

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,293

SATURDAY, JANUARY 11, 1913.

Vol. L.

## EDITORIAL.

### NURSING UNDER THE INSURANCE ACT.

The work of trained nurses under the National Insurance Act is a question which must inevitably shortly engage the attention of the National Insurance Commissioners; indeed the Chancellor of the Exchequer, in the course of conferences last week with members of the Advisory Committee, and with the chairmen and clerks of insurance committees in England, Scotland and Wales, stated that in Bradford it had been proposed to establish a salaried service, including a staff of skilled nurses.

This raises the question of the importance of giving to trained nurses the direct representation accorded to all other sections of workers on the conjoint and other advisory committees. The standard of training for nurses of the insured sick—since this is not provided for by the inclusion in the Act of a Statutory qualification, as in the case of doctors and midwives—is a matter on which the nursing profession are entitled to be consulted, and nurses have a right to state what they consider to be an adequate salary.

How necessary this is may be gathered from the fact that while the Chancellor of the Exchequer stated that for Bradford with 100,000 insured persons a salaried staff should include 50 doctors at £500 a year (which would not, it must be remembered, be a whole time service), a consulting physician at £1,200 a year, and three specialists each at £1,000 per annum; the inclusive salary suggested by Mr. Lloyd George for the nurses to be employed, who would certainly hold whole time appointments, was £80 per annum. On dissent being expressed he substituted the sum of £100 per annum, upon which it was stated that nothing under £120 should be offered, and this in our opinion is far too little for such responsible work.

The fact of the Chancellor seriously suggesting a salary of £80 as adequate inclusive remuneration for the whole time services of skilled nurses, doing important work under an Act of Parliament, shows how little he appreciates the nature of that work, and that, it is evident, nursing labour is to be employed at as cheap a rate as possible. The other question, that of safeguarding standards, is of supreme importance both to the insured sick and to the nurses employed. To the sick, because if trained nursing is to be included in their benefits they have a right to receive it, and not the ministrations of certified midwives, or others with an amateur smattering of nursing knowledge.

Certified midwives have their own assured and honourable position under the Act, and we hope that their financial interests will be well safeguarded, as, under the provisions of the Midwives Act, their work is protected, and any encroachment upon it by unqualified persons penalised. Trained nurses have no such protection, and their expert work for the sick may be undertaken, and is undertaken, by midwives whose training is mainly directed to rendering them safe attendants on normal lying-in women who are not sick persons. Moreover, this regrettable method is sanctioned in England and Wales, in rural districts, by Queen Victoria's Jubilee Institute for Nurses, through the County Nursing Associations, and the only trained nurses on the Advisory Committees in these countries are officials and nominees of the Institute; therefore, whatever their individual opinions may be they cannot represent independent nursing opinion.

The nursing profession should take these facts seriously to heart, and press for a legal minimum qualification for trained nurses which could be included as the qualification for nurses of the insured sick in any amending Bill to the Insurance Act. This is a duty they owe to the community.

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