

UNION ASSURANCE SOCIETY LIMITED

OF LONDON, ENGLAND

FIRE INSURANCE SINCE A.D. 1714

Canada Branch, Montreal:
T. L. MORRISSEY, RESIDENT MANAGER.

North-West Branch, Winnipeg:
THOS. BRUCE, BRANCH MANAGER.

AGENCIES THROUGHOUT THE DOMINION

YOU LOOK FOR SECURITY

Whether with the intention of taking out insurance or associating yourself with some Company, you look for security.

The latest figures emphasize the unexcelled financial position of this Company.

Business in Force over - - - \$59,600,000

Assets over - - - - - 16,400,000

Net Surplus over - - - - - 2,600,000

These are reasons why the Company is known as "SOLID AS THE CONTINENT"

NORTH AMERICAN LIFE ASSURANCE COMPANY

HEAD OFFICE - - - - - TORONTO, CAN.

Founded in 1803

THE LAW UNION AND ROCK INSURANCE CO. LIMITED

OF LONDON

ASSETS EXCEED \$48,000,000.

OVER \$12,500,000 INVESTED IN CANADA.

FIRE & ACCIDENT RISKS ACCEPTED.

Canadian Head Office:

57 Beaver Hall Hill, MONTREAL

Agents wanted in unrepresented towns in Canada

J. E. E. DICKSON, Canadian Manager.

W. D. AIKEN, Superintendent Accident Dept.

The London & Lancashire Life and General Assurance Association, Limited

Offers Liberal Contracts to Capable Field Men

GOOD OPPORTUNITY FOR MEN TO BUILD
UP A PERMANENT CONNECTION

WE PARTICULARLY DESIRE REPRESENTATIVES
FOR CITY OF MONTREAL

Chief Office for Canada:

164 ST. JAMES STREET, MONTREAL.

ALEX. BISSETT - - - Manager for Canada

WESTERN ASSURANCE COMPANY

INCORPORATED 1851

Fire, Explosion, Ocean Marine
and Inland Marine Insurance.

Assets Over - - - - - \$4,000,000.00

Losses paid since organiza-

tion, over - - - - - 63,000,000.00

HEAD OFFICE - - - - - TORONTO, ONT.

W. R. BROCK, President. W. B. MEIKLE,
Vice-Pres. & Gen. Man.

QUEBEC PROVINCE BRANCH:

61 ST. PETER STREET, MONTREAL

ROBERT BICKERDIKE, Manager

The Independent Order of Foresters

Policies issued by the Society are for the protection of your family and cannot be bought, pledged or sold.

Benefits are payable to the beneficiary in case of death, or to the member in case of his total disability, or to the member on attaining seventy years of age.

Policies Issued From \$500 to \$5,000

TOTAL BENEFITS PAID (Over).....\$50,000,000

FRED J. DARCH, Secretary. ELLIOTT G. STEVENSON,
President.

S. H. PIPE, F. A. S. A. I. A.
Actuary.

COMPULSORY HEALTH INSURANCE IN INDUSTRY.

(Concluded from page 13).

earnings. Keeping in mind that there are about 20,000,000 families in the United States, we are confronted with the stupendous fact that in 1915 there were nearly 12,000,000 savings bank depositors in the United States, with savings aggregating more than \$5,000,000,000, more than \$400 per depositor.

And what shall be said of building and loan stockholders, largely enterprising wage-earners, to the number of 3,335,000 in the United States, with holdings of nearly \$1,485,000,000 in 1915? And of mutual benefit associations in their many forms, numbering within their membership over 11,000,000 persons with \$10,000,000,000 sickness and life insurance in force? These do not include industrial and other establishment associations, numbering over 2,000,000 members eight years ago, and growing at a tremendous rate ever since, nor sickness and death benefit funds now becoming more and more common among labor unions.

AMERICAN WORKERS DO THEIR OWN SAFE- GUARDING.

Do these facts point to such a condition of poverty of the average wage-earner as would warrant us in placing on him, his employer, and the public in general, the vast expense which the proposed health insurance law should entail? On the contrary, do not the facts indicate that United States wage-earners have, by their own initiative and good sense, already protected themselves by a voluntary system of health insurance of amazing proportions, a system of individual thrift whose results are reflected in independence, fraternity, in lower sickness rates and in greater protection to life? But if it were true that wages generally are too low to sustain American standards of living, do we remedy such a socially and economically unsound condition by obscuring its character by such palliative measures as are proposed in health insurance legislation? Inadequacy of wages should be met by legitimate efforts to secure adequate American wage rate.

It is however, lamentably true that, when overtaken by sickness, many people have neither savings nor sick funds with which to meet their medical needs or to secure the necessities of life. Even when such poverty is the result of thoughtlessness, wastefulness, ignorance or intemperance, it is common for relatives and friends, true to the American instinct of mutual help, to rally to the support of the sick and to help carry the temporary burden until health is regained. This tendency, coupled with habits of thrift which prevail among our people, is perhaps the chief reason why so few people in the United States are without aid in time of sickness. They are taught to help themselves and to care for their home folks, not to lean on the Government, as seems too common in European countries where health insurance funds are easily tapped.

EFFICIENCY NOT INCREASED BY HEALTH INSURANCE.

It is claimed that the proposed health insurance law will increase the efficiency of our people and thus strengthen the productive resources of our country; but the facts introduce a grave doubt of this claim. Statistics have already been cited showing that in 1913, in Germany and in Austria, wage-earners lost more time through sickness under health insurance laws than in the United States, independent of such laws. It is significant also to note how the tendency to become sick, to imagine they are sick, or to make believe they are sick, has grown in the habits of German and Austrian workers. In Germany out of every 100 insured wage-earners, 36.7 were listed as sick in 1890 and 45.6 in 1913; in Austria the corresponding figures were 45.7 in 1890 and 51.8 in 1913. The average number of days of sickness for each sick member increased in Germany from 16.2 in 1890 to 20.2 in 1913; and in Austria from 16.4 in 1890 to 17.4 in 1913. The average number of days of sickness per insured member, which was 5.9 in Germany in 1885, when the law had just gone into effect, increased to 6.19 in 1890, and to 9.19 in 1913; while the Austrian statistics from 1890 to 1913 show an increase from 7.98 to 9.45 days. Not only did the duration of sickness per person increase, but more persons were reported sick in Germany and Austria in 1913 than in 1890, showing that compulsory health insurance laws did not prevent sickness nor minimize its duration, and therefore did not promote efficiency. In fact, the whole history of European health insurance disbursements seems to indicate that the scramble for the "funds" has developed in thousands of workers a very prominent wishbone to the detriment of their backbone.

WOULD PENALIZE PROVIDENT EMPLOYEES.

As we ponder the problem we should keep in mind the salient factors: the high sickness and mortality rates in health insurance countries as compared with sickness and mortality rates in the United States; the almost exact harmony of general mortality rates with the mortality rates among wage-earners; the ability of American wage-earners in general not only to save money for sickness and other emergencies, but to deposit it at interest or to invest it for home-building and other good purposes; their habits of self-reliance and mutual help that promote independence and thrift; the tendency of health insurance to degrade such habits into dependence upon governmental machinery, unconsciously robbing them of true grit and efficiency. It would seem that these facts constitute a direct challenge to pause and thoroughly consider the whole problem before embarking on a far-reaching health insurance experiment.

Moreover, a great many wage-earners who would be forced to contribute to the insurance funds have wisely husbanded their strength and rarely become sick. Yet they must against their will, help support those who have induced weakness and illness by foolish living, those who are frequently ailing and are most apt to play sick or to fancy they are sick when they are really well enough to work, and who would work if it were not made easy for them to "lay off." The American citizen who saves his money for investment in the United States would have to help support the alien who sends his savings abroad; the thrifty would be called upon to support the thriftless; the virtuous would be taxed for the benefit of the vicious, the temperate for the intemperate; all by the authority of the state.

An impartial judge of the health insurance proposal will recognize that its chief function would be to distribute funds and to provide medical care; that it lays but weak emphasis on prevention of disease, the great consummation toward which all health betterment efforts should tend. Instead of saving the money of wage-earners and our people in general, it seems designed to waste it; instead of adding virility and efficiency to our people, it gives every promise to lower their standards of independence and to discourage American grit.

THE COST.

Health insurance cannot be considered apart from its cost. Estimates varying from 4 per cent to over 6 per cent of the pay-roll of insured members have been made by both advocates and opponents of the proposal, which in Massachusetts would amount to from \$25,000,000 to \$40,000,000; in New York from \$70,000,000 to \$110,000,000, and in the entire United States from \$650,000,000 to \$1,000,000,000.

The cost of health insurance in Germany, excluding administrative expense, in 1835 was 52,646,800 marks, or 12.3 marks for each of the 4,294,173 insured members; in 1913 the cost had increased to 290,686,552 marks, or 28.8 marks for each of the 13,566,473 insured members. This happened in an efficiently managed monarchy. What must we expect in our democracy?

Advocates of health insurance legislation have sought support for it by calling attention to an annual wage loss of \$500,000,000 or more in the United States on account of sickness among wage-earners. Assuming this statement to be true, although its truth has not been established, it must be borne in mind that the dominating influence of any health insurance scheme should be to prevent sickness and thus eradicate both the wage loss and the consequent loss in productivity, at the same time building up the efficiency of the worker as an individual and of the nation as a whole. Does payment of cash benefits to idle sick wage-earners, in the light of European health insurance experience, accomplish any one of these constructive results?

MONTREAL, L'EPIPHANIE, JOLIETTE SERVICE—CANADIAN NORTHERN.

An unexcelled train service goes into effect between Montreal, L'Epiphanie, Joliette with Canadian Northern Railway change of time effective May 12th.

Trains leave Montreal for Joliette 9.00 a.m., 1.15 p.m., 3.10 p.m. and 5.45 p.m. on week days and 9.00 a.m. on Sundays, return trains leave Joliette 7.15 a.m., 1.35 p.m., 2.35 p.m. and 8.00 p.m. week days and 8.00 p.m. Sundays. Buffet parlor car on two trains.

For further particulars apply to City Ticket Office, 230 St. James St., or Depot Ticket Office, St. Catherine St. East, Montreal.