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## EDITORIAL.

### A MINISTRY OF HEALTH.

Long delayed, long expected, and definitely promised we may hope that a Bill to establish a Ministry of Health will be part of the declared Government programme when the new Parliament assembles at Westminster next month.

The Bill introduced by Dr. Addison last Session, which will doubtless serve as a model for legislation with the same object in the future—placed upon the Minister of Health to be appointed under the Act the duty of taking “all such steps as may be desirable to secure the effective carrying out and co-ordination of measures conducive to the health of the people, including measures for the prevention and cure of diseases, the treatment of physical and mental defects, the collection and preparation of information and statistics relating thereto, and the training of persons engaged in health services.”

The Bill further transferred to the Minister of Health “(a) all the powers and duties of the Local Government Board; (b) all the powers and duties of the Insurance Commissioners and the Welsh Insurance Commissioners; (c) all the powers of the Board of Education with respect to attending to the health of expectant mothers and nursing mothers and of children who have not attained the age of five years, and are not in attendance at schools recognised by the Board of Education; (d) all the powers of the Privy Council and of the Lord President of the Council under the Midwives Act, 1902; (e) such powers of supervising the administration of Part I of the Children Act 1908 (which relates to infant life protection) as have heretofore been exercised by the Secretary of State.”

Points of special interest to nurses in the proposed legislation are the transference

to the jurisdiction of the Minister of Health of the powers and duties of the Local Government Board, which at present employs thousands of nurses. This is also important because it dissociates the infirmaries controlled by this authority from any connection with the hated “poor law” to which many of the poor will only apply for relief as a last resource. This point is of both economic and individual importance, because the expense is far less and the result more satisfactory if a case is taken in hand and treated at an early stage, than if it is allowed to develop; and, further, because the wage earner is out of employment for a far shorter period.

The prevention of disease is a very important duty placed upon the Minister of Health. Consider, for instance, mental disease. With a delicate organ such as the brain any symptom of disease should be attacked in its incipient stage when the chance of effecting a cure is most hopeful. But, under the provision at present made for the treatment of cases of mental disease, a patient must be certified as insane before admission to an asylum (more properly a mental hospital) is possible. By that time the disease is in an advanced stage, and the prospect of a cure much more remote.

Another point of considerable interest to nurses in the Bill is that the Minister of Health is charged with the duty of securing the effective carrying out and co-ordination of measures for “the training of persons engaged in health services.” Hitherto while many nurses have been trained in infirmaries under the Local Government Board, the training given has been limited to the needs of the institutions, and in no sense been arranged with regard to turning out the most efficient nurse. The Bill under consideration appears to place upon the Minister, responsibility for the quality of the training given to persons engaged in health services under his control.

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