them to become medical assistants. Then, if they were in the army, they were given the rank of sergeant. However they had to wait for another 20 or so years before they could — like the women who were nurses — enter the Armed Forces as commissioned officers.

After a long struggle to get equal recognition of men in nursing in the Canadian Forces, the RNAO saw the battle finally won in 1968. Albert Wedgery was the RNAO's first male president at the time. Mr. Wedgery was president until 1969.

Across the province, hospital schools of nursing for years were loath to accept men as student nurses. Mack School For Nurses in St. Catharines graduated its first male nurse in 1958. John Vanderlee of Ottawa, a former member of RNAO's board of directors, was one of three men who graduated from the same school five years later. The other two had come to Mack after being refused permission to train in other schools of nursing. However, the same schools were willing to accept the men once they'd graduated from some place else. Mr. Vanderlee went on to become head nurse at St. Catharines General Hospital, and now teaches in Algonquin College's basic diploma program.

Not until the early 1970's when the community colleges took over the hospital schools, did the barriers against men finally come down. The RNAO now has about 450 male members.



There has always been tremendous variety in the kind of wild life nurses encounter on their daily rounds.

At Cornwall General Hospital, back in the Sixties, bats had a habit of flying into the nurses' residence which was a four-storey house that didn't have any screens.

On hot summer evenings nurses would open the attic windows to get a breeze down through the stairwell, and into the rooms. Recalled one nurse: "When you were just off night duty, you'd always shake your drapes when you came into your room — to make sure there weren't any bats hanging about."

A nurse on duty in the mid-Twenties at Toronto's old Hospital for Sick Children remembered cockroaches on the infant and infections ward, "and sprinkling baking soda around the baseboards at night."

Then there was the student nurse on night duty in her senior year who went over to the girls' medical ward in the old hospital to collect a friend "so we could have our midnight dinner together."

"I heard her in the utility room, and she was talking out loud. She was saying, 'Now rats, if you are here, go away.' "

Young doctors were sometimes a problem at the old hospital. "It seems the roof of the dairy building was three floors below the research lab. It was here the nurses often sunbathed, and one nurse recalled that "certain doctors would fill heavy brown paper bags with cold water, and throw the bags out the window."

"Their aim was excellent."

(credit) College of Nurses of Ontario

Thanks to the skilled care of the nurse, plus an ever developing technology, more critically ill patients than ever before are recovering their health and getting on with their lives.

Begun in the Sixties as an extension of the recovery room, the intensive care unit has become one of the most significant factors in current hospital care.

With the tremendous knowledge explosion of the Seventies, high tech imposed new demands on the critical care nurse whose job it is to monitor the vital signs of her patient.

Emotionally and physically the intensive care unit is a very demanding area. "Not all persons have the stamina to endure the stress for any long period of time," said Margaret Zanin, president of the Canadian Association of Critical Care Nurses (Toronto Chapter).

Currently there is a shortage in Ontario of these highly specialized nurses.

(credit) Wellesley Hospital, Toronto Archives [pictured is Ontario Lieutenant-Governor Dr. Herbert A. Bruce (1952-1937), founder of Wellesley Hospital, and E.K. Jones at portrait unveiling]

What was once the nurses' residence at Toronto's Wellesley Hospital has become an office building. However, it remains the E.K. Jones building, and a portrait of Miss Jones still hangs in its rotunda.

The Kenneth Forbes painting of Miss Jones was commissioned and paid for by the student nurses who trained under this beloved director of nursing, who was appointed to the post in 1937 where she remained until she retired in 1964.

"She always gave a nurse a second chance," said one nurse. "And if you got into difficulties with someone on the floor she'd listen to both sides, and then she'd straighten it out."

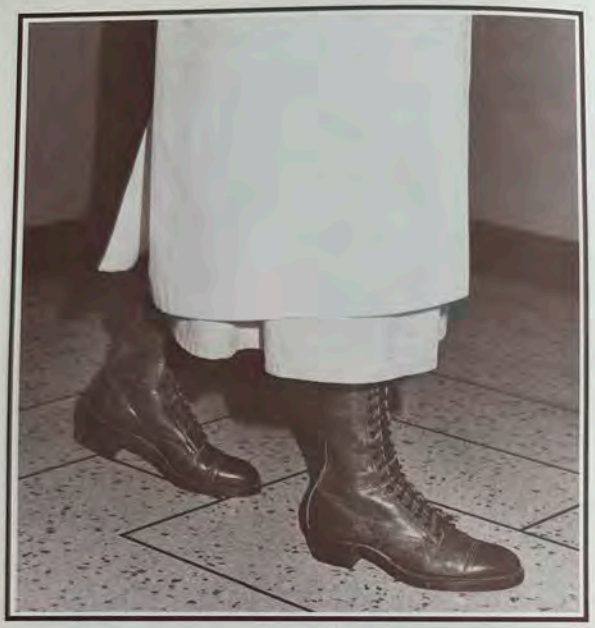
Dorothy Arnot who trained under her, and succeeded her first as assistant and then as director of nursing, described "Jonesy" as "a very warm person who had a wonderful way of remembering names."

"Someone might come into the hospital whom she hadn't seen in years, and she'd just walk up to them and call them by name."

Miss Jones continued to wear "the bib and apron" long after it had been discarded by other members of the nursing profession. "Someone might come to the office and tell her something that upset her and she'd be out of that office like a shot, the tips of that apron just flying out behind her."

She had red hair, and the temper to go with it. She usually kept her temper in check: once in a while she'd let it fly, but only in the proper place. If she felt she was going to lose her temper, she'd stay in her office until she had it under control.

On her retirement in 1964 Miss Jones married and became Mrs. Cy A. La Venture. However to the folks who knew her, she was always "Jonesy", and sometimes "Miss Wellesley of Wellesley Hospital". She died in 1974.



Styles in shoes for nurses haven't greatly changed over the years. Except for the high boots they wore in the early Twenties, most shoes come either in black or white and are sensible, with round toes and low heels.

Twenty years ago at Kingston General Hospital they were black with matching stockings. When nurses graduated, some celebrated by tossing their shoes into the St. Lawrence River.

Said one graduate: "Those shoes were really matronly. They were just gawdawful, and we were so glad to get rid of them. Yet they cost our parents about $25 a pair, and that was a lot of money in those days."

The Kingston grad recalled that her uniform was ankle length. "Collars and cuffs were always starched, and we had to wear those things in summer when thermometers were up to 105 degrees. A dress, then an apron, then a pinafore. You also had to wear an extra belt. All in all you had on about five layers."

But the black shoes and stockings were what she most disliked. "It was a kind of ritual 'Goodbye black stockings and shoes and we'll never see you again,' " she said, thinking of that early morning following the graduation dance, when her shoes went into the river.

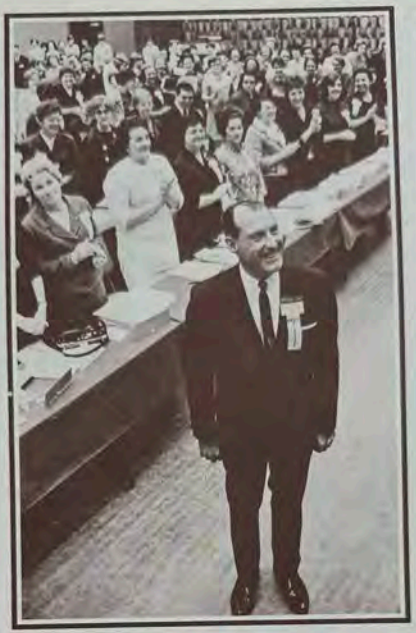
(credit) York University Archives and Gilbert A. Milne & Co., Toronto

Not much has changed since the 1960s for nurses of the St. Elizabeth Visiting Nurses' Association. In those days of flower children and campus activists, the nurses in their modest dresses of navy blue and matching hats drove Volkswagens when they went visiting patients throughout the Metropolitan Toronto area.

Nowadays they're more likely to be seen in a North American compact car. They don't wear hats, and their work wardrobe usually includes a pair of slacks.

About 65 per cent of those they now visit are elderly men and women.

St. Elizabeth nurses are registered, and they must have hospital experience before they can be hired. Begun in 1908 by a group of Roman Catholic women, the association now extends its services to all members of the community. It currently has about 180 nurses working in Metro and Peel County.



In the mid-Sixties Albert W. Wedgery, the only man ever to head the Registered Nurses' Association of Ontario, delivered a stirring address in which he figuratively told nurses to pull up their socks and stick with their professional organization — the RNAO.

He made the remark in his presidential address at the 1968 annual meeting. It was made at a time when the organization was experiencing a falling off of members as nurses began looking to the newly established Ontario College of Nurses as their professional organization.

"The College of Nurses exists to protect the public of Ontario, not to protect the nurses!" said Mr. Wedgery. "There is only one organization, the Registered Nurses' Association of Ontario, which is committed to protect the interests of nurses in the practice of their profession."

Mr. Wedgery, a graduate of the Ontario Hospital School of Nursing at Whitby, had served with the Royal Canadian Navy overseas in the Second World War. On return to Canada he joined the Oshawa Hospital where he worked in various capacities as general staff nurse, science instructor, operating room supervisor. He was first chairman of the RNAO's Male Nurses' Committee from 1956 to 1959, and wrote articles for publication in magazines such as *Canadian Nurse* and *Canadian Hospital*.

He had a Bachelor of Science degree from the University of Western Ontario, and a Master's degree in nursing service administration from Columbia University.

Mr. Wedgery was RNAO president from 1967 to 1969. He died in 1982.

(credit) Wellesley Hospital (Toronto) Archives

The wearing of uniforms on the street continues to be frowned on among hospital nurses much as it was in a 1944 report from a Canadian Nurses' Association annual meeting which said "for hygienic reasons this is not thought to be in the best interests of the patients."

On the other hand the uniforms have come a long way from those longsleeved, ankle-length dresses of a half century ago which most certainly would have picked up a lot of dust had they been worn on the street.

The modern nurse's garb could pass for ordinary wear. Besides being easier to launder, these uniforms, usually of a cotton blend, may be twopiece slack suits, and/or separates which are both practical and styled to give the nurse a sense of comfort and well being when she goes on duty. Even white sometimes gives way to color. One nurse in a children's ward said the children particularly like pink.

Older nurses, however — and some patients — regret the passing of the cap. One woman said when she was in hospital she never knew whether the young woman who brought her medication was a registered nurse or a registered nursing assistant. "You used to be able to tell from the ribbon on her cap," she said.

A nurse, recently retired, said "balderdash" when told patients feel more relaxed with nurses wearing ordinary clothes.

"They will look to a person in white with a cap on as a nurse, and that's what patients want," she said. She recalled one elderly woman in hospital who refused to take a pill from anyone except a nurse in a cap. So the nurses "would put the duty cap on if they were going to give a pill to the little lady."

Only the person who has problems with his feet can appreciate how a seemingly insignificant thing such as a callous, or ingrown toe-nail, can ruin a day. What a relief it must be for those with foot trouble to learn that the Victorian Order of Nurses (Ontario) operates foot clinics through 16 of its branches across Ontario.

The clinics are set up wherever a need has been indicated. Oxford County has at least 11 of them, which during 1984-85 cared for 914 pairs of feet. The clinics are held every two weeks or once a month. Frequently they are located in Senior Citizens centres where blood pressure and other medical problems associated with aging are checked at the same time.

The clinics were started in 1972 in line with the gradual extension of VON nursing services to older men and women. Many of those who live alone have few visitors, and when they come to the clinics they are often encouraged to join a Seniors' club, and to take part in the various activities offered by the community.

Clinics exist in places such as Woodstock, Tavistock and Innerkip. Sault Ste. Marie, North Bay, Sudbury and Kirkland Lake also have them (there are 1,338 RNs working for the 87-year-old VON, which has 72 branches in Canada).

(credit) Lowry Photography

First she became a registered nurse, then an air stewardess. After that came marriage and five children. Still, Maxine Kewin always had time for a bit of nursing along the way.

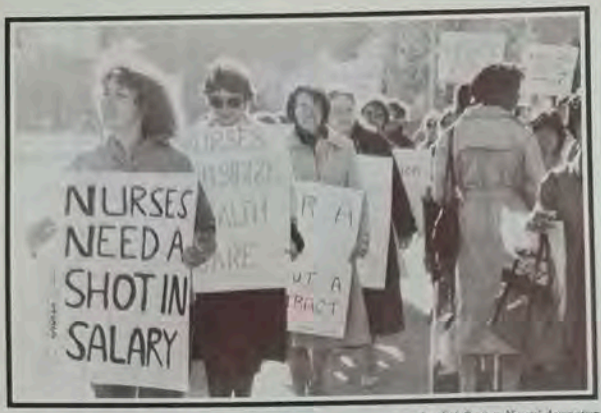
"I did relief nursing at the homes of cancer patients, in intensive care hospital wards, and on construction sites — wherever my husband's work happened to take us."

Then suddenly while out driving one day she had an idea — why not hire nurses who like herself enjoyed working in the occupational health field, and wanted part-time jobs.

Thus in 1973 the Company Nurse was born. She started her firm because she believed there was a need to deliver occupational health care to small industry "where full-time health services are often not economically feasible or warranted."

She was company president for 10 years. The company now services from 18,000 to 20,000 employees working in abbatoirs, foundries, heavy and light manufacturing, structural steel, construction, chemical, pharmaceutical, and textile companies, and also in a hotel.

On the payroll are 14 RNs who work full time, and 45 who are part-time staff.



(credit) Ontario Nurses' Association

Strikes . . . lockouts . . . picketing . . . Ontario's nurses have seen them all.

A total of 1,200 nurses marched on Queen's Park in 1965 to convince the Government it should recognize the RNAO as collective bargaining agent for nurses.

The Government told them to use the existing legislation (the Labor Relations Act of Ontario). So they did. And by the time the Ontario Nurses' Association was born in 1973 there were 104 separate certified bargaining units across the province.

Jean Lowery, ONA's founding president, remembered what it was like to walk a picket line. "I've been there in the heat of summer and the cold of winter. I can tell you about cold and wet, freezing rain, and slush. And what it's like to walk until you swear to goodness your hip bones are going to come apart."

She always found the spirit of the people "absolutely amazing." People on a picket line were quick to rally around, offer their homes as headquarters, provide sandwiches and coffee as needed.

In 1974 some 30-odd collective agreements in the hospital sector expired; negotiations had broken down, and "because hospital nurses don't have the right to strike the breakdowns had to be arbitrated."

While negotiations were going on in various Toronto hotels, nurses from all over Ontario milled around the hotels or went up the the Parliament buildings, or over to the Ministry of Health. "We called them millers", Mrs. Lowery said, "and they carried signs and placards, and the most notorious of these advised motorists to 'honk if you support nurses.'"

Honk they did. At one street intersection transport drivers fairly leaned on their horns. Overlooking this particular intersection was the very room where the negotiating committee on behalf of the hospitals and ONA was closeted.

Settlement was achieved in what Mrs. Lowery described as "a form of master bargaining albeit somewhat ragged around the edges."

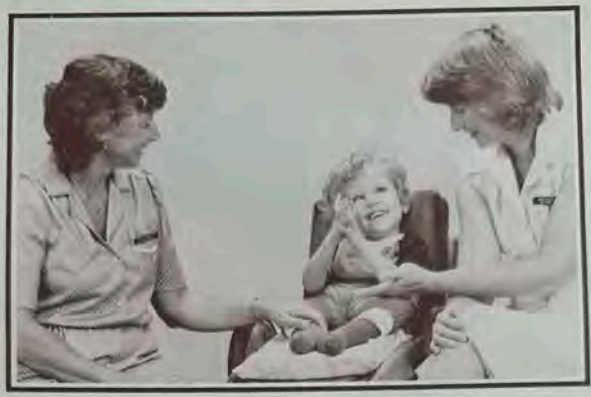
With the coming of the Anti-Inflation Bill, public health nurses — who traditionally earned higher wages than hospital nurses — found themselves hard hit. The Ministry of Health indicated money would be supplied to the municipalities — to keep the public health nurses at least at parity. However not all municipalities agreed to do this. There were lockouts, and more picket lines.

Information pickers continue to be set up from time to time because, as Mrs. Lowery said, "the public health nurses are still below the hospital nurses, and this is more than 10 years later."

Sometimes nurses have to blow their own horns — just so people will get some idea of what it is they do, and how they do it.

In 1967 — Canada's Centennial Year — the Registered Nurses' Association of Ontario had a nursing exhibit at the Canadian National Exhibition which contained a mannequin of a nurse in 19th century dress, and another in a nurse's uniform of the 1960s. Beside each was a placard indicating how much better things were than at the turn of the century when nurses worked 13 hours a day, seven days a week, and earned $21 a month.

In 1975 the Parry Sound Chapter had the entry judged best in the Winter Carnival: An RNAO float complete with nurses and a patient. In the Eighties, when printed comments on T-shirts were all the rage in a country in which half the population had taken up jogging, the RNAO produced a batch of T-shirts for health conscious nurses. On each shirt was the statement: Nurses Running for the Health of It!



Two Ontario nurses find working with the children at the Hugh MacMillan Medical Centre rewarding, especially when they see "their kids" developing new capabilities.

Wendy Dimmock, who has been at the centre full time since 1978 and part time for three years before that, said "one needs to have a lot of empathy and to be very sensitive to the needs and feelings of these children and their families."

She said children with spina bifida form a large percentage of the centre's patients, but there are also children with other congenital, acquired, and neurological conditions. Mrs. Dimmock works in the urological department, where 80 per cent of her program is concerned with children with spina bifida. She had been out of nursing for 12 years when she came to this country from Africa, so she took a refresher course at Seneca College.

Margaret Taylor is co-ordinator for children with spina bifida. A graduate of the Ryerson nursing program, she joined the centre in 1969 but took four years away to have her family.

Spina bifida, a congenital malformation of the spinal cord, can cause a wide range of disability, from mild impairment to paraplegia. Nevertheless, these children are trainable, Mrs. Taylor said, "but good family support is essential for these youngsters as they grow up."

The great variety of specialties at the centre in such areas as urology, skin care, rehabilitation, neurology, physical medicine and orthopedics, provides help for parents if their children develop difficulties.

Mrs. Dimmock's "combined spina bifida clinic" is an example of how the centre co-ordinates total care for patients with long-term conditions such as spina bifida. The child comes in (preferably with the parents) every three to six months for an entire day, carefully pre-planned for examinations and consultations by a variety of physicians and other specialists such as nurses, dietitians, social workers, psychologists and therapists.

The centre, which operates both in-patient and out-patient programs, aims at helping the children and their families to become self-sufficient so that the young patients can live the fullest life possible.

Sometimes taking a year out to work before returning to school for more education makes it easier to decide what one wants to do in life.

Gail Papple, a graduate from Mohawk School of Nursing in Hamilton, worked for four years in Toronto's Queen Street Mental Health Centre, took a post-diploma course in psychiatric nursing, and then chose to go to Ryerson Polytechnical Institute for the two-year baccalaureate degree course.

Describing the course, she said "you really decide what you want to look at in depth; there are basic outlines and basic objectives you have to meet, but you have a lot of flexibility on how you're going to meet them."

For her clinical training, she chose settings utterly different from that in which she had been working. She did pre-abortion and post-abortion counselling, and some mental health consultation work.

She also organized a women's group in the City of York, for women from 45 to 65 who spend most of their day at home.

While setting up the group Ms. Papple learned a lot about health politics in the city. She also found out there was a real need among these women in an area where there are programs for mothers and children, and for the elderly, but nothing for women whose children have grown and left the home.

Ms. Papple, who now is back working at the Queen Street Centre from which she was given leave of absence to get her degree, also is involved in a networking system of nurses made up of graduates from the Ryerson degree program.

Teachers, psychologists, and many others also contribute. "It's just as important to help the children improve their concepts and attitudes," Mrs. Taylor said.

The deaths of babies at Toronto's Hospital for Sick Children in 1981, the dismissal of charges against nurse Susan Nelles in connection with four of the deaths, and the hearings into the deaths by a Commission led by Mr. Justice Samuel Grange, alerted nurses to the mine-fields that exist in the nursing profession.

Nurse Susan Nelles was discharged at the preliminary hearing into four counts of murder. Later she spoke from her own experience at RNAO chapter meetings across the province. Her advice: Nurses must be aware of the moral, legal and ethical implications of nursing. They must know the rights and responsibilities of being a nurse. They must be able to distinguish between the roles of provider of service and hospital employee. She also stressed the importance of keeping accurate records.

Released in 1985, the 224-page Grange Report aroused a lot of comment. Gail Paech, RNAO president at the time, spoke of many questions "left unanswered."

"Our hearts go out to the parents who hoped for answers that would help put their grief to rest," she said in an editorial in RNAO News. "We also extend our sympathy to the many nurses who suffered unwarranted censure and damage to their reputation."

In an article that appeared on the front page of Toronto's *Globe and Mail*, June Callwood wrote of her interview with six nurses who testified at length at the hearings. They described the effects of the investigation on their careers and on their daily lives.

Nurse practitioners are nurses trained in additional skills such as physical assessment and history taking, routine diagnostic procedures, initiation of treatment for certain conditions, health teaching and counselling.

In the Seventies, the training of nurse practitioners reached its peak with six Canadian universities offering programs for nurses employed in the North.

There also were short-term courses to prepare the nurses to work with physicians in their private practices, and to play a role in community health clinics.

A 1982 study involving three McMaster University researchers points to the fact that "a higher ratio of nurse practitioners to physicians would reduce significantly the average cost of providing primary health care services."

Also, in view of the aging population, there possibly could be future savings since these nurses provide the services most needed by the elderly, as well as by women and infants.

The study finds that the nurse practitioner has been under-utilized in Canada.

The Nurse Practitioners' Association of Ontario has about 200 active members.

As a child, Jean Dunning of Ottawa recalls that she always wanted to become a nurse. During 12 years of nursing, however, she began to see her role as that of decision-maker and teacher.

After receiving her nursing diploma from Montreal's Royal Victoria Hospital, she became a staff nurse at Montreal Children's Hospital. Later she moved to the Critical Care unit of Toronto's Hospital for Sick Children, and then back to Ottawa and the cardiac unit of Ottawa Civic Hospital.

"Each time I moved I felt I had gone ahead, with new knowledge and skills gained."

After two years in the Intensive Care unit at Ottawa's Children's Hospital of Eastern Ontario, she decided she needed to go back to school, and in 1979 enrolled in a post-basic course at Ottawa University on a part-time basis, and with the help of a loan from RNAO's Permanent Education Fund.

The baccalaureate degree she received whetted her appetite for further educational experience, and she went after a master's degree in clinical nursing at the University of Toronto's school of nursing, receiving help along the way. As an alumna of the Royal Victoria Hospital, she rated some help — and received it. She also received a grant from the Heart Foundation.

Ms. Dunning now is assistant professor in the University of Ottawa's Faculty of Health Sciences.

What have the years of study meant to her? They "opened professional avenues to me that I never knew existed before. There are a lot of jobs open to me that were not before, and many new areas of practice. I know now that there are so many more things that nurses can do and are doing."

Where there's a will there's also a way to upgrade your expertise as a nurse and even to get a degree.

Ann Lutterman who obtained her nursing diploma from St. Mary's Hospital school of nursing in 1966, was attending McGill University when she married and moved to Toronto. Here she worked as a staff nurse at Mount Sinai Hospital, became connected with the Hospital for Sick Children, and then became a part-time clinical teacher at George Brown College (Nightingale Campus).

During this time she yearned to complete the two-year course leading to a Bachelor of Nursing degree she had begun in McGill. Finally with the help of a Permanent Education Fund grant from the RNAO, plus the co-operation of husband and family, she entered Ryerson School of Nursing in 1980.

"It wasn't all sun and roses," she said in an interview. And sometimes the dishes didn't get done, and the house got messy. But with her family's help she made it, and everyone was there to see her graduate.

She now works full time as a public health nurse in Scarborough's Public Health Department.

(credit) City of Toronto Department of Public Health

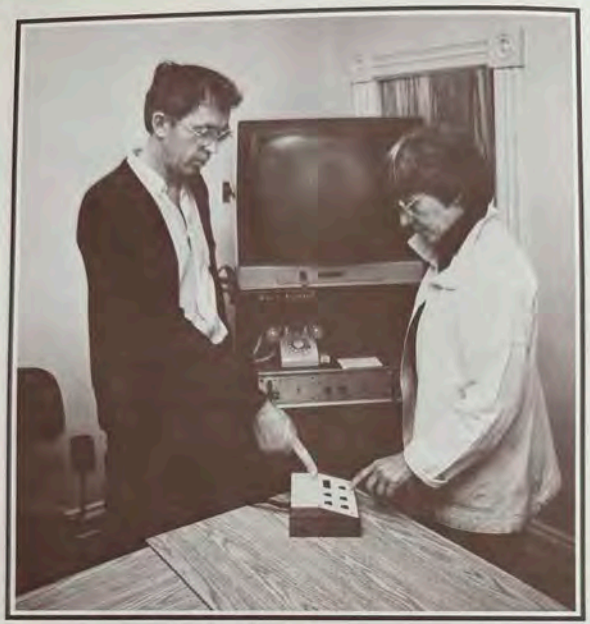
Down through the years the role of the public health nurse has always been tailored to fit the needs of the community, and in a multi-lingual city such as Toronto it is destined to go off in many directions.

For instance a public health nurse and a family planning community worker, who also happens to be an RN, run a program on health at an adult education centre where immigrants go to learn English.

The program began in 1981 after the principal at the school expressed concern to a public health inspector about students getting pregnant. Family planning classes were started, and soon the students also were being provided with information about their various health problems.

Instruction is given in preventive health measures such as the importance of knowing what diseases parents suffered from, keeping track of immunization, and giving a doctor all the information.

The two women look at health problems specifically as they may be related to the client's ethnic background. For instance, statistics have revealed that there's a tendency to high blood pressure among blacks. Also, those who come from other countries frequently find they put on a lot of weight in this land where the people don't walk any farther than the corner store, and spend a lot of time snacking in front of the televison set.



Teleconferencing is alive and flourishing in the Ottawa area where the University of Ottawa School of Nursing is offering teleconferencing credit courses to nurses.

The program began in 1982 with a review of the school's continuing education objectives, and the discovery that a great many nurses were committed to post-RN studies.

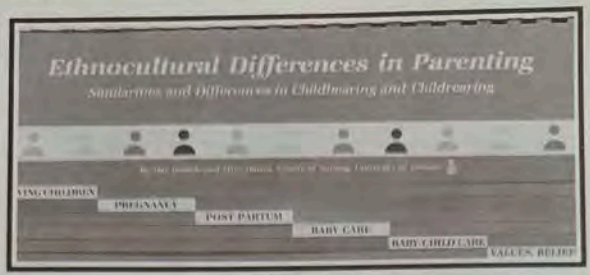
Dr. Marian McGee, director of the school, saw the possibilities for continuing education that existed within the university's teleconferencing equipment. The selling point was the capacity for interaction.

According to Dr. Beverly Du Gas, co-ordinator of the school's continuing education program, the setting must be as natural as possible. The teacher has a seen as well as an unseen audience, and it's the seen audience that creates the atmosphere of a real classroom.

Teaching by way of the teleconference medium requires considerable preparation, and both the course and the course outline must be well structured. During the class, an electronic blackboard can be used to relay messages — as they are written — to monitors in participating centres.

During the first year of the teleconference program three credit courses were offered in several centres in the Ottawa Valley.

Dr. Du Gas was enthusiastic about the students' response to the medium. She noted that the attrition rate was low — about 16 per cent during the first year; less than 10 per cent during the second. These statistics compared favorably with the 50 per cent drop-out rate for correspondence courses.



Memories of her early years as a nurse in a Red Cross Outpost on the edge of Algonquin Park, may have helped set the pattern of May Yoshida's interest in how members of ethnic communities cope with child-rearing, and led to her published study of "Ethnocultural Differences in Parenting".

The outpost of 300 people was a mixed community of French Canadians, Indians and Poles. It was there, and in outposts at Haliburton and Rainy River where she also nursed, that she discovered the "sheer helplessness" of trying to work with families whose customs were so very different.

"I was in there trying to teach people how to do everything I had learned how to do in nursing school, which was very Anglo-Saxon, North American middle class. What I was trying to preach wasn't working, and this got me realizing that somewhere in my life I wanted to learn a little more about human behavior."

A member of the University of Toronto's Faculty of Nursing, Professor Yoshida has a master's degree in maternal child nursing. Her study, done in co-operation with research associate Mary Davies, involved interviews over a five-year period with 50 families from each of the Portuguese, Jamaican and East Indian communities in Toronto, and also with 50 Canadian-born families. Many hours were spent discussing with the parents — particularly the mothers — what they believed a child should be like.

Mrs. Yoshida warned that if the nursing profession is to assist ethnic parents, health care must be consistent with a culture's beliefs about having and raising children, yet deliverable within the health care system.

The study is continuing.

For the last three years, six public health nurses have been running a storefront operation in Metropolitan Toronto.

It's a bright cheery place called York Centre for Health, and it's located on Oakwood Avenue in the northwest section of Metro, an area heavily populated with Italian immigrants, West Indians, plus a few Greeks and Portuguese.

The centre is 60 per cent funded by the municipality of York, and 40 per cent by the Ontario Government. "The emphasis is on prevention," said co-ordinator Elaine Pollett who has a master's degree in nursing science from the University of British Columbia.

The project was begun to improve the level of wellness among the people, "with a mandate to offer health education and health promotion programs."

People don't need an appointment to come to this drop-in centre. Nor do they have to pay anything. If they need medical attention or any other help, they will be referred to the right person.

In a sense, the centre is creating a neighborhood in an area where until now, individuals have tended to go their own ways. Programs have been started for older men and women. Parents' groups have been begun, and weight-loss meetings have been held for adults and teen-agers.

Mrs. Pollett pointed out that all the groups now under way were started because people asked for them.

Until Project Turnabout stepped into the picture three years ago, very little was available for nurses who were having problems with alcohol or other drugs. Set up by Janet Gaskin, head of nursing at the Addiction Research Foundation's Clinical Institute (Toronto), as a collaborative project by CNO, OARNA, ONA and RNAO, the program was organized by nurses for nurses. Similar programs have been functioning in the United States for the last six years.

However in Canada there are no available statistics that tell how many nurses do have a problem with alcohol dependence. Ms. Gaskin believes the success of the Project has proven that a problem exists.

When it was set up she expected about 10 people to turn up the first year. Instead more than 50 came for treatment from around the province.

Ms. Gaskin, a sociologist as well as a nurse, feels there is a particular problem with nurses' attitudes toward their colleagues who are drug dependent. "We have to begin to support each other to deal with stress in our lives. Our attitudes toward people with a drug dependent problem is terrible. It's even worse if the person happens to be a health professional. As nurses we feel we should never show any signs of sadness or anger or any of the human emotions. We sit there and listen to everyone else's troubles, but nurses are not supportive of other nurses."

Nurses with a problem feel they have no one they can look to for help. "They won't use the health care system because they're afraid of being recognized. Our attitude toward these nurses is real disdain, as if it makes us reflect on our own vulnerabililty. We have to stop pretending we're perfect."

Project Turnabout operates a 24-hour hot-line, and the number is (416) 595-6026. Those who phone need only give their first name. "I don't ask for any identifying information until they come here and we begin our interview," Ms. Gaskin said. Representatives from nursing organizations across the province, including RNAO, were on the Project's planning committee.

(credit) Lou Scaglione

Never in Cindy Guernsey's wildest dreams had she thought that being a nurse in the burn unit at Toronto's Hospital for Sick Children might lead to a trip to Burma.

Then Lin and Win Htut, the Siamese twins from Burma, were placed in the unit to recuperate from the operation that separated them.

"So many people wanted to get a look at the three-year-olds — staff as well as members of the public — that they were brought to the burn unit for greater privacy. It could be closed off," Miss Guernsey said.

As the weeks passed the children learned a few words of English. They also saw a bit of Toronto because the nurses took them to Harbourfront, and on other outings, so they'd become accustomed to living away from an institution.

They were taken to restaurants and private homes. "We also took them to a grocery store so they could see that food doesn't just come in a big silver cart," Miss Guernsey said.

Lin, the little boy, flew home accompanied by nurse Alison Miller, who stayed two weeks in Burma to help him become accustomed to his surroundings. Win, the little girl, returned a few months later with Miss Guernsey.

While the twins were in Canada, the nurses kept their parents (who were in Burma) supplied with pictures and samples of the art work the children were doing over the many months they were away from their home.

The 17-hour operation that separated them took place in July 1984.

The rewards of lobbying indeed are sweet — as nurses across Canada have found out. After months of vigorously pursuing members of parliament and health ministers in both the federal and provincial governments, nurses and other health care workers succeeded in bringing about a redefining of certain aspects of the Canada Health Act.

Specifically, passage of the Health Practitioner Amendments to the Act entrench in national legislation the concept of one category of health care practitioners, with nurses, physiotherapists, physicians and dentists in sub-categories.

For nurses, these amendments mean that for the first time providers other than medical practitioners and dentists are acknowledged in federal legislation. They also mean there is federal consensus that there is a need to redirect the health care system from physician and hospital and acute care dominance to further development of multi-disciplinary community and home-based care with nurses and others as a first point of contact for assessment and referral or care.

The campaign in Ontario involved RNAO members from all parts of the province. They held public meetings, sent out news releases, wrote letters to newspaper editors, got in touch with their members of Parliament and public officials by telephone, letter and in person.

(credit) Orangeville Citizen

When a tornado swept through the Barrie and Orangeville areas on May 31, 1985, everyone was taken by surprise — everyone that is except those working in the hospitals.

The fact is that in order to be accredited, all hospitals in Ontario must have a contingency plan in case some disaster occurs either in the hospital itself or the surrounding community.

Consequently staffs at both the Royal Victoria Hospital in Barrie, and the Dufferin Area Hospital in Orangeville, knew exactly what to do when the storm began wreaking its path of destruction across that part of Ontario.

At its height, and shortly afterwards, about 150 persons were brought into the Barrie hospital, some suffering merely bumps and bruises, others with more serious injuries.

As soon as the tornado hit, staff members in both hospitals didn't wait to be notified but hurried to their appointed posts.

At the Orangeville hospital, nursing co-ordinator Elizabeth Frid said their plan called for a delegation of staff members. Whether nurses, physicians or persons from other departments, they were delegated to their special duties as soon as they arrived.

Seventy victims were brought in by car to the hospital, which has 113 beds — 18 of them for continuing care.

Emergency carts prepared for disaster were rolled into place, and although no operations were performed, the operating room was ready and surgical staff was standing by.

Nurses, past and present, will once again be gathering in Welland from all over North America this spring for another reunion of the Mack Alumnae Association.

In 1985 there were 250 — from as far west as Victoria and as far south as the Virgin Islands — exchanging reminiscences over drinks and a four-course dinner in the flower-bedecked cafeteria of the Niagara College of Applied Arts and Technology where they have met annually for the last seven years.

The earliest graduate at the 1985 meeting was 87-year-old Caroline Freel Buchanan of Niagara-On-The-Lake, who graduated in 1919 from the Mack Training School for Nurses. The school's history goes back to the middle of the last century when the Welland Canal was under construction and the St. Catharines General and Marine Hospital was set up to cope with the accidents that occurred, and to handle the needs of sailors coming into the area.

Disasters strike "with brutal suddenness, bringing death, destruction and much human suffering," says the introduction to guidelines for disaster nursing prepared nearly 20 years ago.

The chemical spill at Bhopal, India, and the tornado that struck Ontario in 1985, are only two of all too many recent examples of such man-made and natural disasters. Nursing is central to the emergency and follow-up care of disaster victims.

A federally sponsored project to include Disaster Nursing in the basic nursing curriculum that began in 1956, initially leaned heavily on wartime experience. Evelyn A. Pepper of Ottawa, who established the program of courses, had plenty of wartime experience to draw on.

A 1928 graduate of Ottawa Civic Hospital, she served overseas in the Second World War with the Canadian forces for six years, first in Britain then throughout the Sicilian-Italian campaign and finally in Northwest Europe and back to England. Ms. Pepper was in the second battle at Arnhem and the liberation of Holland.

She received the Royal Red Cross for her service overseas, and represented The Nursing Sisters Association of Canada during the first visit to Canada as Queen by Her Majesty Elizabeth II.

In 1946 Ms. Pepper took hospital administration at McGill University and afterwards joined the Department of National Health and Welfare. She remained with the department as Nursing Consultant of Emergency Health Services until her retirement in 1970. The courses she designed for nurse educators were given at the Canadian Emergency Measures College, Arnprior, Ont. By the late 1960s more than 1,200 nursing school teachers had taken the course and nearly 80 per cent of university and hospital schools of nursing incorporated "disaster nursing" in their basic curricula.

Self-directed learning is the idea behind the nursing program at Ryerson Polytechnical Institute and, as the students themselves agree, it leads to greater independence of thought and action.

Jacqueline Parker is a 1985 graduate from the diploma nursing course. She also has signed up for Ryerson's degree course in nursing which she plans to take part time while holding down a job as staff nurse at the Hosital for Sick Children.

In her studies she will concentrate on areas such as the child and his family. Another 1985 graduate from the Ryerson diploma course is Norman Guntensperger who like Miss Parker, came into the program with a university degree — Miss Parker has a Bachelor of Science degree from the University of Toronto, and Mr. Guntensperger, who originally planned to teach, has a baccalaureate in English literature from the same university.

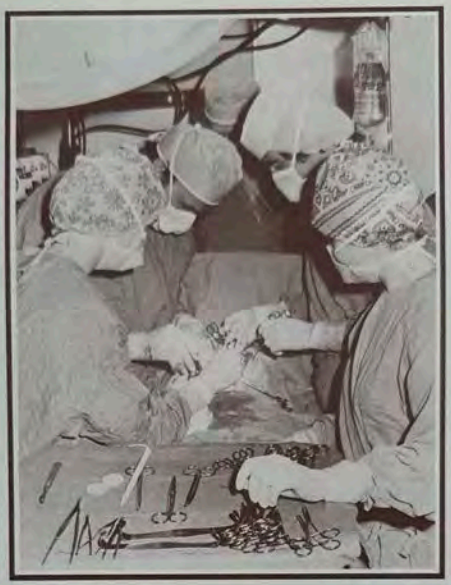
Mr. Guntensperger became interested in working in the Third World, and soon realized he needed some practical skills such as nursing if he wanted to be useful there. He took the two-year diploma program at Ryerson, and now is working as an RN in a Toronto hospital. He is interested in learning more about intensive care and psychiatric nursing, and expects to be taking quite a few courses in the months ahead.

Networking is the art of making connections with individuals who happen to be on the same wave-length as you. In the case of nurses it reaches global proportions in the International Council of Nurses, whose 18th Quadrennial Congress in 1985 in Tel Aviv drew 2,500 nurses from 60 countries around the world.

President Pat Kirkby, past president Gail Paech, and executive director Gail Donner, represented the RNAO at the sessions, which included discussions on how nurses are helping to meet society's needs by dealing with governments, and by their own endeavors to influence consumers of health care to support the changes that are needed.

Although "networking" is the current buzz-word, the art of making contact with others who share the same interests has been going on among nurses for a very long time. In 1929 the Canadian Nurses' Association played host to the International Council in Montreal, and once again in 1969.

The next meeting of the International Council will be in Seoul in 1989.



"Retractor, nurse . . . forceps . . ."

Almost since surgery began, nurses have played their role.

In Canada, the first recorded surgical operation was in the early 17th century, when Michel Sarrazin in Quebec removed the cancerous breast of a nun — without anesthesia.

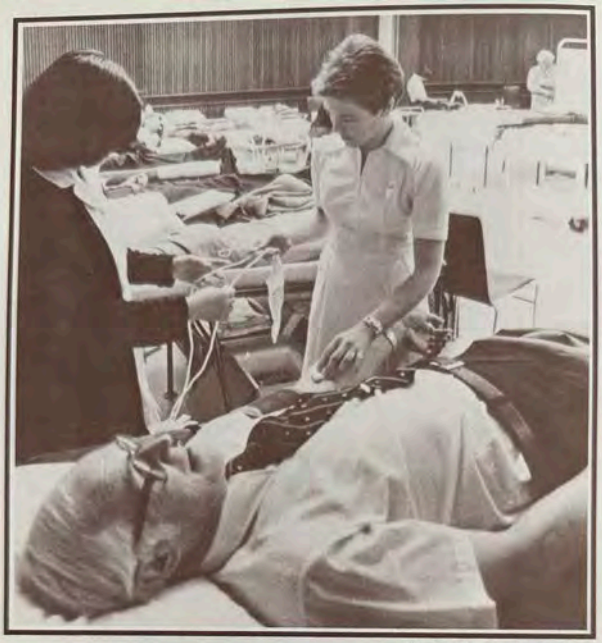
Now, it's new hearts for old, new kidneys . . .

Organ transplantation has dramatically extended the frontiers of surgery and the list of possible organ transplants grows all the time.

Kidney transplantation between identical twins marked the first successful organ transplantation 30 years ago.

Today, kidney transplantation has become routine. With increasing surgical skill and, more important, with improved control of rejection of foreign tissue, organ transplantation is gradually being extended successfully to many other organs.

Liver transplants are becoming more common, joint transplants are extremely successful and slowly lung transplantation is becoming accepted. Human heart transplantation may one day be superseded by artificial hearts, but the surgical nurse will still be needed.

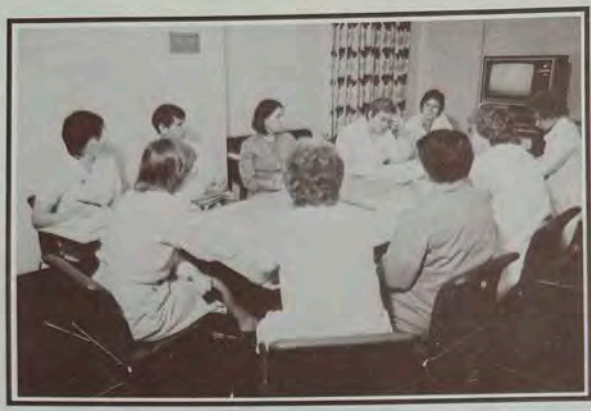


(credit) Canadian Red Cross Society

The Canadian Red Cross Society has been the prime taker and giver of blood in this country for nearly half a century.

Modern blood donor clinics are set up in shopping malls, and offices, wherever it's most convenient for people to make donations. A registered nurse takes the blood from the donor who after a short rest, a cup of coffee and a cookie, goes on about his business.

New technology has enhanced even more the value of a single donation of blood, the components of which may be able to satisfy the needs of several individuals.



One of the few persons engaged in nursing research full time is Heather Ogilvie, who holds a doctorate degree in preventive medicine and community health from the University of Texas (Medical Branch), and is director of nursing research at Ottawa Civic Hospital.

Under her supervision, studies within the hospital have been undertaken in a variety of areas. For instance, in the Obstetrical Department data has been collected on the value of routinely giving newborn infants complete baths while they are in hospital.

Those engaged in nursing research at the Civic keep close touch with research going on at the University of Ottawa school of nursing. At the hospital's regular research committee meetings there is always a representative from the University committee. In turn, someone from the Civic's committee (usually Dr. Ogilvie) attends the meetings of those doing nursing research at the University.

(credit) DND Photo

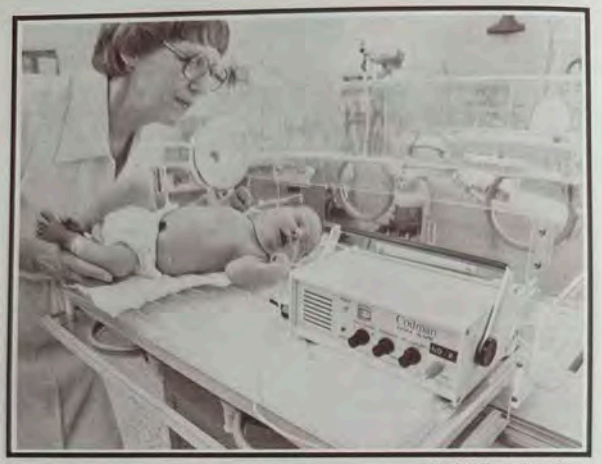
People are jetting off in all directions these days and, besides bringing back presents for family and friends, sometimes they return with gifts of exotic diseases that nobody wants.

Consequently, when a person arrives from abroad and appears to be ailing from something unknown, a nurse may pop him into a stretcher isolator right at the airport until his problem has been identified.

In one of these womb-like containers the individual is totally encased in plastic with all the air being extracted by filters in such a way that viruses or bacteria are prevented from getting into the environment.

A stretcher isolator is available at every international airport. There also are transit isolators that can be placed in an aircraft and moved from one area to another.

Health and Welfare Canada also pays to maintain and staff a bed isolator at the National Defence Medical Centre in Ottawa.



(credit) The North Bay Nugget

Some newborn babies have difficulty breathing regularly; every now and then they just stop and then they need a touch or a little jiggle to get them started again.

When this happens — it is usually a premature baby — the infant is put into an incubator on a special mattress wired into an apnea monitor. In the picture Laurena Montgomery, former head nurse in the Newborn-Neo Natal Unit of St. Joseph's General Hospital in North Bay, illustrates with a healthy five-day-old baby how a child is put on the mattress that is wired into the monitor.

The incubator keeps the baby at a constant temperature and humidity while the monitor warns the attending nurse when the baby has stopped breathing. As babies get older and their systems mature they usually grow out of breathing problems like this.

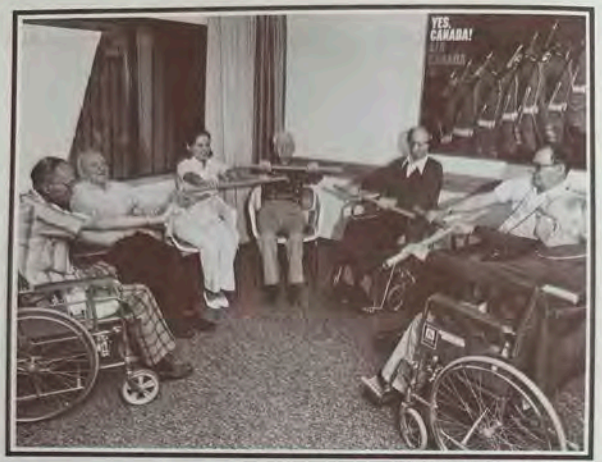
Nursing practice is "what nurses do when they perform nursing. I think nursing is a nurse-patient interaction that stems from assessment of the patient's needs and levels of function."

The speaker is Josephine Flaherty, nurse and academic, who holds a degree in history as well as a master's and doctorate in various education areas. She is a former dean of the University of Western Ontario's Faculty of Nursing, and a former president of the RNAO. In her present position as Principal Nursing Officer for Health and Welfare Canada, she is chief representative and spokesman for the Federal Government for all matters related to health and nursing. A large part of her work "lies in telling people what other people are doing, and in getting people working together."

Where nursing is concerned, Dr. Flaherty's biggest interest is in the promotion of competent nursing practice. This "nurse-patient interaction" creates an involvement of two people — "there's something going on between them." This enables the nurse to use "nursing care strategies" to help patients adapt to their situation to the optimum degree. The nurse does this through modification and reinforcement both of patients' behavior and environment as well as through biological care and maintenance.

"It's not just a matter of picking up an arm, sticking in a needle, and leaving. Something has to be happening. A nurse has to be constantly watching to see if what she is doing is working, and if it isn't she should try something else. That's the nursing process."

Dr. Flaherty said nurses and physicians approach the patient very differently. "Physicians come in to cure, but nurses are there to care for people — whether the patient is cured or going to die, the nurse is there to help the person live with the situation."



(credit) Health Sciences Media Service, Sunnybrook Medical Centre, University of Toronto

A new breed of nurse has come on the scene. She is the clinical nurse specialist who, if she happens to be Donna Crinklaw Wiancko, has a master's degree in nursing from the Univerity of Western Ontario, and has chosen gerontology as her specialty. Mrs. Wiancko works in the Extended Care Department at Sunnybrook Medical Centre.

Sometimes she may be called in as practitioner-consultant to nurses on a ward where a patient has perhaps become aggressive or confused for no apparent reason. "In one case we charted over a period of time what seemed to precipitate these behaviors, and what they were like," Mrs. Wiancko said. "What did he say at the time? What happened afterward? How did the nurse react? Then we provided the physician with the information. Our assessment would guide him in making his diagnosis and prescribing a course of treatment."

A clinical nurse specialist also does research. Mrs. Wiancko has set up several of what she calls "mini-studies." In one instance a group of elderly patients took part in an exercise program. As one of the exercises, they were encouraged to throw a ball back and forth, but they were also told this wasn't just a child's game they were being asked to play. Actually they were working to improve hand and eye co-ordination. Once they realized what they were doing had some meaning, Mrs. Wiancko said it was "wonderful to see the change in hand and eye movement."

"The goal of the clinical nurse specialist is excellence in patient care," Mrs. Wiancko said.

A Women's Wellness Weekend at Kempenfelt Conference Centre, 12 miles southeast of Barrie, grew out of Nurse Practitioner Shirley Blain's commitment to health and physical fitness.

Ms. Blain believes that people enjoy life more, have less illness, fewer accidents, and cope with stress better if they also possess a lifestyle that includes well-balanced meals, positive outlook, and daily exercise.

These were some of the ideas incorporated into the weekend she had planned and which drew 45 nurses, social workers and teachers from different parts of the province.

Besides seminars on topics such as nutrition and stress, there also were fitness classes and dance-fit breaks.

Ms. Blain is co-ordinator of the Health and Fitness Centre at Seneca Community College, and has a broad background in nursing. She has been a surgical head nurse and a Trans-Canada Airlines stewardess, as well as a camp nurse, and a clinical nurse for unmarried mothers.

"We call ourselves Nurses for Social Responsibility," said Cathy Crowe, a graduate of the two-year baccalaureate program in Ryerson Polytechnical Institute's school of nursing. The summer of '85, she and some other nurses joined peace activists who were out painting shadow figures on Toronto sidewalks as a reminder that Nagasaki and Hiroshima must never happen again.

Ms. Crowe, together with Mary Dahonick, Bonnie Burgess and Laura Cowan — graduates of the nursing program at George Brown Community College — make up the core of the new organization which Ms. Crowe said is mainly interested in the Peace Movement. "We're trying to involve other nurses in its activities".

The young women put their paintings on sidewalks near the hospitals on University Avenue. "Until recently nurses haven't linked the broader political issues to health," Ms. Crowe said. "Hiroshima represents so vividly the medical results of nuclear war. We think hospital nurses in particular could relate really quickly to a description of what a burn victim would be like."

Ms. Crowe is a public health nurse with South Riverdale Community Health Centre.

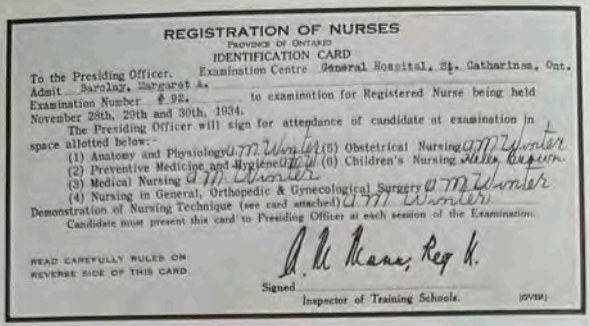
"It's as if what she said touched a nerve in my brain that had been raw and hurting," the woman said. "Suddenly there was light in the world again, the heaviness lifted a little. I found it possible even to smile."

The woman was middle-aged, and her son had just been committed to a mental institution. She was in the midst of telling her troubles to the psychiatric nurse when the nurse made what seemed like quite an insignificant remark. Yet it was enough to send the woman on her way with a lighter step, and a more cheerful feeling inside.

For the psychiatric nurse, being able to say just the right thing at the right time is a necessity. "The nurse must be able to assess how family members feel about the situation. She must be able to look at the words that are being said as well as the way they are being said, and to make a quick assessment about what it all means," said Joanne Shaw, who from 1980 to '83 was acting director of nursing at Whitby Psychiatric Hospital.

To achieve this insight the nurse may have to work through problems of her own in reaching an understanding of psychiatric patients whose illness may make them difficult or even obstreperous.

This has been made the subject of a study by Professor Ruth Gallop of the University of Toronto Faculty of Nursing, and Francine Wynn, clinical tutor with the faculty. "When we talked to the nurses we found these difficult patients generated intense feelings in the nurse that made her question both her competence and her ability to feel in control or in charge of the situation," Professor Gallop said. "We felt we needed to explore further how the nurse explains the patient's behavior to herself, and how she plans and evaluates her interventions with these difficult parients." The study is continuing.



REGISTRATION OF NURSES

PROVINCE OF ONTARIO

IDENTIFICATION CARD

To the Presiding Officer. Examination Centre General Hospital, St. Catharines, Ont.

Admit Barclay, Margaret A.

Examination Number # 92. to examination for Registered Nurse being held November 28th, 29th and 30th, 1934.

The Presiding Officer will sign for attendance of candidate at examination in space allotted below:-

(1) Anatomy and Physiology C. M. Winter (5) Obstetrical Nursing C. M. Winter

(2) Preventive Medicine and Hygiene C. M. Winter (6) Children's Nursing Miss Ferguson

(3) Medical Nursing C. M. Winter

(4) Nursing in General, Orthopedic & Gynecological Surgery C. M. Winter

Demonstration of Nursing Technique (see card attached) C. M. Winter

Candidate must present this card to Presiding Officer at each session of the Examination.

READ CAREFULLY RULES ON REVERSE SIDE OF THIS CARD.

Signed C. M. Winter, Reg N.

Inspector of Training Schools.

(OVER)

If you're a student nurse, the last hurdle before you can put RN after your name is the examination you have to write.

Across the province, four times a year, the College of Nurses of Ontario rents space in university auditoriums, local arenas — any area that's large enough — for these examinations.

Nowadays about 3,500 nurse candidates sit annually for these exams. The questions require responses very different from the essay-type answers expected of a student of a half century ago. Now it's all multiple choice, and computer operated. Questions are put on sheets and the answers are optically scanned and scored.

As with everything else these days, the annual registration fee costs more than it did 50 years ago. Then it was $5 but now it's $35.

Every registered nurse carries with her a wallet-sized Certificate of Competence which she must renew annually.

(credit) St. Catharines Standard
St. Catharines, Ontario
Denis Cahill, Staff Photographer

It may be chic for women to go without hats as most do nowadays, but as far as one older nurse is concerned, a nurse on duty should never be without her cap.

"It's her badge, her mark of professionalism," she said. "It sets her apart from the ward aides, and the social workers in the hospital. They are all doing a very good job in their own field but I would like the nurses to be distinctive so they can be spotted by visitors, or family, or another nurse."

The same nurse was distressed that many hospitals are dropping the cap. "That's the distinguishing feature. We know what school they came from." She suggests now that nurses are being trained in community colleges, "a college cap would distinguish them one from another."

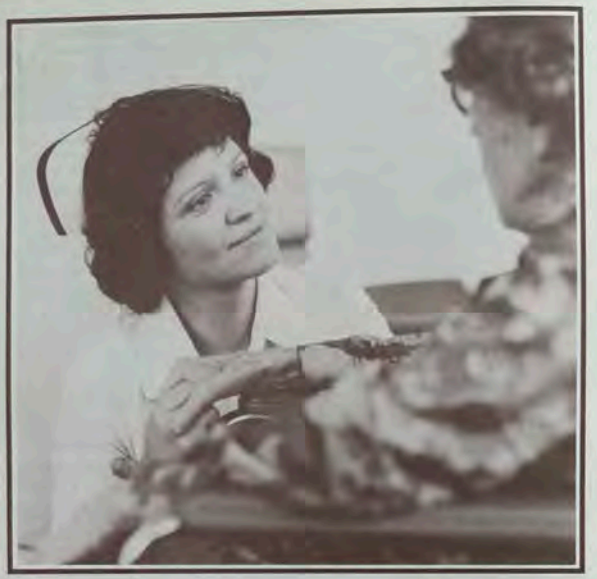
The cap is part of the ritual connected with becoming a nurse. Historically, a nurse began as a humble probationer who hadn't yet earned the right to wear a cap. First came six months of proving she was the right stuff — kept her head in emergencies and didn't faint at the sight of blood, that sort of thing.

Then she was presented with her cap at a capping ceremony. Somewhere along the way she also had to memorize the Florence Nightingale Pledge and light a candle from another candle in a holder shaped like the one the famous Lady of The Lamp held in the Crimean War.

Some girls had colored ribbons on the cap, and you could tell from these whether it was a junior or student nurse who took your temperature.

Many graduate nurses wore a narrow black ribbon on their cap. Black, some said, was in mourning for Florence Nightingale.

Not so at the Royal Victoria Hospital in Montreal where nurses have never worn caps with black ribbons. The Royal Victoria was named after Queen Victoria herself, and rumor has it that Vickie never liked Florence.



After seeing patients in the terminal stages of their illness, lying alone in private rooms waiting to hear the results of tests, one nurse made up her mind to specialize in palliative care.

"As a nurse you knew the reports were back but somebody — maybe a family member or the physician — often didn't have the courage to say, 'Well, the reports are back and this is what's been found,'" said this nurse who switched from surgical nursing, and went on to spend 10 years in the 36-bed palliative care unit at Toronto's Riverdale Hospital, which offers chronic and convalescent care.

The Riverdale unit is for men and women, some as young as 30 and others in their 90s. The average age is between 68 and 70.

The multi-disciplinary staff is headed by a physician and includes registered nurses, registered nursing assistants, social workers, dietitians, and the hospital chaplain among others.

Part of the nurse's responsibility is to help the patients make the most of what may seem just a little capability, and also to help them set realistic goals, "not have false hopes but hope within a realistic framework."

For friends at a loss how to approach someone who is terminally ill, the nurse advised: "You must meet the patient and family where they're at. And take time to understand and appreciate how they're coping with the situation. Only then can you assess what is appropriate, and know how to communicate with them."

The Riverdale unit has established a "bereavement follow-up" when specially trained volunteers will phone family members after the death, and may visit the home if that seems the right thing to do. Two or three months later there is a kind of memorial service for family and friends. Family members will be invited to take part in the non-denominational service which is on a voluntary basis; members of the nursing staff may read a prayer, a passage from the Bible, or a poem.

(credit) Hospital for Sick Children

Teen-agers know about the Pill but other than that they know very little about birth control, says Nurse Practitioner Shirley Wheatley of Sheridan College, Brampton campus.

Mrs. Wheatley's former job at the Hospital for Sick Children's Teen (Adolescent Medicine) Clinic was chiefly to counsel young people on matters related to reproduction such as pregnancy, birth control, and sexually transmitted diseases.

Young people are becoming sexually involved at an earlier age. "We had seen many more 14 and 15-year-olds than we saw prior to 1976," she said. "I try to do a lot of talking to these kids. I tell them that it's okay to say no, that not all teen-agers are involved sexually, and that it's all right to wait."

She found it frustrating to discover so little knowledge among teen-ager's about their own bodies, and about the birth control devices available besides the Pill.

The clinic also has young people coming in with the eating disorders anorexia and bulimia. "Kids come in for what seem to be physical problems, and then you scratch the surface and you see adolescent adjustment problems. Often you need to help the family as well."

Mrs. Wheatley said she believes there should be more drug rehabilitation programs for children under 16, "and that's the group we're having the biggest problem with."

The clinic is open from 9 a.m. to 5:30 p.m., five days a week.

(credit) City of Toronto Department of Public Health

Will he make the basketball team? The height of this growing adolescent is being checked out by one of the City of Toronto's public health nurses who keeps a watchful eye on the health of all students at the schools she visits.

Besides going to the nurse with their physical problems, girls and boys often drop by her office to discuss personal worries. At a time when sexually active teenagers are on the increase, the nurse is there to offer information and advice — when it is asked for.

Nurses have always figured prominently in the life of the elementary and high schools. One of their duties is to make sure students have been immunized for mumps, measles, diphtheria, tetanus and polio.

Public health nurses have a baccalaureate degree in nursing, plus the knowledge they have gained through experience, and the various specialty courses they have taken along the way.

For the elderly and the poor, the nurse is often the life-line to needed help — such as a neighbor looking in from time to time, or a daily delivery from Meals-On-Wheels.

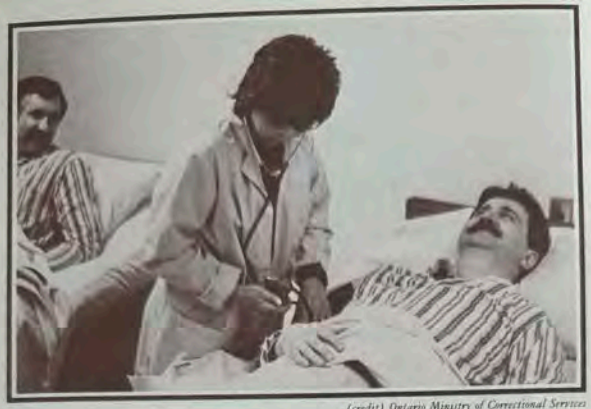
"We called ourselves industrial nurses. Later the name was changed, and we became occupational health nurses. We looked after everything that occurred in the plant. We had many lacerations and broken bones because during the war they were building tanks and planes. The spraying done on the tanks caused trouble because while the men were provided with masks, they wouldn't keep them on. We had trouble with women because they wouldn't keep nets on their hair."

— *From an RN working in industry during the Second World War.*

Across Ontario there are about 1,800 RNs working as occupational health nurses. Some are in colleges and universities where they are in charge of an employees' health service. Others are in office towers and on construction sites.

The occupational health nurse must be aware of the new technology and how it affects both employees and the employer. Whether it be through medical surveillance of employees for the possible effects of toxic substances, through air monitoring, or through health education, the nurse in the work place is concerned with keeping employees healthy and safe.

According to one nurse, from 40 to 50 per cent of the work involves dealing with social problems such as alcoholism, drugs among the workers' children, and other family problems. When employees have family difficulties they bring these to work, which makes them less productive on the job. Nurses are not qualified to deal with complex personal problems, but they can refer the individual to someone who can help.



(credit) Ontario Ministry of Correctional Services

After several years as a hospital nurse and teacher of nurses in western Canada, Pauline Rossander became a student at the University of Waterloo where she graduated with a master's degree in psychology. Then she went looking for a job where she could apply what she had learned "and perhaps be more autonomous than in a hospital structure."

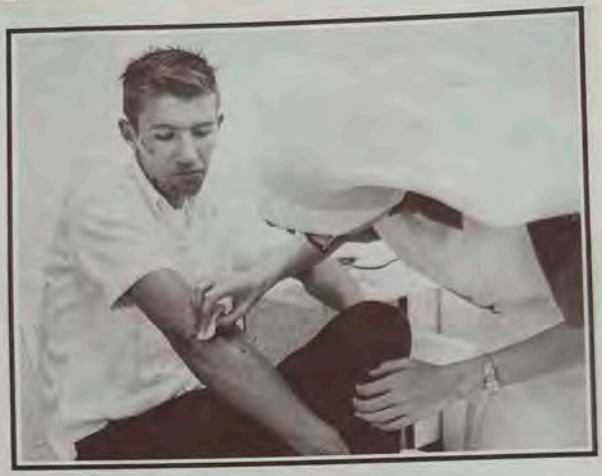
She was hired by Guelph Correctional Centre which has 600 inmates, and where as health care co-ordinator she heads a staff of 12 other nurses. Except for a stint in Toronto as nursing consultant to the Ministry of Correctional Services, she has been there nine years.

Any nurse working in a correctional institution has to know what's going on with the inmates besides their health, and that being prisoners affects their well being and behavior. "They are separated from their friends and families. They have very little privacy, most of their mail is read, and anything they write is read before it is sent out."

Inmates, too, have their own sub-culture and most fit into that culture or they face a pressure from other inmates. "They are facing all kinds of pressures. And if they are in a detention centre or jail they may be worrying about the outcome of being in court; if they are innocent they're feeling they've been wronged."

Some psychiatric training is helpful to nurses "to understand some of the things going on with the men and women in these institutions," Mrs. Rossander said.

About 200 nurses, 10 of them men, work in the 50 institutions run by the province.



"We tend to show up where anyone thinks we're needed," said Anne Graham. She is an area nursing officer of the St. John Ambulance Brigade for the Peterborough district, a registered nurse, and a 1954 graduate of Peterborough Civic Hospital's school of nursing. For 20 years she has been a volunteer member of the brigade, and wears its trim grey uniform. Not, however, the veil which disappeared about 15 years ago. Nowadays women on duty wear a kind of grey beret, and sometimes no headgear at all.

As an area nursing officer Mrs. Graham is in nominal control of nursing matters for the brigade in the Central Ontario region, which encompasses the area between Peterborough and Parry Sound, and stretches as far as Collingwood and Toronto.

Much of her work involves teaching the St. John principles of first aid and health care to the volunteers one sees wherever there are large gatherings of people, such as at baseball games and at the Canadian National Exhibition.

Around Peterborough the volunteers attend such events as the ice floe races in mid-March. "We usually have a first aid post there," Mrs. Graham said. "Mostly we get cases of cold exposure. One year we had someone with a fractured ankle."

Mrs. Graham figures she puts in about 20 hours of volunteer work a week. One of her duties is to visit restaurants, where she teaches staff members such things as what to do should someone choke on his food. She also appears regularly on the local television station where she gives first aid information.

Nurses and their organizations go back a long way in Ontario.

Did you know the Graduate Nurses Association of Ontario was formed in 1904, and that through its efforts the Nurses Registration Act was passed by the Ontario Government in 1922?

1925 — The Ontario association's name was changed to the Registered Nurses' Association of Ontario.

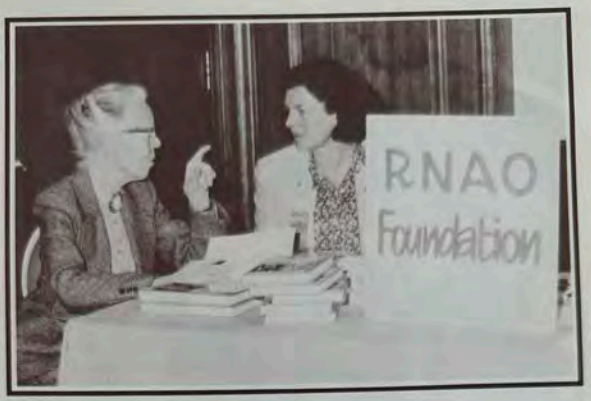
1930 — An RNAO committee was formed to create a loan fund — now known as the Permanent Education Fund — to help members finance post-basic courses in nursing.

1951 — The Nurses Registration Act was passed, giving the RNAO responsibility for making regulations regarding standards of admission to schools of nursing for the courses of study in these schools, for the setting of examinations for registration, for the issuing, renewing and cancelling of certificates of registration.

1956 — The RNAO Foundation was established to enrich and expand the quality of nursing.

1973 — The Ontario Nurses' Association was founded as a collective bargaining agent, following on years of assistance the RNAO gave nurses, during which it helped them bargain with their employer under the Labour Relations Act.

1982 — RNAO membership tripled when ONA members were admitted on a group membership basis. It now stands at well over 51,000.



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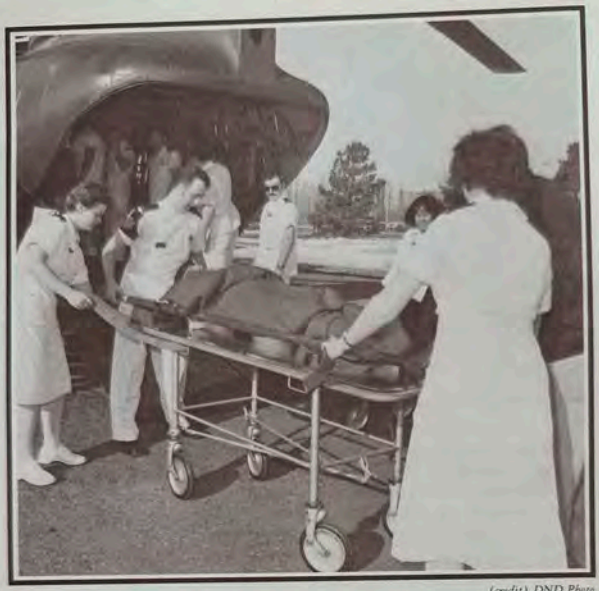

(credit) DND Photo

An aeromedical evacuation course at Canadian Forces Base, Trenton is available to nurses who are in the Canadian Forces Medical Service. This allows them to become part of a medical evacuation team which usually consists of one nurse and two medical assistants.

In this course the nurses learn how to put patients into every type of aircraft, and utilize the space to the patient's advantage.

"They also know at what altitudes disease conditions travel best, and if a patient is getting into trouble they can order the pilot to descend or rise," said Major Lynn Houghton who at the time of the interview was nursing supervisor in the critical care area, National Defence Medical Centre, Ottawa.

She said it is not a long course but that it is a specialty with Canadian Forces nurses. About 100 have had the course in Canada. "We only train a nurse if she is going to be posted to an air evacuation flying base."

About 350 nurses are in the CFMS. Some are in intensive care, and in medical/surgical units. Others are in community health, emergency and flight nursing.

To become a CFMS officer a nurse must be a graduate registered nurse, and a member of her provincial nurses' association. Nurses start as officer cadets, and get their basic officers' course in Chilliwack, B.C.

(credit) Northern College of Applied Arts and Technology, Campus of James Bay Education Centre, Moosonee

Break-up and freeze-up are critical times of the year for student nurses in a diploma nursing course run by Northern College of Applied Arts and Technology on the western fringe of James Bay.

The problem is the extremes in weather, and the fact that half the students live in Moosonee where the academic part of the course is given at the James Bay Educational Centre; the other students live across the Moose River at Moose Factory which is also the location of the 90-bed hospital where the students get their clinical training. In winter there is an ice road across the river which is a mile wide. However when spring break-up comes, and again at freeze-up time, the river is filled with chunks of ice, making any kind of travel hazardous.

Thirteen students, including one man who is an ambulance driver, are in the three-year course. On their uniforms they wear the yellow crest of the program which they designed themselves. The words "Moosonee" and "Moose Factory" are written in the Cree language. The goose in flight represents the Indian class' association with creatures of the environment. The class is made up chiefly of native women between the ages of 20 and 45. Most have a Grade 12 education, and several have been trained as Registered Nursing Assistants. On graduation most of the students probably will be given jobs in the local hospital.

(credit) Health and Welfare Canada

It's 11 o'clock at night and all the skidoos in the community are out on the frozen lake, lined up in two rows with their lights on, so the pilot in the twin-engine plane circling overhead will know where to land.

Nurse Maureen Morewood is in that plane. She has come in answer to a phone call from the nursing station 100 miles away at Big Trout Lake. A young woman, 34 weeks pregnant, is bleeding, and her blood pressure is dropping.

"The community health representative who was there had never started an IV, so over the phone I told her how to set one up," Ms. Morewood said. "Then I talked to the pilot, and off we went. I was able to stabilize her, and we brought her back to Big Trout Lake where the doctor from Sioux Lookout met us and flew with her in a bigger plane to Winnipeg. The baby died but the Mum was saved — she was only 18."

Such is life working as a nurse with Canada's Medical Services Branch in the outlying and northern areas of the country. Ms. Morewood has been up there five years, and says that once the North gets into your blood you never want to leave.

For three years she was at the nursing station at Big Trout Lake. Later she became nursing officer in Sioux Lookout, a town of 3,000 lying 350 miles north of Thunder Bay and 300 miles east of Winnipeg. There are 27 Indian reserves in the surrounding area with a population of 12,000, most of whom are Ojibway and Cree.

From two to five nurses staff each of the 10 nursing stations that provide health care in the area. Nurses are hired for the North because of their obstetrical background. Ms. Morewood received her nursing and midwifery training in her native England. The nurse in the North works in a very much expanded role. "And we're not just talking about midwifery, but nurses do suturing, and chest X-rays, also minor lab work. Some are able to put in IUDs.

"You're even a little bit of a veterinarian too," she added, remembering the technicians at the weather station at Big Trout Lake who invited her to lunch one day. "They wanted me to bring a few syringes and needles because they'd all got their dogs and cats together. The nurse gets involved with a little bit of everything."

(credit) City of Toronto Dept. of Public Health

"How do I hold my baby? . . . When he cries should I pick him up?" Young mothers have lots of questions to ask about their newborn babies, and they have lots to learn before they are ready to take them home.

The nurse in the picture is showing a group of mothers how to bathe a tiny baby. This kind of demonstration, where the new mothers also get a chance to practice, is standard procedure in most obstetrical wards.

The nurse also shows mothers how to prepare formula, how to burp baby, and the kind of clothing the child should wear. She also offers tips on infant care. Now that more young mothers are once again choosing to breast feed their babies, nurses are advising them about this too.

Before the birth, most mothers take prenatal classes offered by the hospital or by their local public health unit.

(credit) Toronto Sun

In today's high technology medical world a nurse hurrying down a hospital corridor with a machine of one kind or another does not elicit a second glance.

But she could be rushing equipment to the intensive care unit or answering an emergency call to a patient in a hospital room who has suffered a heart attack.

People who only a few years ago would have been beyond human help, now are recovering and leading full lives, thanks to high tech equipment and techniques. For nurses, high tech means more learning, new opportunities, new skills.

Nurses handle complex equipment in every area of medical and surgical nursing today — in coronary and intensive care units, in the emergency department treating accident victims, in the kidney dialysis unit or in early rehabilitation of stroke patients.

The new 366-bed Credit Valley Hospital at 2200 Eglinton Avenue West in Mississauga, is using one of the most advanced hospital information management systems installed anywhere in the world.

Instead of pens, paper or even typewriters to take down information, data relating to patient care and hospital activities is being entered, stored, processed and retrieved via a totally integrated, on-line, fully interactive computer system involving a network of more than 350 computer-connected video display terminals and printers located throughout the three-storey structure.

All information pertaining to patient care, enquiries, medical records, and even treatment and clinical test results, as well as hospital accounting, records of materials and supplies and other such functions, is handled through the system.

Nurses, physicians, laboratory technicians, are among those who will enter and retrieve needed information, eliminating the time-consuming practice of repeatedly asking patients and others for the same information.

Known as Meditech Hospital Information System, the new system is provided by Medical Information Technology, a world leader in the development of hospital information networks.

D.M. Sane, president of Credit Valley Hospital, says the system embodies a high level of security to prevent access to data by unauthorized persons. For example, a patient's full medical records are accessible only to the patient's physician and certain hospital nursing staff.

Community health nurses are among the several interest groups within the Registered Nurses' Association of Ontario that get together on a regular basis "to talk shop".

"We have two dinner meetings a year, and the executive meets approximately six times a year," said Gail Graham of Streetsville.

The group's membership of 1,100 includes Red Cross nurses, nurses in doctors' offices, and in agencies such as public health, visiting nursing and home care. Ms. Graham, who is with a home care agency in Peel, sees interest groups as a way the RNAO can quickly obtain up-to-the-minute information on specialty subjects as it is needed.

For instance, should the Ministry of Health want to check out community interest in a particular area of nursing, it likely will get in touch with the RNAO, which in turn will look to the group most knowledgeable in that field.

The RNAO has interest groups of nurse childbirth educators, clinical nurse specialists, administrators, gerontological nurses, educators, psychiatric nurses, nurse practitioners and nurse researchers. Its affiliated groups include the Ontario Midwives' Association, the Ontario Community Mental Health Nurses' Association, Nurses' Association of American College of Obstetricians and Gynecologists — Ontario Section and Gerontology Nurses Association.

(credit) Toronto Western Hospital

Besides caring for the young, the old, and the sick, nurses traditionally have lifted their voices in song at Christmas.

At Wellesley Hospital in the Sixties the nurses would tour the hospital corridors, singing carols as they went. The patients would often come to the doors of their rooms to watch and listen.

Carols also were sung at other hospitals across the province, and beyond. For one nurse the Christmas carol routine began at 5:30 a.m., an hour earlier than when the nurses were expected to be on duty. "I can remember that 5:30 call. They'd give us coffee first, and then we'd go up to the sixth floor and go through the wards — it took about an hour."

In another hospital there was a portable organ which added to the festive atmosphere. The patients would have their Christmas morning in the children's ward where the nurses and doctors would paint the windows and decorate everything.

(credit) Wellesley Hospital

Kay Rex is a former reporter and feature writer with *The Globe and Mail* and The Canadian Press and has had short stories broadcast on the CBC.

Health and social issues were among her particular interests in her years with the "working press", and the many nursing conventions she covered — including the RNAO's — provided a natural background for delving into nursing history.