

gain under the ordinary regulations of an ordinary Friendly Society, under this Act.

The first and most emphasised benefit under the Act is medical attendance—it will also be—unless the medical profession is grossly underpaid—the most expensive. Yet the vast majority of nurses view that benefit either with apathy or dismay. Until now—so great has been the courteous sympathy of the medical for the nursing profession, that I do not hesitate to say 90 per cent. of nurses have received the best and most skilled medical and surgical attention entirely free. Not only to those in hospital and office—but to nurses in private and district work, has this enormous benefit been ungrudgingly extended. What will be the attitude of the medical profession under these altered conditions? I cannot say—the medical profession has had no opportunity of making an authoritative statement on the subject—one can only form one's private opinion on its conduct in the past, and that is, that if a self-governing nurses' approved society is formed, our medical advisers will not be the heaviest drain on our resources.

The second, third and fourth benefit clauses offer free treatment in Sanatoria, and sickness and disablement allowances—all those benefits will be of use to nurses—though the amount offered in sickness is small, unless it were possible to supplement it from the additional benefits. For the fifth benefit, the maternity benefit, nurses would have little use, and, perhaps, I may say here that I think one reason why a nurses' approved society would have a healthier actuarial record than an ordinary women's society, is that nurses—being single women—are free from the dangers and mischances connected with childbirth—also, of course, the expenses of the maternity benefit.

Many well-known Friendly Societies will not insure women—or only insure them on disadvantageous terms; women will, therefore, be restricted in their choice of a society with which to insure. This will press unjustly on nurses, who are picked lives—physical fitness being a condition of training.

Personally, I consider nurses an extraordinarily healthy body of women—certainly the percentage of ill-health is lower amongst my friends in the nursing world than amongst those in private life.

I have already read to you the additional benefits and it is obvious that it will be of immense importance to nurses in the future to devote any surplus they may have in hand to providing such additional benefits for their members as they themselves will know to be most valuable and most important. Many of the benefits enumerated as you can judge for yourselves, are most valuable for men who are fathers of families, and have others dependent upon them, but are unsuited to the needs of our profession. The great friendly societies cater very naturally for their founders and patrons—the thrifty, married working men—not for the working woman—and certainly not for the nurse.

The difficulties of forming a Nurses' approved society are, I am convinced, largely exaggerated. If nurses will only have the pluck, the good sense and the foresight to combine for the perfectly legitimate object of safeguarding the interests of their profession, I feel certain they will be successful beyond their expectations. Surely, if we have to insure, and do not ourselves obtain any benefit from the Insurance—are fortunate enough, as I should have been during my thirty years' nursing career, never to require any sickness allowance—we should like to feel that the money we had contributed went to help "one of our own." I know I should.

And, frankly and honestly, I think the fact that we should ourselves be managing our own affairs should unite many of us to form our own Society. I do not think we should manage them badly. I am a strong believer in the business instincts of my sex and my profession—they are economical in management expenses and, above all, we know what we want. Nothing is more morally strengthening than a sense of combined responsibility with regard to your own affairs—the corporate sense of honour—where one stands for all, and all for one. And the bond of a common need and a common monetary claim is very strong—for we are human. If we succeed, we share our success; if we fail, we halve our losses. "Getheilte Freude ist doppelte Freude; Getheilte Schmerz ist halber Schmerz." If we join the women's section of a Friendly Society, what do we, in the majority of cases, become? Stepchildren of the Society—viewed with mistrust, as a possible source of loss to the parent society—sharing in expenses, in which we have no part or lot—paying for benefits that do not concern our profession. It needs only a strong combined effort on our part to found a Society, that will embrace all nurses, past, present, and to come—to manage the interests of our profession, concerned under the Insurance Bill—in our own way, from our own funds, for our own benefit. We can be generous where generosity is needed; we can be cautious and economical where extravagance would be out of place. It is the old, old story of the bundle of faggots. Here, perhaps, I may mention one point—that is, perhaps, not unknown to any of you—but which it is as well to bring to your mind. It is illegal for any employer, either individual or a committee, to decide for their staff what particular society they shall insure in. They may not make insurance in any special society a condition of employment. Although insurance is compulsory, it remains entirely optional for the insured employed person, whether probationer, hospital official, district or private nurse, to insure in such society as she may choose—or, if she prefer, to become a deposit contributor. Coercion of any kind is not permitted. Naturally, good advice may be given, but it must not in any way overstep the limit of advice—and may not contain even a veiled threat. The person to insure is a perfectly free agent.

We come now to the method by which an

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