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## Editorial.

### TRAINED NURSES ON LOCAL HEALTH COMMITTEES.

The adoption of the amendment to the National Insurance Bill moved in the House of Commons last week by Dr. Christopher Addison to transfer the administration of medical benefit wholly and exclusively to the local health committee, has been received with relief by the medical profession, and the fact that the majority in favour of the amendment was 372, only 15 voting against it, shows the practical unanimity of the House of Commons on the subject.

The importance of these health committees, and the necessity for representation upon them of those working in the interests of the public health are correspondingly increased, an importance which will be accentuated rather than diminished in the future, for Dr. Addison put the case correctly when he claimed that they would "provide the nucleus of a national organisation directed to the prevention of disease."

### A MINISTER OF HEALTH.

The increased public appreciation of the importance of the national health must result sooner or later in the creation of a Health Office which should be placed in charge of a registered medical practitioner of Cabinet rank, an important section of which would naturally be the Nursing Department, presided over by a chief nursing officer; in connection with this Office the local health committee would probably form the working units, and through it they would be correlated and unified.

The sections of the community specially concerned with the health of the people are the medical profession, the nursing profession, the certified midwives, and the sanitary authorities.

### CONSTITUTION OF HEALTH COMMITTEES.

At present the Bill provides that a local

health committee which shall be formed for every county and county borough, to consist of not less than nine or more than eighteen members, shall be constituted as follows:—

(1) *One Third* of the members to be appointed by the County Council, or the council of the county borough, to consist wholly or in part of the local sanitary authorities.

(2) *One Third* to be appointed by such approved societies as have members resident in the county or county borough who are insured persons, or if such societies cannot agree upon the appointment, by the Insurance Commissioners.

(3) *One Third* by an association of deposit contributors resident in the county or county borough, which may have been formed under regulations made for that purpose by the Insurance Commissioners. If no such association exists then, subject to the approval of the Insurance Commissioners, one third are to be appointed by the other members of the committee, or, in default, by the Insurance Commissioners themselves from amongst deposit contributors so far as possible. The remaining members of the committee, not exceeding in number one fourth of the members appointed in the manner aforesaid are to be appointed by the Insurance Commissioners, provided that at least two of the members so appointed are duly qualified medical practitioners.

### TRAINED NURSES UNREPRESENTED.

It will be seen, therefore, that representation is rightly secured to the medical profession on the local health committees, and that the local sanitary authorities are also to have representation, trained nurses and certified midwives are at present unrepresented, and the balance of power remains with insured persons who are members of approved societies, and deposit contributors.

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