

of the graduates of the school—is engaged by the school managers for this part of the school work. Whether called agent or fourth assistant I do not know; her office adjoins that of the Superintendent in the Hospital, and she can refer to the Superintendent's judgment as occasion requires.

In a strictly School Registry none but graduates of the school can become members, and the managers assume all responsibility. In contrast to English methods the Nurse receives all the money she earns, and the remuneration due to her is paid to herself, personally, at the expiration of the term of service in the family in which she has been engaged.

The few rules which are necessary for protecting the Nurse in private practice, and which define her obligations to the families which shall employ her, and also her obligations to the Registry are formulated by the school managers. Thus the same fostering care and managing power which trained and educated the Nurse in the School, now, through the School Registry, protects her interests and looks after her welfare when she has graduated and works for herself outside.

The second kind of protective Registry I have mentioned may properly be called the Co-operative School Registry. It is a make-shift between the School Registry managed by the school, and the Co-operative Registry managed by the graduates. It is one which may be organised when the managers of a school do not take enough interest in their graduates to undertake the trouble and expense entailed by the management of a School Registry; or, when the graduates do not harmonise in sufficient strength to manage one for themselves.

Our own School, placed under exactly these conditions began a Co-operative School Registry some five years ago, in which both the officers of the school and an equal number of graduates form a managing committee. This Registry has proved a success and for those who contemplate such an organisation I would refer them for a detailed account to the last December number of the *Trained Nurse*.

Undoubtedly, the Protective Registry most easy to manage is the School Registry pure and simple, and next to that the Graduates' Co-operative Registry.

The Graduates' Co-operative Registry is still in the future, but I hope in the *near* future. The first step towards such a Registry should be a Graduates' Club, chartered, and legally authorised. This club might be composed of graduates of one school or of several schools.

We will suppose a club thus formed in some large city with a membership of one or two hundred and in good working order. What would be easier than for such a club to appoint a committee of trusted members to consider the question of a Registry in connection with club management? When the report was ready and a set of rules drafted, a mass meeting of club members could be called and the whole question submitted and voted upon; or, better still, some popular and well-trusted member could be proposed as agent, for a term of from three to six years, at a fixed salary, with the understanding that this appointment should take effect only when an assured membership for the Registry would guarantee sufficient financial returns.

The popular wish for the agent having been ascertained, and rules and regulations formulated, the next step of finding out the proportion of club members who would wish to benefit by, and support the Regis-

try could be easily ascertained by the pledge system. If sufficient returns were received by a set time, the doctors and general public could then be notified on *what* day and *where* the Registry would be opened, and the Registry year could start from that day.

I have suggested appointing the agent for a set term of years, as only thus could an enterprising woman be secured for the office, and only thus could permanency (one of its radical requisites) be secured in the Registry management. In the rules it would be well to have this term *definitely* fixed, also the amount of Registry, membership fee to be paid, the percentage on earnings, if any, and the schedule of rates Nurses will charge for their services, &c.

The club-room could be used as the Registry Office and thus save considerable expense. A committee, probably the original committee, could be appointed on Registry management. This committee should meet with, and report to the club managers at stated meetings, and the club managers should be considered ultimately responsible for the enterprise, when once it is started. Should the percentage system be adopted and more funds accumulate than was necessary for the Registry expenses, the club should have the option of using this fund for enlarging or improving its quarters, providing a club library, or for any other legitimate purpose in connection with the club or Registry. It might be well, however, as a wise precautionary measure, to have a considerable floating capital in the bank in case the Registry membership should fluctuate, or a year of unusual health in the community should result in a dearth of Nursing work, and of consequent low returns in percentage, to the Registry.

It is most important that the physicians or other patrons of the Registry should understand from the first that good Nurses can always be obtained by writing, telephoning, or calling at the Registry. It is not necessary that applicants for Nurses should see or talk with the Nurse providing the agent can guarantee a good one, though sometimes they will prefer to do so. They should never be obliged to look up the Nurse herself at her lodgings. It should distinctly be the agent's duty to see that the Nurse who is asked for, or to whom the call is sent, should be notified and should report herself to the doctor or at the patient's house at the specified hour. A doctor may have but a few minutes in his day to devote to the business of securing a Nurse for a case, and if by stepping to his telephone, or by making a hasty call at a Registry Office, he can secure the kind of Nurse he wants and at the hour he wants her, he will surely feel grateful to that Agency and bound to patronise it.

Many Nurses object to having a price fixed for their services. They say they should do as the doctors do, charge according to the fortune or income of the patient's family, or the difficulty of the case. This is a fallacy. Nurses are not doctors, nor do they work under the same conditions as doctors do. Doctors do not get their cases through a directory or registry. A doctor can afford to charge little or nothing at one case, because *at the same time* he may have another case well able to pay him double. A Nurse can have but one case at a time. Neither, as a rule, is a Nurse engaged at first hand as a doctor is by a family; she usually comes as the doctor's assistant; chosen by him, and he in a sense feels responsible both for her and her charges.

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