



Cap from the British Columbia School of Nursing, Vancouver, circa 1968

colleges and universities, and so the apprenticeship system of teaching, with its ritualized progress through the ranks, no long dominated nursing education. Thus the cap lost much of its meaning as a signifier of achievement at various levels. And it became less typical for nurses to be affiliated with a single hospital throughout their career.

Also during this era, men were being encouraged to join the profession; caps

couldn't be part of that package.

The risk of infection may also have played a part in the cap's demise, says Diana Mansell, president of the Canadian Association for the History of Nursing, and the only Canadian to hold a doctorate in nursing history. The cotton or linen caps were difficult to clean and starch and were washed only about every three months.

Their phasing-out also coincided with the second wave of feminism and the unionization of the profession.

"A lot of tradition went out all at once," says Mansell. But she laments their passing. "The cap made a nurse visible in the hospital. Now we've vanished."

Beginning in June 2001, you can take an online tour of the exhibit at [www.civilization.ca](http://www.civilization.ca).

**Barbara Sibbald**  
*CMAJ*

## Inukshuk

Pointing with blunted maybe arms  
forever  
at something —  
the man of stone  
we built in our backyard  
never moves —  
instant eternity  
in the flow of time.

He points  
with calm certainty  
beyond horizons  
men of flesh  
can never see.

**Robert C. Dickson**  
Family physician  
Hamilton, Ont.

## Room for a view

# Hat trick: the doctor who was a nurse

My physician friends and colleagues generally advised me to keep my status as an ER nurse under my hat. This was *medical* school, after all, and it might be a disadvantage if my instructors expected me to know something from clinical experience. In fact, my years as a nurse were a hindrance when I applied. I wasn't given any credit for my nursing diploma, nor were my specialty courses in emergency nursing acknowledged. The attitude was: "Okay, you're a nurse. So?" I might as well have been a plumber. During one particularly harrowing interview a male physician glanced at my transcript and goaded me: "I see you've done very well in these nursing courses. How do you think you'll manage with some *real* science?"

As it turned out, first-year medicine had a levelling effect for everyone. None of us had an advantage in the gross anatomy lab as we struggled to

delicately dissect tendons, muscles, arteries and nerves and to memorize a dizzying number of Latin terms. As a nurse, I had never heard of the brachial plexus, and although I knew that there are 206 bones in the human body I was unaware that one of them is the hyoid.

But I did appreciate my nursing background during second-year pathology. This course spanned a year and a half — nine hours each week — and covered every disease process known to man. Not even Einstein could have mastered the content. I had a distinct advantage over my colleagues, though. From years of clinical experience I knew the merits of understanding things that are common. When the lecture was about pneumonia, congestive

heart failure or gallbladder disease I was wide awake. When the topic was amyloidosis, Wegener's granulomatosis or tropical sprue, I may have nodded off.

There were different reactions to my being a nurse. One anesthetist had me

empty the urinary drainage bag of his bypass patient: after all, isn't that what nurses do? Another had me start all the pre-op IVs when he found out I used to work in the ER. The nurses generally

thought it was great: I was the only "doctor" who cleaned up after herself. In one operating room they were thrilled to have another "nurse" on hand when they were short staffed. They had me hold an unconscious patient's legs up in the air while the scrub



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