

labelled Intercollegiate that these appeals have come. I said a moment ago that the supply of "really well-qualified" women seems inadequate. I did not have in mind training in the technique of the profession, but rather the breadth of vision, the mental grasp, the power to think straight, the ability to ignore personal and petty considerations which we all hope are the by-products, at least, of a liberal education.

REGISTRY FROM THE POINT OF VIEW OF THE REGISTRAR

By MARION A. MEAD, M.D.

Since the passage of the law for registration of nurses, with its attending high-grade requirements, the existence in our cities of first class registries has become almost imperative to the success of nursing as a profession. Representative registries are everywhere making state registration compulsory but the fact that our Minnesota law does not, throws the responsibility of upholding its standard upon our local organizations and registries. Organization always means increased efficiency and nowhere is this more true than in an organization of nurses, all working together for the same end. A central registry should be maintained by a local organization; the two are necessary for each other's support and advancement. A registry without the support of the majority of nurses soon becomes a commercial agency, and an organization too weak to undertake the responsibility of a registry, soon dies of its own inertia. Only two membership fees should be granted: the larger fee embracing the use of the registry to nurses doing private work; the smaller fee, to all others engaged in the various other branches of nursing to whom a registry is unnecessary.

The registry is a force in the community educating the public to what its obligations are to the private nurse. It is often called upon to quote prices and rules and to give information concerning the various branches of the profession.

It would be difficult to over-estimate the value of the registry to the nurse. Through it, at any hour, day or night, she receives calls from physicians for private duty. She receives calls from members of hospital boards seeking nurses for hospital positions and, in fact, from any one needing the services of a skilled nurse, in either her own city or surrounding towns. Thus she comes into touch with a far wider sphere of usefulness than could possibly be reached by her efforts alone.

The nurse who comes from another city, if she is wise, will at once seek the best registry in the city where she is to follow her profession, then

place her application with the registrar, who in turn makes full investigation concerning her previous standing, whereupon if a satisfactory report is given by the credential committee of the association, she is at once brought into close touch with physicians of the highest standing in her new field of labor. Formerly it would have taken months of uphill work to bring this about.

Members of the registry, by keeping in touch with the registrar, have much more freedom when off duty. If out for a time, they may leave their telephone call at the registrar's office or state the hour of their return. Usually physicians will wait if they are assured the nurse they desire for the case can take the call at a specified time. The registry makes it possible for nurses to specify the character of cases not wanted. Nurses' cards marked No Contagion, Obstetrics, Out of the City, 9 p.m., indicate that such nurses are not to be called for the above cases. Nurses on the waiting list usually respond to calls for hourly nursing.

While the registry is of mutual benefit to the physician and nurse, it is the nurse who receives the larger share. She has protection against physicians who might personally urge her to take a case before she has had the necessary rest from a long, hard, previous case. The registrar can often inquire more particularly into the nature of the case without incurring displeasure of the physician, than could the nurse. She also has protection through the accurate record-keeping of her cases, and protection as to her standard and prices.

Is it not, then, most necessary to have a capable and progressive registrar who realizes to the full, the importance of such adjustment? She it is, who hears all complaints as well as commendations so that the standard of the registry depends largely upon her judgment. Through the registry, the public may always be sure of having efficient service on short notice. In former years much delay was often experienced before the physician or family could get into touch with a reliable nurse. The registry has made it a matter of moments. So, again, the public has learned to appreciate registry service.

Leading physicians of our cities have learned that by coöperation with a reliable registry they may obtain the highest degree of efficiency in nursing care for their patients. They universally endorse the work of a good registry, therefore it only remains for the nurses to loyally stand by its head, always ready to respond to calls, to insure its success.

The Minneapolis registry is controlled by and operated in connection with the Hennepin County Registered Nurses' Association, an association which includes registered nurses from accredited schools, throughout the country, making it in reality a central registry.

A complete system of records is kept, giving the hour the nurse is

sent to the case, her number on the waiting list, name of attending physician and patient, the disease, remarks, etc. The question has been asked "Does it pay to have the work so minutely accounted for?" It has been proven to us many times to be well worth the time and expense of keeping accurate records. Such records can, at a later date, be referred to. Nurses are frequently called to give legal testimony. Within a few weeks our registry was asked for the address of a nurse said to have been sent out to a case last July. As the nurse in question had died eighteen months previous to that date it was necessary to refer to records to obtain the name of the nurse who had really served on the case.

Another incident, letters are received at our office from time to time from physicians in adjoining towns, complaining of the incompetency of a nurse said to have been sent out from our registry. When the names are similar to those appearing on our list, we consult records carefully in order to inform the physician that no nurse had been sent to that town, from our registry, on the date given. By tracing such complaints, it is found that non-graduates pose as registered nurses.

We have had reports from associations trying to conduct a central registry, who have encountered so much of the "I-am-better-than-thou" feeling among individual schools, that many times the central registry has suffered from a lack of coöperation, even though the independent registry, seeing its mistake, has finally sought affiliation with the central registry.

Minneapolis is fortunate in having the office of the Minnesota State Board of Examiners of Nurses in connection with the registry office. This is a great advantage to the nurses as it has a tendency to centralize nursing interests. The state board considers it an advantage to have its office where some one can intelligently answer questions concerning the work. At present the registrar is a member of the Minnesota State Board of Examiners of Nurses and is also a Notary Public, which is a great convenience with the State Board work. A publisher's library is installed at the office so that the nurses can at any time examine copies of the latest standard books on nursing. Subscriptions are taken for journals and orders taken for books on nursing.

The ideal registry should stand for everything that is useful and progressive in the nursing profession. It is a veritable board of arbitration.