

will be placed within the reach of even the lowest paid worker and provide for him and his family during sickness. It will give to those responsible for conditions causing sickness a financial incentive to prevent disease. Its administration must be closely coordinated with public health agencies if it is to attain the greatest degree of success as a preventive measure.

In estimating the economic loss of the wage earners of this Dominion, no attempt has been made to estimate the loss of life, funeral expenses, or loss through partial permanent disability, consequent upon certain forms of sickness, or of the sorrow and anguish.

Furthermore, no attempt has been made to estimate the loss to the employer through physical unfitness of his employees. The conditions which give rise to the expressions—"I am out of sorts," "I don't feel fit," mean a loss of efficiency of at least from 5 to 10 per cent. Employers of labour can no longer afford to disregard such problems.

It must be apparent, therefore, that no farther reaching public health measure has ever been brought to our attention, for under its provisions it will be in the interests of both employer and employee to use all preventive measures to ward off disease since all are contributors to the insurance fund. Better health means higher efficiency. It is estimated by the public health service of the United States that 35 per cent. of the average earners of this continent must ask for public or private charity when disabled by disease. The average wage earner cannot afford to carry health insurance and when laid up is cast on the state or municipality for treatment, so that ultimately the government or the municipality has to pay the bills.

THE MONETARY SIDE OF PUBLIC HEALTH ADMINISTRATION

At the end of 1915 the Department of Public Health in Toronto endeavoured to ascertain what the monetary value of public health work really was, in view of the fact that, with those who have not made a study of the various problems and have not attempted to place any monetary value on human life, the expenditure of departments of public health are not infrequently questioned and the appropriation given for the safeguarding of human life, and the prevention of sickness, is, consequently, only too often far below what it should be. It was found in this investigation that the number of deaths that would have occurred in 1915, had the same death rate continued that existed in 1910, would have been 1,102 in excess of what it really was. In other words, the reduction in our death rate